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# Qualifications and quality: blurring the boundaries

Issues surrounding medical education seem to be rising up the agenda with increasing regularity both in the news and on the email chatlines (notably on the excellent HIFA2015@dgroups.org). Interesting how some of the issues polarise opinions so widely, and yet often no-one is actually wrong.

A good example is the increasing evidence of the horror's inflicted on patients by partly-trained doctors or surgeons (as opposed to traditional healers and bone setters) and the dilemma over arguments about whether task shifting is a valid option or not when too often there are no fully trained professionals in many rural settings. It is a damned if you do and damned if you don't argument... a risk of bad treatment or no treatment.

The origin of the problem is of course complex. On the one hand there are teaching hospitals which are so run-down as to not really provide the practical hands-on experience a registrar needs to learn their trade, whilst on the other hand 'opportunity' exists in the vacuum of scarce human resources for health when people are crying out for help, and unregulated 'doctors' or 'nurses' set themselves up to fill the gap. It is a frightening reality.

Proper task shifting is of course supervised and regulated. But when you have no formalised task shifting AND no proper professional care, what should you do? It isn't an easy one.

Interestingly, in Europe at the moment there is a major controversy following the revelation that a French manufacturer of breast prostheses had been using industrial-grade silicone in its implants. Most of the surgical work has been done by private sector clinics. Who should be responsible for their replacement given that the government regulator had approved the products? But to many of us, a most interesting revelation of this episode

is that 'many' of the 'surgeons' in the private sector who provided the initial surgery are not qualified to work in the UK National Health Service as they didn't complete their formal training and yet are being paid fortunes to perform (often repetitive) cosmetic surgery.

The subject of medical education takes on a further angle for us with the announcement (on page 22) of the first 'Africa Health Webinar on Medical Education in Africa'. Sponsored by the Laureate Universities Group we hope it can become an annual event. It will take place in May with a keynote from Professor Francis Omaswa. Thereafter we hope to develop a significant debate with attendees from around Africa joining in from their place of work or home. I know it will be a test of bandwidth, but it has the potential to be an excellent forum which we hope can become an annual debating point, though we'll need to see how well the technology works before being able to draw absolute conclusions. More info in the next issue.

And finally, apologies for an error in the last issue where somehow we managed to omit the final two paragraphs of the article on 'Scaling up TB screening'. The omitted words are to be found on P23 of this issue and the full version of the paper on our website has been corrected.

Season's Greetings. Here's hoping for further positive progress in 2012.



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