

In-country OB/GYN training programs contributed to retention of doctors in Ghana, study shows

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Ghanaian Obstetrics and Gynecology residents say in-country training programs contributed to their decision to remain in their home country to practice medicine, new University of Michigan research shows.

The retention of trained [health care providers](#) in developing countries is a key component to improving health and achieving the United Nations' [Millennium Development Goals](#), which aim to decrease maternal and [child mortality](#). But the migration of health workers from developing to developed countries has resulted in a health care workforce crisis that continues to threaten progress in global health.

U-M research to be published today in the journal [Academic Medicine](#) shows that the in-country program is one of three factors that contribute strongly to OB/GYN residents not migrating out of country to practice medicine.

"The most important factor is that there is a program in place for medical students to enter when they finish so they don't have to leave the country for obstetrics and gynecology training," says Frank Anderson, M.D., MPH, associate professor in the Department of Obstetrics and Gynecology at U-M, and a lead author in the study.

The U-M Department of Obstetrics and Gynecology has been working with the two major academic medical centers in Ghana for over 20 years

- Korle-Bu Teaching Hospital (Accra, Ghana) and Komfo Anokye Teaching Hospital (Kumasi, Ghana). The program has played an ongoing role in supporting OBGYN training in Ghana.

"Partnerships between academic health centers in developed and developing countries provide opportunities to address the global health care crisis in a significant and sustainable way," Anderson says, adding that such programs have longevity that other efforts can't match.

Brain drain is a well-documented problem. According to the Ghana Ministry of Health, approximately 60% of physicians trained in Ghana in the 1980s left the country. As of 2002, 30% of physicians trained in Ghana were practicing in the United States or Canada. In 2003, the United Kingdom approved 850 work permits for Ghanaian health and medical personnel, including physicians and nurses.

The new U-M study took place in July 2006 and consisted of a survey of 20 residents and interviews with a smaller group of nine residents at the Korle-Bu Teaching Hospital in Accra, one of U-M's partner universities in Ghana. It looked at factors that affected physician retention including having an in-country training program, social factors and the economy.

"Economic factors tend to push people out of Ghana," Anderson says, adding that social factors serve as a strong counterpoint. "Ghanaians love Ghana. People love their countries and if they have opportunity to stay, they'll stay. It's not our role as an academic institution to contribute to [brain drain](#)."

Most respondents (95%) said they would have left Ghana if postgraduate training had not been available, (80%) reported that becoming an OB/GYN specialty was important to them, (75%) indicated that the program trained them to practice in Ghana, and (85%) were certain they would stay in Ghana after completing the program.

Previous studies have shown that in-country residency programs help retain physicians. A previous study of certified specialists who had completed an academic university-based postgraduate training program in Obstetrics and Gynecology at both the Korle-Bu Teaching Hospital (Accra, Ghana) and the Komfo Anokye Teaching Hospital (Kumasi, Ghana), showed that 29 out of 30 residents stayed in the country.

According to those studies, high retention was due to the availability and presence of a viable training program in Ghana while social and economic factors also played a significant role in graduates' decisions to stay in Ghana, Anderson says.

Interest in OB/GYN among Ghanaian residents is high. Given that obtaining OB/GYN training in the U.S. is highly competitive for foreign-trained doctors, the postgraduate [training program](#) in Ghana gives residents a viable option for this specialized training.

The implications of this study are great, Anderson says. The Michigan model has shown that centers with established and well-functioning educational systems in long-term partnerships with academic health centers in developing countries can assist in creation of high-quality and sustainable training programs. These in-country programs enhance the long-term effort to increase the number of health workers globally and reduce maternal mortality.

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