

BOB-05

TRAINING OF PRIMARY CARE PHYSICIANS IN CUBA.

INSTITUTE OF CURRENT WORLD AFFAIRS

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Peter Bird Martin
Institute of Current World Affairs
4 West Wheelock street
Hanover, NH 03755, U.S.A.

Dear Peter,

It has been suggested that in many countries the health service manpower which has been trained partly determines what health services are provided and where they are provided. Primary care is underdeveloped because most doctors want to practice as specialists in other medical specialties and they have been trained as specialists (1).

For a developing country like Cuba to claim that nearly 40% of all her medical doctors to have been trained as primary care physicians (or family doctors) raises some questions especially when it is commonly known world-wide that medical graduates in most countries (developing or developed) prefer other specialties to primary care.

It is almost always the case that an unusual situation (like the one which Cuba presents) is likely to invite the what, how, and why questions in regards to primary care personnel development policy in that country. And to clear my own doubts about this unusual situation, I interviewed Dr Jose Rodrigues who is the National Director of the Cuban Family Doctors Programme at the Ministry of Public Health (MINSAP) in Havana to give some insights as to how primary care physicians are trained in Cuba.

What is the health manpower development policy for primary care in Cuba? Do medical school graduates choose to become primary care physicians by themselves or are they oblige by some regulations to become so? How long is the training period? Do they stay in primary care practice without changing into other specialties in the course of time. What about graduates who would want to be trained as specialists in other specialties, can they do their specializations immediately after their graduation from medical school?

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1. Abel-Smith, B. (1976). Value for money in health services: A comparative study. Heinemann, London. p. 198

Bacete Bwogo is an ICWA fellow studying primary health care delivery in Cuba, Costa Rica, Kerala State(in India) & the U.S.A.

"Planning for health manpower (e.g. primary care physicians) is according to need and places available," noted Jose Rodriguez, Chief of family doctors department at MINSAP. "A number of health problems have been identified in communities and we believe that 95% of these health problems can be best solved through primary health care," he added. "That is why 10 years ago, we begun training of medical doctors in family medicine in order that they will practice health care in communities".

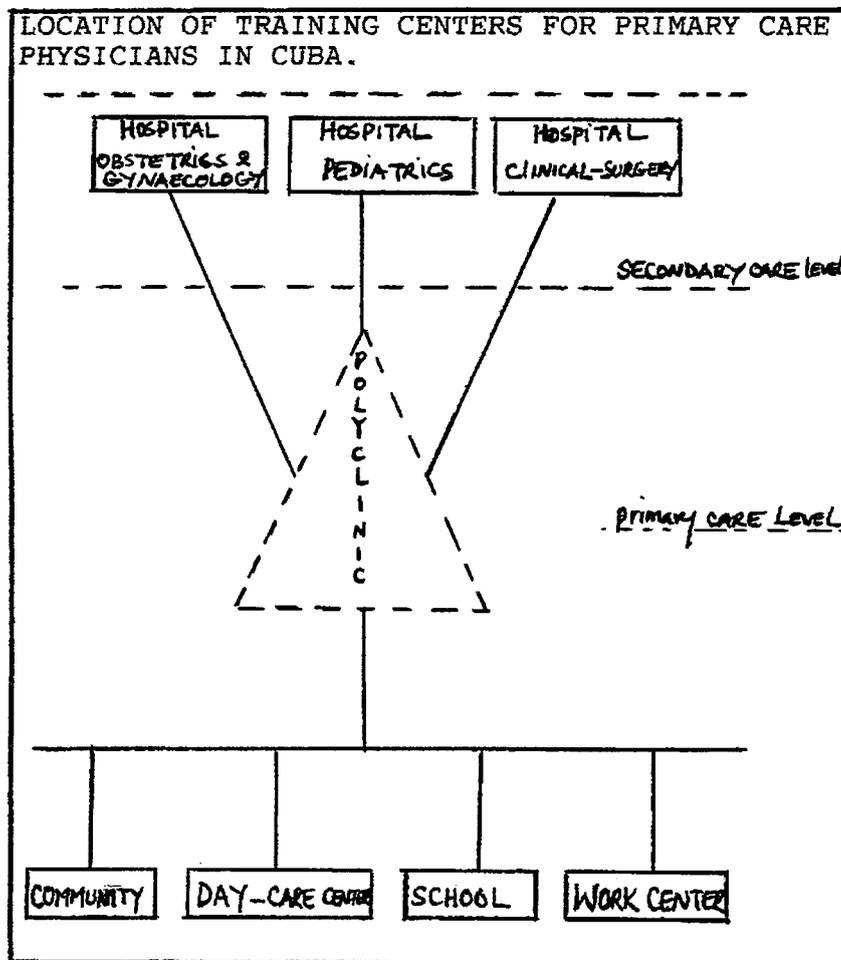
Most students in Cuba enter medical school at about 18 years of age, right after they complete secondary school. After completing 6 years of basic medical education, medical graduates must go to and serve in rural areas (as required by regulation) for at least one or two years. "After completing rural service, all doctors also must enter into a residency program called Medicina General Integral-MGI, which is a specialization program in general or family medicine which last for 3 years," said Jose Rodriguez.

