

Book Review

WONCA rural medical education guidebook

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Rural communities are often isolated with less access to facilities and rural residents typically live shorter and lower quality lives than their urban counterparts. In developing countries rural areas face additional challenges especially in terms of transportation facilities and poorly developed telecommunication and internet infrastructure. In certain locations there are also problems of security. As a medical educator with a keen interest in rural medical education I am fascinated with the rural medical education guidebook published recently by the World Organization of Family Doctors (WONCA). The guidebook has contributions from rural medical education authorities from various countries including Canada, Australia, United States, United Kingdom, South Africa, Philippines, New Zealand, Norway, and Nigeria among others.

The book concentrates on five themes ranging from an overview of rural medical education, medical education in rural settings, professional and technical support for rural medical educators, undergraduate medical education and postgraduate medical education. The chapters are loosely grouped together into themes but do not follow the traditional structure of a book with a logical sequence of development of concepts and

ideas. Each chapter can be read independently.

In the first chapter describing the values and principles of rural medical education the authors mention the inverse care law put forward by Tudor-Hart which states “The availability of good medical care tends to vary inversely with the need for it in the population served”. I have long been of the opinion that the traditional city-based medical school with its specialized teaching hospitals may not be successful in producing doctors for rural areas. Strong role-modeling by specialists and super specialists during the clinical years motivates students to be specialists rather than generalists, choose an urban location for practice and students from developing nations are also more likely to emigrate to developed ones. In Nepal students immediately after completing their community diagnosis posting during which they spend time in rural communities evince interest in public health and preventive care but following their clinical rotations very few continue to be interested in rural practice. The various authorities who have contributed to the book agree that a ‘distributed’ medical school with students learning in rural communities with rural practitioners and didactic lectures and academic content being

delivered through the internet may be a possible solution.

The medical system in most countries continues to disproportionately reward specialists and those engaged in curative medicine with the relative neglect of generalists and experts in preventive care and wellness medicine. Many countries have tried to address rural doctor shortage by making it mandatory for newly graduated doctors to work for two or three years in rural areas. I however feel that a newly graduated doctor may not be a good option for independent practice in a rural area. Rural practice demands a high level of knowledge and skills and the ability to work independently. It also requires a considerable amount of management skills which is neglected in the traditional curriculum.

Victor Inem from Nigeria puts forward the idea that many developing countries are yet to develop health systems suited to their needs. Most were once colonies and the colonial powers put in place a health system to cater to the expatriate population and a few favored natives and on attaining independence most nations simply expanded the existing health system rather than restructuring it. Among 'successful' rural medical schools the book shares the examples of the University of the Witwatersrand, South Africa, Ateneo De Zamboanga University, Philippines, Memorial University, University of British Columbia and Northern Ontario University School of Medicine from Canada, University of Washington, United States, among others.

I enjoyed reading the chapter by Prof. Philips from Canada who mentions that the media has traditionally promoted the rugged male image of a rural doctor which may

discourage women from a career in rural medicine. Women face certain unique challenges in rural practice which have to be addressed. Giving preference in admission to students from rural areas, involving rural practitioners as faculty to teach students, using rural doctors and medical students to create an interest in rural medicine among school children and rural communities is a theme which recurs throughout the book. Providing opportunities for professional development to rural doctors and maintaining and re-certifying their knowledge and skills is highlighted. Problems faced by the doctor's spouse and children also get attention.

Most examples cited in the book are however from rural areas of developed nations and the developing world may face additional challenges. Most scenarios are from the Anglophone world. The book ends with the tale of a rural general surgeon, Dr Fitzgerald from Canada. This book is a must read for all medical educators and is freely downloadable as separate chapters from the site www.globalfamilydoctor.com

AUTHOR'S CONTRIBUTION

PRS- was involved in reading the book, writing the review and revising it for critical content.

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