

Rural Health and Registration of Foreign Qualified Doctors

The rural black areas of southern Africa have been experiencing a chronic shortage of doctors for the last 15 years especially since mission hospitals were taken over by state health services. The doctor/patient ratio is often in excess of 1/15 000 compared to the overall South African figure of 1/1 500.

There are an estimated 788 foreign qualified doctors in South Africa, the homelands and South West Africa, who can only obtain restricted registration with the SAMDC after passing the Council's examination. Recently the Council has allowed health authorities responsible for rural hospitals to apply for special registration for these foreign qualified doctors to work in a specified rural hospital. These doctors are however not allowed to work in urban areas.

This "concession" by the SAMDC surely must be seen as an attempt to alleviate the shortage of doctors in rural areas.

As a South African, born and trained in South Africa, I have been working in under-doctored rural areas for the last 13 years. As one who has worked with foreign qualified doctors, I would like to make the following comments:

Rural health care often requires a higher and broader level of skills than urban areas do. This is due to the unavailability of specialist services. I therefore find it strange that these doctors can work in rural areas but not in urban areas. Does this imply that Council is willing to lower its standards for rural (black!) areas?

Can there be another way in which the need for doctors in rural areas can be met as well as solving the dilemma of the foreign qualified doctors?

The problem of the maldistribution of doctors and the shortage of doctors in rural areas can be partially solved by training doctors in vocational training programmes in rural areas. Vocational training can be defined as a process of experiential learning under appropriate supervision for a defined period of time. Such programmes are already established in KwaZulu and Ciskei. In these programmes, trainees spend time in a specialist hospital and in a rural primary care setting.

If foreign qualified doctors are required to spend a specific period in such a training programme it will have the following advantages:

- Their competence can be evaluated over a period of time in a working situation.
- They will receive additional training/experience under supervision.
- They will work for part of their training in underdoctored rural areas.

I therefore propose that the foreign qualified doctors be given restricted registration for the purpose of participating in a vocational training programme and then be evaluated after completion of training for full or restricted registration with the SAMDC.

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