

Geographic Origin of Nepali Doctors

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Abstract:

Though the history of in-country training of doctors in Nepal is not long, Nepal had started training doctors in abroad long ago. This is probably the first paper of its kind to correlate the developmental and ecological region to the country of training of Nepali doctors. This retrospective analysis reveals that nearly 38% doctors are trained in India, 22% each from former USSR and Nepal, 10% from Bangladesh, and 2.5% from Pakistan. Other countries contribute very few in the list. Nearly 2/3rd of the doctors represent the central developmental region and most of them are from Kathmandu valley. Ecologically mountain and hills are in great minority compared to Kathmandu valley and Terai. Interestingly training in former USSR shows a bit wider base regarding the origin in terms of developmental region. And Nepal has a clear broad base both in terms of developmental and ecological regions. As most of the doctors among Nepal trained ones are from IOM, the role of IOM way of selecting medical students need a deeper look into it.

Key words: Training doctors, Nepali doctors; Geographic origin of doctors

Training doctors in Nepal has been started in late seventies, when Institute of Medicine (IOM), TU started a course called MSDDGCM (Medical Science Degree Diploma of General and Community Medicine). Later this was converted to MBBS to match with the regional degrees. But the training of doctors for Nepal was started much earlier. Initial British colonial LMF (licensing medical practitioners) were the first to Practice in Nepal. That was around nineteen twenties. As British name for medical doctors changed to MBBS in early thirties, the MBBS from the Indian subcontinent were getting produced. There were already 55 doctors by 1960 AD in Nepal. The approximate per year production of doctors in sixties was something like 20. IOM started training doctors since 1978, as the need for training doctors in Nepal was realized within a frame of heavy criticism and fear of unknown future. Till now around 550 doctors have been trained by IOM. Since the restoration of Multiparty System in 1990, there has been a heavy (? unnecessary) flow of medical schools and some more than 100 doctors have already come out of the newly established medical colleges. Nepal has doctors trained from many countries including those in Europe and America. But then there was not even a single paper to analyze what were the characteristics of these doctors. This is a retrospective analysis based on their voluntary inclusion of Geographic location of their origin.

Methods and materials

The total number of Doctors listed till 2000 in the NMC (Nepal Medical Council-2001) Directory and NMA (Nepal Medical Association-2001) directory were analyzed retrospectively in terms of their country of training, place of origin as they voluntarily registered into it. Some 2911 of the total of 3460 doctors are included in this descriptive study. The dentists and some those whose Addresses are not included are excluded.

Results

Looking at the doctor population ratio of Nepal with this number, it becomes something like 1: 6,500 higher than India and Bangladesh, 1:2000 and 1:3500 respectively and some nearer to Sri Lanka (1:4,500). If looked at the infant mortality rete (IMR) and under five mortality rates, Nepal proximates between India and Bangladesh. Sri Lanka is far better than India or Nepal.

Of the, analyzed 2911, some 38% doctors are trained from India, 22% each from former USSR and Nepal and 10% from Bangladesh. Pakistan accounts for 2.5% of total training and China and rest of the world occuppies 3.7%^{1, 2, 3} (1, 2, 3).

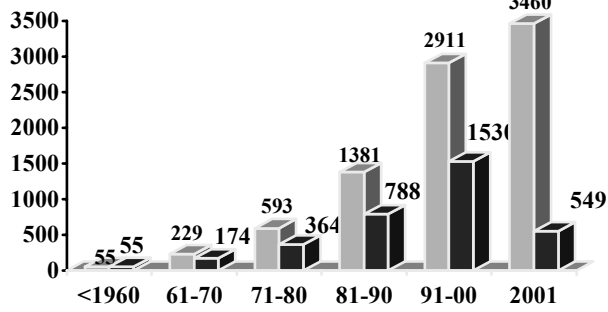
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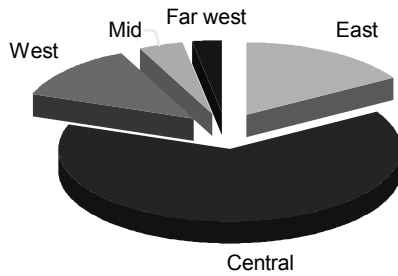
The various following graphs show the relationship of the country of training of doctors based on the developmental and ecological regions of Nepal. It also shows the trend of doctors training and increases

in the no. of doctors per year and the regional representation of India trained Nepali doctors over the last 4 decades.

