

## Editorial

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### Medical Education

Advances in research and technology are posing continuous challenges as to how to streamline the most optimal curriculum for medical/surgical education at graduate and post graduate levels. Increasing the duration of training is a frequently discussed option and this has translated into the development of numerous subspecialties and fellowships, the duration of which varies from specialty to specialty from one place to another. This will no doubt be a continuously evolving issue that medical fraternities the world over will have to keep an eye upon and make appropriate adjustments to suit local needs. How do cost constrained less developed nations cope with the hotly debated issues of medical education? Arguments range far and wide with advocacies for completely free medical education to curtailments of involvement of the Private sector! The scenario in Nepal has become heavily politicized over the past decade leaving many stakeholders in limbo. How does all this translate to a Private institution such as ours which has always taken teaching and training in parallel with quality patient

care? Whereas in the past, we were affiliated to University and participating in graduate and post graduate training, our inability to play the appeasement game to the multiple stakeholders resulted in discontinuation of well-established training programs such as in Orthopaedic Surgery. The Fellow of FCPS (College of Physicians and Surgeons of Pakistan) model which we are now participating in, has proven to be a fair and easily applicable form of training postgraduate students. It ensures maintenance of a minimum, uniform level of standard, is very cost effective and completely gets rid of the scourge of capitation fees! On the other hand, students are expected to perform and meet stipulated standards at each step of the training process. When this scenario is coupled with an interested teacher in the milieu of a good flow of patients, a dynamic training process ensues. This has to be foundation of the training program. All other factors related to technical advancements in Medicine/Surgery are of secondary importance.

We at B & B/HRDC see this model of post

graduate training as most appropriate to suit our needs. The escalating cost of medical training has sent ripples of uncertainty to many corners of the establishment! It is worthwhile taking note of practical / cost effective system of post graduate medical education that have proven their worth!

How are countries such as the USA and UK able to absorb medical graduates from every corner of the globe? It is because of their stringently followed criteria designed to ensure uniform minimum standards from entry to exit level! This is where we need to direct our focus in Nepal!

## **B & B Mouth-Piece**

### **HRDC Reminiscences and Concerns**

George Orwell's 1984 did not herald the drastic changes in Nepalese society at large (as forecasted in his famous book), but it did prove to be a momentous year for us to sow the seeds that mushroomed into what is now the Hospital and Rehabilitation Center for Disabled Children (HRDC). The Philanthropic Swiss Organization (Terre des Hommes-Tdh) agreed to establish and fund a small facility (Initially targeted to be for "after care") which opened its door for patients on 5<sup>th</sup> September 1985, in the capacity of a sparsely equipped and staffed Paediatric Orthopaedic Hospital. Enormous challenges immediately unfolded – untreated complex pathologies, long hospitalizations and requirements of follow up treatments, often extending through the child's growth period! Undaunted by the challenges, strategies were developed early on to expand the funding base, develop a larger team to cater to all levels of rehabilitation and establish a community linked follow up program connecting remote corners of the length and breadth of Nepal. The Hospital services

developed rapidly and expertise necessary to deal with the wide variety of complex pathologies has developed over these past several decades to make available the very best care for our patients. This work has been widely acclaimed and it has been HRDC's credit to have secured its position on the international academic map with numerous contributions in clinical research through many publications in Journals and textbooks.

Sterling partnerships have played a critical role in the challenging sustainable effort. However, the increasing cost of treating an ever increasing volume of work is posing financial challenges! Despite the challenges being faced by HRDC, it has made great strides in addressing a very neglected category of illness in the socioeconomically deprived strata of our society. The inherent challenges in the continuation of services of this institution are real and worrisome! These services have got to continue and those of us entrusted with the responsibility of running HRDC seek further support and collaboration from all quarters!

### **Hospital Management**

