Rebuilding Postgraduate Medical Education Programmes in Afghanistan

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Conflict over the last three decades has resulted in profound disruption of the medical system in Afghanistan. The NATO Training Mission–Afghanistan (NTM-A) installed a graduate medical education (GME) advisory team with the mandate to help the Afghan faculty reconstruct modern teaching programs for core specialties including programs for assistant personnel.

Security is an essential requirement for reconstruction. Following its combat contribution to the International Security Assistance Force (ISAF) in Afghanistan, Canada participated in the NATO Training Mission–Afghanistan (NTM-A) with a mandate to consolidate, standardize and strengthen the training and professional development that the Afghan national security forces had been receiving from ISAF since 2006. The goal was to “support the Government of the Islamic Republic of Afghanistan as it generates and sustains the Afghan national security forces, develops leaders, and establishes enduring capacity in order to enable accountable Afghan-led security”.

Kabul University Medical School was founded in 1932 with the help of a Turkish medical mission. From 1947 to 1963, French teachers supported the school and many of the Afghan faculty were trained in France. In 1962, a second medical school at Ningrahar University in Jalalabad was founded with the help of American faculty members. By 1975, both schools had exclusively Afghan faculty graduating approximately 200 doctors per year. It was estimated by a Canadian volunteer mission to Afghanistan that there were 1600 physicians in the country of whom 170 were women. In the late 1970s, support for medical education switched to the Soviet Union in accordance with political events. The Armed Forces Academy of Medical Sciences (AFAMS)
The concept of a journal club was promoted to a very known to the students were often approached. Active equipment, guardian angels who were armed and fully dressed in personal protective equipment (guardian angel) at all times. Despite being one member performing security duty one did not have to be a member of the first year class to be a part of the club. Supervisors were present at all times to ensure safety of the AFAMS compound, were attended by delegates from around Kabul and Afghanistan (see Fig. 2). The faculty at AFAMS began to exert a national leadership in medical affairs.

Writing committees were again struck for the purpose of redeveloping residency training programs in the specialties listed above. This initiative was met with great enthusiasm and MOPH supported the venture. While AFAMS would implement the programs for military trainees, care was taken to comply with MOPH regulations and advice so that the materials could be adapted by civilian institutions. Advisors were a resource for committees but again Afghan ownership and control were essential. Using the 1960s Afghan documents and modern American and Canadian curricula, new programs were designed for Afghanistan as an emerging modern country. A new concept that required study was the reduction of modern curricula into core competencies. Integration of core competencies into training plans and evaluations was patiently accepted even though there was an appearance of redundancy. Practicing specialists on the committees requested that greater detail be given regarding tests of competence during each phase of training. In this matter, Afghan curriculum writing committees anticipated the modern trend to incorporate milestones into training. The systems used in the United States were blended with those of Canada and written in a manner compatible with the tenets of Islam. The language of the documents was Dari.

At the time of writing, Afghanistan’s first physician assistants have graduated. Residency training programs have students in each year and MOPH has certified the curricula written in AFAMS and circulated them for adoption nationally. A memorandum of agreement has been signed with the US Uniformed Services University of the Health Sciences to support the ongoing reconstruction of Afghan postgraduate medical education. As one of the curriculum writers said upon completing his work, “Now Afghanistan has the finest residency training program in the world because we blended the best of the older French and Russian programs with the best of modern American and Canadian curricula.”

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