

Need of Fellowship Training in Nepal: Obstetrics and Gynecology Sub-specialties Are Not Left Behind

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Received: August 5, 2019

Accepted: November 30, 2019

ABSTRACT

There is an increasing demand of more and more specialized services and trainings in medical field and Obstetrics and Gynecology is not an exception to it. As a sub-specialty training, Gynecological oncology and Urogynecology fellowships have become a developmental milestone under National Academy of Medical Sciences since 2018. Resource utilization for academic purpose in public-private-partnership model is beneficial.

Keywords: endocrinology, fellowship, infertility, subspecialty, training

Citation : Dangal G, Baral G. Need of Fellowship Training in Nepal: Obstetrics and Gynecology Sub-specialties Are Not Left Behind. Nep J Obstet Gynecol. 2019;14(29):62-64. DOI: <https://doi.org/10.3126/njog.v14i2.28443>.

INTRODUCTION

There is a huge gap between the demand of highly skilled health professionals and their supply for most of the specialties in Nepal. The Specialty Health Services to the people in most of the sub-specialties have not been fully developed even in the oldest Medical Teaching Institute like Institute of Medicine.¹ This holds true for Obstetrics and Gynecology (OB-GYN) sub-specialties as well.

Medical Education Commission of Nepal has now been entrusted by an act of parliament for developing and establishing a system of higher medical education through its National Board of Medical Specialties.² Many hospitals including private sector located in center and provinces are capable enough by their resources to be involved in fellowships/sub-specialty trainings.

Specialty training is highly necessary in Nepal now with the rapid advancement in medical sciences, the changing burden of diseases, the shortage of highly specialized health professionals, the evolving concept of learning and medical education and the increasing

focus on right and safety of patients. Physicians with MD/MS from Nepal often only get the opportunity of shorter, mostly one-year, observer Fellowship in sub-specialties in private/corporate and some public institutions in India.³ The situation indicates the need to establish structured Fellowship training programs in our country too.

These programs have specialized courses to produce specific skilled human resource to fill up gap of special service demand in the country. The fellows will work side by side with a multidisciplinary team of providers and there is participation in clinical research; development of teaching and leadership skills; and training in administration. The subspecialty trainings like fellowships provide excellent opportunities for hands-on experience in mastering techniques and procedures that may otherwise be difficult to learn during general training and can offer focused training with considerable exposure to the area of special interest. They also gain confidence and progressive autonomy. Furthermore, fellowships are essential for getting a consultant post, particularly in competitive specialties. Public perception that

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better care can be provided by specialists, such as those with subspecialty training, has also made subspecialization more attractive.³

Fellowship Training has numerous advantages. Its shortage inside country is the bottleneck to provide Quality Health Services in Nepal. There is difficulty in continuing a few of the existing Sub-Specialty Services due to dearth of the Faculty to take over. The increasing number of medical colleges, private hospitals and public institutions are facing the scarcity of Specialists in various General and Sub-Specialties in the country.¹

Fellowship Programs in Obstetrics and Gynecology (OB-GYN)

There is a need of further training in Obstetrics and Gynecology subspecialties resulting from the progress in this important branch of medicine abroad. It is important to organize further training in gynecological oncology, reproductive endocrinology and subfertility, maternal-fetal medicine (perinatology), urogynecology, minimally invasive gynecologic surgery, gynae-oncopathology and others.

The role of subspecialties in obstetrics and gynecology was evaluated, and more than 90% of respondents agree that subspecialties have helped in the development of obstetrics and gynecology.⁴ Residency education is focusing more on a core curriculum in general obstetrics and gynecology, while subspecialty fellowship training has grown in popularity worldwide.⁵ Therefore, the impact of subspecialty fellowships on resident training should be positive and the full benefits of a combined residency-fellowship program need to be highlighted.

The followings are some of the subspecialties in OB-GYN field:

Maternal Fetal Medicine:

This fellowship allows fellows to become comfortable managing pregnancies complicated by preterm labor, preterm premature rupture of membranes, intrauterine growth restriction, diabetes, hematologic disease and many other high-risk conditions.

Gynecological Oncology:

This subspecialty includes focus on malignant diseases pathology, epidemiology, diagnosis, evaluation, treatment and prevention. The clinical and technical

skills necessary for proper pre- and postoperative treatment is learnt there. Office diagnostic procedures including biopsy and colposcopy are also learnt.

