
SPECIALIST SERVICES

70. The meeting considered the position of the smaller countries in relation to the provision of specialist services. It was accepted that few small countries could be self-sufficient in tertiary health services. Some efforts by donor governments to assist such countries by providing them with expatriate specialists were seen as having had a distorting effect on the health care system, and also as giving rise to an unwelcome feeling of dependence.

71. It was suggested that the need for referral to the tertiary level might be reduced by improving secondary health care services, and that regional arrangements for short secondments of specialists from other countries might do much to meet the need for tertiary care. Arrangements of this kind, whereby senior doctors from Mauritius visited Seychelles, with the assistance of funds provided by the Regional Health Secretariat in Arusha (whose programmes in turn received financial support from the CFTC), were noted.

72. It was agreed that the possibility of a regional solution to the tertiary care problems of small states merited urgent consideration. It was suggested that this was a suitable matter for consideration by the regional committee on the health problems of small states established in the Caribbean, and by the similar committee recently set up by the Health Ministers of East, Central and Southern Africa. It was recognised, however, that even if regional arrangements to assist small countries in this connection were arrived at, continuing outside financial help might be required to make them work on a permanent basis.

73. Another problem raised was the failure of postgraduate medical trainees to return to their home countries after completing their training elsewhere. The improvement of local conditions of service was seen as often necessary to attract such doctors back. Even where trainees were bonded to their home governments to return, some preferred to pay their bond rather than return home.

74. Doctor participants emphasised that poor salaries (particularly where expatriates were paid more than locals), the existence of lucrative private practice either in the home country or elsewhere, and the absence of high-quality professional contacts (which gave rise to the fear of "professional death") were all factors militating against the return to government service of doctors who had undertaken postgraduate training outside their own countries, especially when their countries had few facilities to offer.

75. It was suggested that a regional university, such as the University of the West Indies, could do much to improve matters. It belonged to the countries of the region and was regarded by their nationals as their own, it was able to attract people to its service and it could develop a co-ordinated programme to stimulate the retention of specialists in the smaller countries through arrangements for continuing medical education, postgraduate training and the provision of reliefs for trainees.

76. For the South Pacific, this solution was recognised as not at present possible, because the University of the South Pacific lacked a medical faculty and the qualifications awarded by the Fiji School of Medicine were not acceptable in Australia, New Zealand or elsewhere as a basis for postgraduate training. The meeting considered that there was an urgent need for the governments of developing countries in the South Pacific jointly to work out a solution to the problem of providing tertiary care. Australia and New Zealand should be invited to take part as observers and the World Health Organisation and the Commonwealth Secretariat should also be involved.

77. Major factors influencing the location of doctors were seen to include whether they came from an urban or a rural background, where they had received their medical education, where they had received any postgraduate training, the sort of people who had influenced them, the types of inducement offered to them, and domestic considerations such as the attitudes of their spouses and educational facilities for their children.

78. It was recognised that many doctors, and particularly specialists, were unlikely to accept permanent location in small countries, and that arrangements for temporary postings were therefore necessary. Such arrangements could be made on a regional basis: the problem was how to plan and coordinate them.

79. One possibility suggested was a regional programme, supported if necessary by external assistance, which would provide supernumary posts in a university hospital to permit regular visits to small countries lacking specialist services. It was thought that such a programme might attract external assistance from donor governments and agencies. It would depend, however, on the commitment of small countries to provide appropriate local facilities and supporting personnel, and also, where possible, to have specialists of their own trained.

80. The meeting accepted that the initiative for such a scheme would have to come from the governments of small countries. The idea was seen as particularly suitable for consideration by regional groupings.

Conclusions

81. The meeting agreed on the following conclusions.

National

(a) The provision of tertiary care services is a major problem for the health authorities of small countries, few of whom can hope to be self-sufficient in this regard. The provision of expatriate specialists by donor governments does not provide a long-term answer to this problem.

(b) Improvement of secondary care facilities to reduce the need for referral, improvement of local conditions for professionals, and arrangements for short-term secondments from neighbouring countries merit consideration as ways of alleviating the problem.

(c) Where regular visits by specialists from other countries can be arranged, appropriate local facilities and supporting personnel should be provided.

(d) Where possible and appropriate, the health authorities in small states should endeavour to have some of their own nationals trained as specialists.

Regional

(e) A regional solution to the problem is required, and urgent attention to it by regional groups of countries, from whom the initiative must come, is needed.

(f) Regional groups, in collaboration with their universities, should develop a coordinated programme to stimulate the retention of specialists in the smaller countries through arrangements for continuing medical education, postgraduate education, and the provision of reliefs for trainees.

(g) Regional programmes might be developed, through university hospitals, by providing supernumary posts to permit regular visits to small countries lacking specialist services; such programmes might attract external assistance.

(h) Governments of the developing countries of the South Pacific might jointly work out a solution to the problem of providing tertiary care in the island states. Australia and New Zealand, the World Health Organisation and the Commonwealth Secretariat might be invited to take part in discussions to this end.

Commonwealth
Secretariat

(i) The Secretariat and other agencies should respond favourably to requests for assistance for approved regional arrangements to provide small countries with tertiary health care services.