6. EDUCATION AND TRAINING

There is a feeling among medical educators in South-East Asia that such rapid expansion of medical colleges is going on today that the quality of graduates is tending to deteriorate and that the average student is not up to the standard of the one of ten years ago. Reasons given for this include the lack of inducement for suitable graduates to enter the teaching cadres of medical colleges, and the inadequate preparation of those who do come forward. Even where the numbers are up to sanctioned strength, the proportion of those holding post-graduate degrees in their special subjects is very small. Again, the rapid expansion both in numbers of medical colleges and in numbers of admissions has brought its own problems of overcrowded classes (with, consequently, little attention being given to individual students) and of the need for teaching in shifts, which leads to a lack of keenness and energy among the teachers themselves. The excessive workload of teachers also causes abandonment of programmes of research, without which a department or a medical college soon degenerates into a machine for the production of doctors whose only purpose in their medical education has been to pass their examinations as best they can. The solution therefore may lie not in admitting more students than a college can properly instruct, but in a careful selection of entrants and concentration on reducing the failure rate by paying more attention to individual students and improving the teaching facilities. To be more precise, a failure rate of fifty per cent in the final year is an anomaly which should never exist. Heavy failure rates should be inflicted at the beginning of the course and not at its end.

Another contributory factor to the alleged deterioration of standards of medical education in South-East Asia is an inadequate knowledge of the language of instruction.

The training of future teachers has received some attention in India, where two institutions have undertaken this role.

In one country a course in teaching methods has been held, and a WHO seminar on this subject is planned on a regional basis for 1960. More attention is being paid to the co-ordination of allied subjects in the curriculum. The anatomists and physiologists are beginning to adjust their teaching and subject matter to the needs of the pathologists, the physicians and the surgeons in the later years of the course.

In regard to the teaching of preventive and social medicine, there are increasing numbers of medical colleges which are establishing departments in this specialty, and the teaching is being spread over several years up to the full five of the medical course. Several curricula covering the full period have been issued, notably by the Indian Public Health Association, and the concept of both urban and rural field training areas is steadily being adopted, stimulated in part by the requirement that pre-registration graduates (internists) have some months of experience in rural areas.

Libraries in medical colleges in South-East Asia vary widely in the availability of books and the use made of them. WHO has assisted in the provision of books, through the Colombo Plan, in one country (see also page 23, para. 3).
6.1 Direct Assistance to Educational Institutions

During the year WHO has given assistance by providing visiting professors in preventive and social medicine and pediatrics to Afghanistan (Kabul Medical Faculty); in physiology and radiology to Burma (Yangon Medical College); in obstetrics and gynaecology to Ceylon (Medical Faculty, Colombo); in social medicine (at Topiwala National Medical College, Bombay), and in the organization of a course for teachers of preventive and social medicine (at the All-India Institute of Hygiene and Public Health, Calcutta) to India; and in anatomy, physiology (Medical Faculty, Medan), and pharmacology (Medical Faculty, Surabaya) to Indonesia. The difficulty in providing counterparts still exists, and out of the above projects only two counterparts have been available to be sent abroad for further training.

The second medical education study tour for non-clinical teachers was held in 1958. A group of four teachers of physiology from Burma, Ceylon and Thailand visited selected medical colleges and institutions in India and participated in the annual meeting of the Indian Council of Medical Research at Indore.

A consultant group of three professors was assigned to the All-India Institute of Hygiene and Public Health, Calcutta, to advise on the structure of the teaching courses at the Institute. A consultant professor of preventive and social medicine was also assigned to this Institute to assist in preparing a special course for teachers in this group of subjects, which has been started in 1959.

6.2 Fellowships

WHO Programme

During the period under review, a total of 131 new awards were issued. Statements showing (1) the number of fellowships awarded by country, source of funds and break-down between regional and international fellowships, and (2) the distribution of fellowships by subject of study and by country are given in the tables in Annex 5.

Awards generally have been concentrated on environmental sanitation, nursing education, health education, mental health and medical education, particularly in non-clinical subjects. Fellowships in malaria eradication continue to be very large in number.

In communicable disease control, a new trend has been towards the award of fellowships in epidemiology to prepare epidemiologists for the Health Directorates. Fellowships have also been awarded in modern methods of production of freeze-dried smallpox vaccine. Other new fields for WHO fellowships in this region are radiation medicine and hospital physics.

Sustained efforts have been made towards increasing the use of facilities available within the Region both for training courses and for in-service training of personnel in various fields such as leprosy control, rural health and laboratory techniques, and for the training of health assistants. The problem of mutual recognition of basic medical degrees, however, continues to present difficulties in the full utilization of centres such as the All-India Institute of Hygiene and Public Health and the All-India Institute of Mental Health.
Sixty-eight fellowships were awarded for training within the Region. Fellowships were also awarded for a one-month's orientation of tuberculosis officers at the WHO-assisted Tuberculosis Chemotherapy Centre, Madras. A one-month's field practice was arranged for a group of thirteen health assistants from Nepal at the Orientation Training Centre, Najafgarh in Delhi. Finally, fellowships were arranged for a group of fourteen recently graduated Nepalese nurses for twelve months' training at the Irwin Hospital, New Delhi.

In addition, nineteen fellows from other countries (Egypt, Kenya, Korea, Malaya, Nigeria, West New Guinea, Tanganyika, the Philippines, Pakistan, Sudan, Papua and New Guinea, Mexico, New Zealand and the USA) visited the South-East Asia Region on study tours varying from one to twelve weeks. Placements were arranged for seven fellows from outside the Region (from Egypt, Iran, Liberia and Sudan) to undergo regular courses of study in institutions in South-East Asia.

The following is a brief analysis of 306 reports so far received on the utilization of the services of former WHO fellows:

- 291 (95.1%) are employed in the subject of their fellowship studies.
- 163 (53.3%) have assumed greater responsibilities.
- 81 (26.5%) have begun new activities.
- 183 (59.8%) have imparted the knowledge gained to others by means of conferences and by articles in medical journals.
- 253 (82.7%) are engaged in training activities.
- 189 (61.8%) have been able to introduce new methods.
- 126 (41.2%) have established new services.
- 77 (25.2%) are engaged in some type of research.
- 35 (11.4%) have maintained some degree of contact with other fellows and officials whom they came to know during their studies.
- 11 (3.6%) have been on international assignments.

Fellowships from Other Sources

Under the UNICEF fellowships programme, three nurses were placed at the All-India Institute of Hygiene and Public Health, Calcutta.

According to available information, the Colombo Plan granted 15 fellowships in health or medical subjects to Durma, 30 to Ceylon, 41 to India, 8 to Indonesia, 41 to Nepal and 30 to Thailand, in medical and allied subjects. ICA has awarded 1 fellowship to Afghanistan, 7 to Ceylon, 50 to India, 53 to Indonesia, 12 to Nepal and 25 to Thailand. In addition, India received 29 fellowships from the Rockefeller Foundation; Durma and Thailand received 2 fellowships each from the British Council; Thailand also received 1 fellowship each from the American Presbyterian Mission and from the Governments of France and West Germany, 2 fellowships from the China Medical Board and 1 SEATO research fellowship.