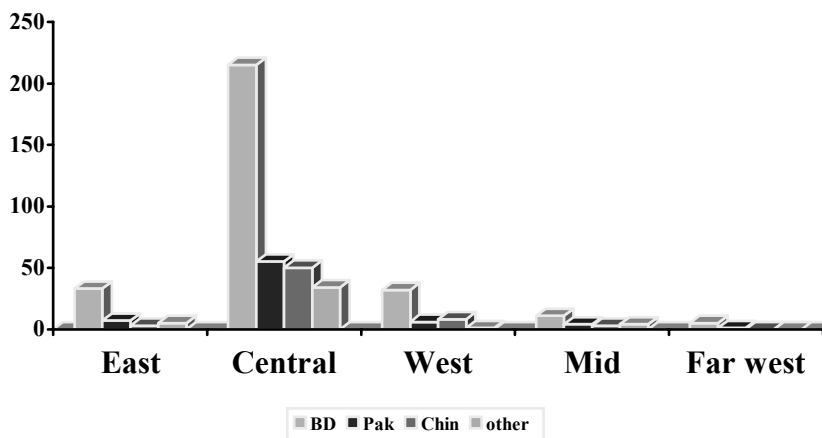
Graph showing no of doctors in each decade and increase per year



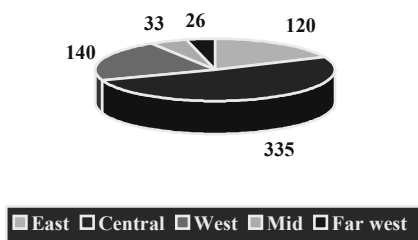
Regional representation of overall doctors of Nepal



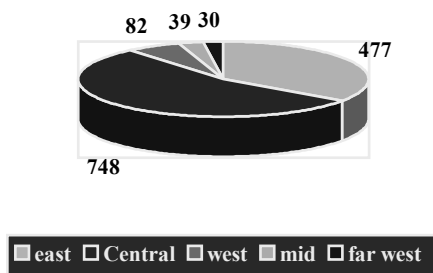
Regions and doctors training from rest of world



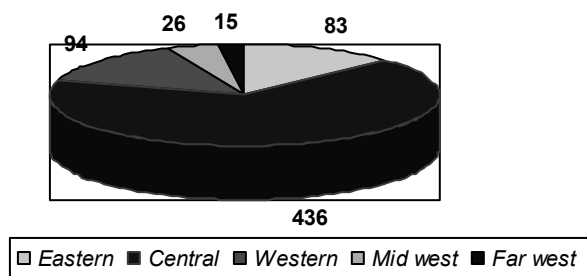
Regional representation of Nepal trained doctors



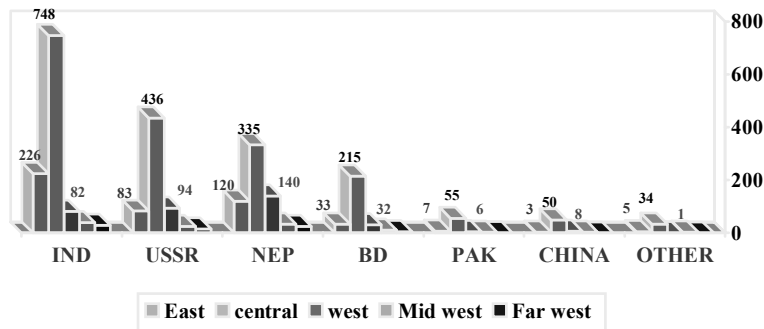
Regional representation of India trained Nepali doctors



