Neurosurgical forum

Letters to the editor

Neurosurgical forum

Foundation for International Education in Neurological Surgery, Inc.

To the Editor: Since the Invited Editorial in 1970, describing the origin and purposes of the Foundation for International Education in Neurological Surgery, Inc., this Foundation has submitted every 2 years a report of its activities. This account covers the period between 1976 and 1978.

Since our last report, the activities of American neurosurgeons in voluntary overseas neurosurgical assignments arranged by this Foundation have continued, with Drs. Harold Voris and William Stevenson having served in our continuing program with the Neurosurgical Clinic in Singapore. Also, in keeping with our cooperative effort with CARE-MEDICO, Drs. Arthur V. Eisenbrey and Harold C. Voris have each carried out a 1-month tour of duty in Indonesia. There are two neurosurgical clinics in Malaysia, with two neurosurgeons stationed at the clinic in Kuala Lumpur and one at the clinic in Penang. Over the years, we have arranged for several visits of American neurosurgeons to the clinic in Kuala Lumpur, and this year we have arranged for an American neurosurgeon, Dr. Robert Goodall, to visit the neurological unit in Penang.

Our neurosurgical volunteer program in Singapore has been completed. Between January, 1974, and October, 1977, 12 North American neurosurgeons served 14 tours of duty in Singapore, for a total of 27½ months. In January, 1978, we received from the Permanent Secretary of Health, Singapore, a letter of appreciation which included the following statement: “Since the Neurosurgical Department at Tan Tock Seng Hospital began functioning in 1973, we have matured very quickly and with the constant guidance of your visiting neurosurgeons, we have now reached a stage where we can function independently.” This is the optimal end-point toward which one strives in such an overseas program.

During the past 2 years, our activities have extended into other parts of the world. After preliminary correspondence, an on-site visit to the neurosurgical unit in Taiwan was made in 1973. Later a meeting was arranged with the Taiwanese Training Program Director in Sao Paulo, Brazil, at the time of the World Federation of Neurosurgical Societies meeting in June, 1977. Plans were made for an occasional teaching visit to Taiwan by an American neurosurgeon. During the present year, Drs. Joseph Gelety and William Stevenson are making such visits. There are only two neurosurgeons in Rhodesia, and, having arranged for an American neurosurgical visitor to Rhodesia in 1975, we received a request for neurosurgical help in coping with the large volume of clinical material. We have succeeded in arranging for two American neurosurgeons to serve in Rhodesia, thus making it possible for one of the two Rhodesian neurosurgeons to take advantage of his sabbatical leave.

We have continued to facilitate visits of foreign neurosurgeons to North America by providing hosting, and making arrangements to attend meetings, give lectures, and visit neurosurgical clinics. Among recent recipients of such services have been a neurosurgeon from Egypt and another from India. We have continued to render assistance in planning itineraries, as well as effecting introductions for American neurosurgeons traveling abroad.

At the Annual Meeting of the Congress of Neurological Surgeons in New Orleans in October, 1976, we sponsored jointly with the International Committee of the Congress of Neurological Surgeons a symposium on foreign medical graduates, and also participated in a symposium on experiences of American neurological surgeons abroad. At the October, 1977, meeting of the Congress of Neurological Surgeons in San Francisco, we collaborated with the International Committee of the Congress of Neurological Surgeons, presenting a symposium on the effect of recently enacted changes in immigration laws, as well as a luncheon panel discussion entitled “Transnational Training and Certification in Neurosurgery — A Potential Reality or an Impossible Dream?” Members of our Board of Trustees have participated in the activities of other organizations involved in international activities, such as the Committee on Foreign Medical Training of the American Association of Neurological Surgeons and the International Subcommittee of the Joint Socio-Economics Committee. In our collaborative affiliation with the Committee on Neurosurgical Education of the World Federation of Neurosurgical Societies, we have been accumulating data concerning requirements for neurosurgical training and certification in countries in various parts of the world.

Since the activities of this Foundation are truly international in scope, we have been striving for a mechanism whereby neurosurgeons from other parts
neurosurgical training programs be established and that there be a cut-back in the number of candidates accepted for neurosurgical residency training. It is believed that, because of these limitations, future openings in Canadian neurosurgical residency training programs will be filled largely, if not solely, by Canadian medical graduates. The most recent figures available disclose that approximately 85% of neurosurgical residency appointments in the United States are filled and, of these, 23% are filled by foreign medical graduates. If these trends continue, one must conclude that neurosurgical residency appointments in Canada will be filled by Canadians, and there may be a large number of unfulfilled neurosurgical residency appointments in the United States.

Also to be considered is the fact that there are many new medical schools being created in developing countries, notably in the Middle East. Each of these new medical schools will require a fully-trained faculty with adequate credentials. The preceding statistics relating to available neurosurgical residencies in the United States indicate that a mechanism exists already for meeting the neurosurgical training needs of such new medical schools without displacing American medical graduates. If neither Canada nor the United States can provide opportunities for such specialized medical and surgical training, these trainees are going to have to turn to some other part of the world. Central and South America have very little capacity to fill this role. Aside from Egypt (which has only three neurosurgical training programs), and South Africa (which offers only a limited number of training programs, most or all of which are domestically oriented), neither Africa nor the Middle East can contribute to the solution of this problem. The neurosurgical training programs in Japan and India are also largely domestically oriented. Therefore, unless some corrective action is taken, Canada and the United States will forfeit their position of leadership and the accompanying international goodwill engendered in the training of surgical and medical specialists; and it would appear that Western Europe and Eastern Europe will be called upon to fulfill this role.

There seem to be only two possibilities if the situation is to be altered. The first, and most obvious, and the one preferred by the American Association of Neurological Surgeons, is to have Congress enact legislation whereby trainees in neurosurgery (and other specialties requiring longer periods of training) be permitted to remain in this country for a sufficient period of time to complete their formal training. As

*The figure is approximate because, although it is known that 542 neurosurgical residency appointments were filled during the past year, it is not known how many second and third year appointments remained unfilled.