Reproductive Endocrinology and Infertility:

It has an invitro fertilization laboratory performing assisted reproductive procedures. Fellows evaluate and manage patients with endocrinopathies and infertility while obtaining skills in ovulation assessment, semen analysis, obstetrics and gynecology ultrasound, endometrial assessment and hysteroscopy. They learn the techniques of ovulation induction and assisted reproduction, including intrauterine insemination, in-utero fertilization, pre-implantation genetic testing and fertility preservation for medical and elective reasons. They also perform operative hysteroscopy/laparoscopy, tubal surgery, adhesiolysis, and resection and ablation of endometrial implants.

Female Pelvic Medicine and Reconstructive Surgery or Urogynecology:

Fellows evaluate and treat urinary incontinence, pelvic organ prolapse, pelvic floor dysfunction, vaginal and urethral cysts, fistula repair, bladder inflammatory conditions such as interstitial cystitis, chronic pelvic pain and surgical complications.

Minimally Invasive Fellowship Program in Gynecology:

The fellows are exposed to aspects of the surgical management of malignant and benign gynecological conditions, and management of complications by use of minimally invasive techniques. In laparoscopic training laboratories, fellows have the opportunity to practice basic and advanced techniques of minimally invasive surgery under simulated conditions. Diagnostic and operative hysteroscopy are also taught.

Fellowship Programs in OBG in Nepal

In addition to general obstetrics and gynecology, we need to have competent cadres of OB-GYN fleet to cater a quality subspecialty care. For this, all concerned need to facilitate Fellowship trainings inside country in all fields including Obstetrics and Gynecology. The four established sub-specialties (maternal-fetal medicine, gynecologic oncology, reproductive endocrinology and infertility, and urogynecology) were not available in Nepal till 2018, when National Academy of Medical Sciences

(NAMS) started fellowships in OB-GYN in Public-Private-Partnership model with no-cost academic purpose. For the first time in 2018, NAMS established a unique one-year Obstetrics and Gynecology Fellowship Programs in Gynecology Oncology and Urogynecology.⁶ This was the first program of its kind in Nepal and to date, BP Koirala Institute of Health Sciences followed our lead in developing urogynecology sub-specialty training program this year. As a continuum of development more sub-specialties in OB-GYN will definitely come in future. The initiation of residential Sub-Specialist training with inclusion of Fellows as junior Faculty or On-the-Job Training will strengthen the Specialist Health Service to the patients in the respective hospitals. This has been started in Paropakar Maternity and Women's Hospital and Public Health Concern Trust-

NEPAL/Kathmandu Model Hospital (as Extended NAMS) as the Sub-Specialist Training of OB-GYN field/ Specialty and there are already six fellows in gynecologic oncology and urogynecology graduated from NAMS based on this model.

CONCLUSIONS

Nepal should focus on providing all the prerequisites, infrastructure and human resources for establishing and expanding specialty/subspecialty fellowship programs in the country and thereby enhancing the standard of patient care. Now there is also a ground to develop and establish a residential Sub-Specialist Training like MCh (Magister of Chirurgiae) in Obstetrics and Gynecology too.

REFERENCES

1. Bhattarai MD. Facilitation of free residential training inside the country – The fundamental health service responsibility of the Government and its regulatory body. *J Nepal Med Assoc.* 2015;53(197):40-69.
2. Medical Education Commission Act 2075. Available from: <http://mec.gov.np/en/category/reports>
3. Neupane HC, Shrestha N, Shrestha BK. Fellowship Training in Nepal: Current Prospects. *J Nepal Health Res Counc.* 2018;16(40):345-50.
4. Zuspan FP, Sachs L. The impact of subspecialties on obstetrics and gynecology. *Am J Obstet Gynecol.* 1988;158(4):747-53.
5. Rayburn WF, Tracy EE. Changes in the Practice of Obstetrics and Gynecology. *Obstet Gynecol Surv.* 2016;71(1):43-50. doi: 10.1097/OGX.0000000000000264.
6. National Academy of Medical Sciences [Internet]. NAMS. [cited 2018 Jul 26]. Available from: <http://nams.org.np>