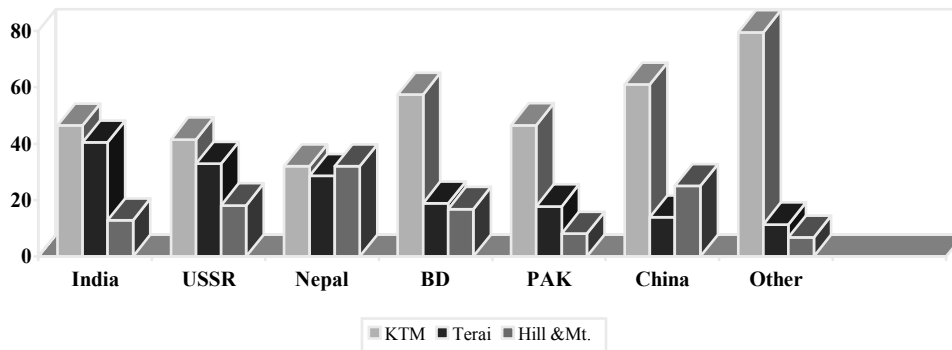
Regional representation of USSR trained Nepali doctors



Regional representation of doctors and their country of training



Ecological region and country of doctors training



Discussion

The training in countries far away from Nepal has representation much more from Kathmandu valley compared to the countries nearer (India for instance). The representation of ecological region, defined Kathmandu valley, terai and hill and mountain; has been slightly stretched amongst the doctors trained in former USSR. Training in Nepal has brought up the difference narrower and in fact the high hills and mountains top the valley representation. Therefore it is seen that the training in Nepal has been a more correlational and proportionate regarding representation based on developmental and ecological region than anywhere else. Why? This question needs a further analysis to get an appropriate answer. This is a food for thought and matter of further analysis.

As of the government plan, the total need of the doctors in the government sector is 1286 if the Zonal hospital are filled with 20 doctors, regional by 30 and Central hospitals by 100 doctors in an average. Many more of already produced doctors then have to be consumed by the Government and Private Medical Colleges or the Private sectors, which is to mean to limit doctors within cities and towns.

The per year increase in number of doctors has been more than 550 by the year 2001 and is expected to be more than 750 per year; whereas the need of doctors for the government does not rise proportionately. It is therefore confirmatory that the production is not matched with the government needs as used to be in the past for almost all of the health professionals (4). Based on the experience from SAARC region the number of challenge doctors (*those who do not go*

abroad and do not accept government posting but work as volunteers in government hospitals to capitalize for the private practice) will be sufficient in amount to press on the government for their economic right of investment and therefore to paralyze the health system.

Conclusion:

There might be other components to affect on the possibility of going into the periphery, some of them being the longer community exposure, as experienced from IOM, Nepal and Thailand (5), number of training years and nature of the training as generalist or specialists and super specialists, one of the pertinent reasons seems to be the **geographic origin of the candidate**. As most of the Nepal trained doctors are from TU, IOM, the role of IOM way of selecting medical students need a deeper look .

Though this needs a formal analysis, it may be one of the plausible answer to the maldistribution of doctors as pointed out by Almas Ali (6). This brings a lot of

valid information in the planning and selecting the medical students or post graduate candidates in particular situations like in Nepal where we can not afford to produce doctors-a very expensive manpower, even difficult for USA, for countries other than Nepal; with our extremely limited resources.

Reference:

1. Ministry of Health Bulletin, Planning Ministry of Health, 2001
2. Nepal Medical Council Directory, 2001
3. Doctors Directory-Nepal Medical Association, 2001
4. PN Shrestha: Health Man Power Situation of Nepal, 1984
5. Vinchai V et al: Annals of community Oriented Medical Education, 1989 pp43-48
6. Almas Ali: Health system of Nepal, 1991