

## Editorial

### Friends

Second issue of the FMJ of this year is finally out. This issue brings the joy of guest editorial by Dean of the Fiji School of Medicine, Prof. David Brewster, which gives a depiction about new direction Fiji School of Medicine is heading.

Numbers and quality for contributions for the journal continues to improve. This issue has articles on important health topics, such as Ultra violet rays and their effects on life in tropical country like Fiji. Early results of research currently being undertaken by one of the former academic of the Fiji School of Medicine on trained medical doctors migration shed light on an interesting aspect. Dr. Oman's study finds that skilled doctors trained through the donor aid program in Fiji may help fill the gap of skilled doctors shortage in those countries. In her commentary, Litiana Kuridrani has given perspective on effects of globalization on culture & health. A well written report by Ichimori et al on Filariasis highlights disease pattern in the pacific and efforts to eliminate it from the region through Mass Drug Administration. And finally, Aid manual published by the International Committee of Red Cross has been reviewed by Josua Tuwere.

Dr. Kamal Kishore  
Editor-in Chief

### New Directions at Fiji School of Medicine Prof David Brewster, Dean

Fiji School of Medicine (FSMed) was established in 1885 to train Native Medical Practitioners (NMPs) following a measles epidemic which killed 40,000 Fijians out of a total population of 150,000. These NMPs were highly successful, so Suva Medical School (as it was then called) became a regional institution with our first graduates outside of Fiji from Tokelau in 1916. We remain committed to these original aims, namely to meet the medical human resources needs of Fiji and other Pacific Island Countries (PICs). Clearly, we are not meeting these needs for doctors and medical specialists in the region, since many are being recruited from outside the region and our doctor per population ratios in PICs are low (Table 1).

Consequently, FSMed has decided to increase the intake of medical students for the MBBS degree. But rather than increasing the intake into the 6-year high school entry program, we have chosen to initiate a 4-year graduate entry program from 2008. Some key advantages of this new model are:

it provides more options for prospective students, in keeping with global changes in university education towards graduate programs

it allows university graduates the option of studying medicine in 4 years, without the need to live in Suva for 6 years

admission to the program can be partly based upon interviews which assess those personal qualities which are important for doctors, such as empathy, motivation, ability to

work as part of a team and problem-solving abilities, instead of being based exclusively on academic achievements in high school

At the same time, FSMed is in the process of upgrading our Diplomas to Degree-level courses offered through USP in Pharmacy, Medical Lab Technology and Radiography. We are also dedicated to meeting the actual needs of the region, so are offering bridging courses to train multi-skilled paramedical and allied health professionals for small rural health centres and hospitals.

Medical education has changed greatly over recent times, so it is important for FSMed to stay abreast of recent advances. Our medical curriculum uses problem-based learning, which stresses retention of learning rather than memorisation of facts. This is the only way that we can successfully meet the challenges for health professionals to stay abreast of the rapid advances in medicine which are relevant to their practice.

Finally, FSMed was at risk of seeing its academic activities curtailed by poor corporate management. We have addressed this problem by making major changes in both practice and personnel. However, our endeavours are limited by the relative underfunding of health indicated in Table 1. There needs to be an increase in health funding if Fiji wants to continue to provide a high quality of health services to its citizens.

Table 1: Health Expenditure and Health Professionals in Pacific Island Countries

Country	Gov Exp	Total	% GDP on Health	Doctors per 1000	Dentists per 1000	Pharmacists per 1000
Australia	\$1699	\$2519	9.5%	2.47	1.10	0.72
FSM	\$130	\$147	6.4%	0.60	0.13	-
Fiji	\$64	\$104	3.7%	0.34	0.04	0.07
Tonga	\$87	\$102	6.5%	0.34	0.32	0.17
Kiribati	\$89	\$96	13.1%	0.30	0.05	0.05
Samoa	\$74	\$94	5.4%	0.70	0.18	0.03
Vanuatu	\$40	\$54	3.9%	0.11	-	-
Solomons	\$26	\$28	4.8%	0.13	0.06	0.07

Source: WHO World Health Report 2006