

National Training Program for Comprehensive Community Physicians, Venezuela

Eugenio Radamés Borroto Cruz & Ramón Syr Salas Perea

*Note from the Editors: This article by Drs. Borroto Cruz and Salas Perea was published in the Fall 2008 edition of MEDICC Review. We will be publishing a Spanish translation this month in Medicina Social. We present here the abstract of the article. We encourage readers to read the English original which is available at: www.medicc.org/mediccreview/. The issue is entitled: **Teaching for Health Equity: Changing Paradigms of Medical Education.***

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Introduction: Through the 1990s, wide disparities in health status were recorded in Venezuela, a mirror of poor social conditions, decreasing investment in the public health sector and a health workforce distribution unable to meet population health needs or to staff effective, accessible public health services. Venezuelans' health status deteriorated as a result. In 2003-2004, the Venezuelan government launched Barrio Adentro, a new national public health model aimed at assuring primary health care coverage for the entire population of an estimated 26 million. Cuban physicians staff Barrio Adentro clinics, mainly in poor neighborhoods, until enough Venezuelan physicians can be trained to fill the posts.

Intervention: Cuban experience with community-oriented medical education and global health cooperation was drawn upon to develop curriculum and provide faculty for the new National Training Program for Comprehensive Community Physicians, begun in 2005 in

cooperation with six Venezuelan universities. The program differs from previous Venezuelan medical education models by adopting a stated goal of training physicians for public service, recruiting students who had no previous opportunity for university-level education, and concentrating the weight of their training on a service- and community-based model of education, relying on practicing physician-tutors.

Results: Over 20,000 students have been enrolled in three years. The six-year program has been extended to all 24 Venezuelan states, relying mainly on Cuban faculty who are practicing Barrio Adentro doctors and who receive postgraduate training in medical education. This "university without walls" has accredited 5,131 Barrio Adentro clinics as teaching institutions; its infrastructure includes other health care delivery facilities plus 855 multipurpose classrooms throughout the country. For the 2006-2007 academic year, the pass rate was 82% for first-year students and 94% for second-year students. Some difficulties persist in student selection, pre-medical preparation, and achieving optimum use of existing resources. Academic, institutional, and external evaluations are ongoing.

Conclusion: This is the most ambitious example of scaling up of physician training in a single country. The program has been made possible by considerable political will from the Venezuelan and Cuban governments; by the experience acquired through development of the Cuban health system and medical education programs; by the individual commitment of Cuban curriculum developers and physician-tutors; and by ever-

more-organized Venezuelan communities. The size of the undertaking, coupled with significant innovations in curriculum, present challenges. The Venezuelan experience — emphasis on training physicians for a revitalized public health sector, accompanied by a paradigm shift in primary care — warrants attention from the international

community in the context of the global shortage of health workers and efforts to achieve a more equitable distribution of health services worldwide.

Keywords: medical education, human resources for health, community-based medical education, primary care, health equity, Venezuela



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