"There are four tasks that we expect our family doctors to be capable of doing; medical care, community health education (and also training of interns), administration and health care research. The training centers for family doctors are based in the community, day-care centers, schools, polyclinics and secondary care hospitals. Family doctors need this kind of exposure so that they are able to develop the skills which they will need to confront the health problems they are going to deal with in communities. Future doctors must not only be taught biological causes of disease, but also social and psychological causes which may lead to ill health and they must learn more about prevention of diseases and promotion of health, in addition to diagnosis of diseases and their treatment and rehabilitation of the physically or mentally handicap," continued Rodriguez.

To become a full doctor in Cuba it takes about 10-11 years of training (6 years of medical college, 1-2 years in rural service and 3 years of MGI). When I asked Rodriguez whether it were possible to skip MGI and go straight to specialize, he said that "doctors must all pass through the MGI program before they are allowed to enter other medical specializations." "They don't have a choice here. This is the policy. Afterwards, yes. It takes 4 years to specialize in surgery, 3 in pediatrics, 5 in cardiology, but most residencies run for 3 years."

To clarify the situation above, it is worth mentioning that while medical education is under the Ministry of education, residencies-being in hospitals-are directed by MINSAP. In this way, the number of residencies in various specialties can be distributed in accordance with the needs of the health services (2).

After completing MGI residencies doctors graduate as first grade specialists in family medicine. "From our experience of the last 10 years, most doctors who have been trained in MGI continued to practice family medicine. Some become teachers of family medicine and others become chiefs of basic work groups of family doctors (grupos basico de trabajo) who work within given health areas which are linked to polyclinics or they become involved in health care research work," noted Dr Rodriguez. "But, despite the increased exposure of medical students to community medicine and even after compulsory rural service, it was discovered that 80% of doctors still apply for residencies in some branch of highly specialized, hospital-centered curative care (3)."



3. Werner, D. Health care in Cuba today: A model service or a means of social control or both? (Palo Alto, CA: Hesperian Foundation, 1978), pp. 1-38.

Although the last remark is interesting, still the timed training of medical doctors in areas similar to where they will be working in future is important. "It is during the MGI training period that family doctors are be able to acquire knowledge of the health problems in communities to whom they shall be rendering health services in future," stressed Rodriguez.

It has been mentioned that, " a medical service can be no more enlightened than the minds of the doctors who provide it, and the intellectual shutters are never again so widely open as during the period of training. Inevitably students acquire their concept of practice from the example provided by their teachers, and they leave the training centers aspiring to engage in the work they saw when training(4)."

Although 4,500 MGI specialists have been already trained and there are still now more doctors in training (about 3,000 in 1st year, 3,000 in 2nd year and 2,500 in 3rd year), it is only time that will tell how many of them will choose to remain in primary care practice given the uncertainties of the future. So let's wait and see.

Regards.

Yours sincerely,

B. O. Bwogo

Bacete O. Bwogo

4. Thomas Mckeown, The role of medicine: Dream, mirage or nemesis? Basil Blackwell Ltd, Oxford 1979. p. 154