

doi: 10.3325/cmj.2010.51.171

## Malawi College of Medicine – Still Not an Ivory Tower

by Adamson S. Muula

[muula@email.unc.edu](mailto:muula@email.unc.edu)

When in the early 1980s Malawi was contemplating to open its own medical school, sentiments were raised that the “poor African country” was embarking on an “ivory tower” project that would not serve the interest of its health sector. This was based on a perception that Malawi can hardly afford the luxury, since costs of running a medical schools are among the greatest in the educational sector of any country (1,2). A nation, constrained in financial resources as Malawi has been since gaining political independence from Britain in 1964, would only make its situation worse by having a medical school.

Having a Malawian medical school was not seen as a critical need in the health sector at the time, since there were still a handful of missionaries and foreign physicians serving in the government and mission hospitals. There was also another group, private sector physicians, mostly Malawian doctors of Asian origin, who were not as welcome to work in the public health sector. So, over many years, nationals were sent abroad to acquire medical education. Some returned to the country, while many remained wherever they went to pursue their careers.

When Professor Robin Broadhead and I wrote our first article on the Malawi College of Medicine published in the *BMJ* (3), we had no idea where our medical school would be in ten years. Of course, we hoped that it was there to stay and would grow and be able to enroll a larger number of students each year. At that time, we enrolled 25 new students per year.

One reader responded to the *BMJ* article by suggesting that while he appreciated the establishment of a medical school in Malawi, he was not sure of the sustainability of the venture. He indicated that according to his experience, many things start with a bang, good and hopeful beginnings, only to falter as time goes; new national interests are developed and the founders and other stakeholders lose steam. We then, did not feel those sentiments were appli-

cable to us in Malawi. If we had thought that our medical school was not going to last, why would we have opened it? However, at the back of our minds we were also aware that those to whom the reader was referring had also opened their medical school with the hope that it would last.

### CLINICAL OFFICERS AND MEDICAL ASSISTANTS

The hesitancy to open a medical school in Malawi was also fueled by the fact that much of the clinical care in the country was being provided by medical assistants and clinical officers. Medical assistants and clinical officers are paramedical health cadres who receive two and three years of tertiary education, respectively, following their O-level equivalent education. The only colleges that train these paramedical cadres are the Malawi College of Health Science (a public or state entity) and the Malamulo College of Health Sciences (owned by the Malawi Union of the Seventh-Day Adventists). The term *malamulo* is the vernacular for laws or regulations, a reference by the surrounding communities to the Seventh-Day Adventists who are known for their strict adherence to Biblical laws, doctrines, and healthy eating practices.

The training of medical assistants and clinical officers is particularly attractive to policy makers, donors, and other stakeholders. It is not as long as 5 to 6 years, how much it takes to train medical doctors at undergraduate level, although it requires equally skilled lecturers or tutors.

Let us rewind back to the early 1990s. The Malawi College of Medicine, which continues to be the country's only medical school, was opened 19 years ago in 1991. Over the past two decades, the college has grown in several respects. It has increased the intake of first year medical students to 80 annually. While as at the beginning of 2010, 372 physicians had graduated, due to the small intake of students in the initial years, this number is likely

to be doubled in the next 5 to 6 years. In addition, the College now offers 4 undergraduate training programs: Bachelor of Medicine, Bachelor of Surgery, Bachelor of Pharmacy, Bachelor of Medical Laboratory Sciences, and a degree program in Physiotherapy or Physical Therapy. A program in Health Services Management is soon to be approved by the University Senate (4).

#### POSTGRADUATE TRAINING PROGRAMS

No country can provide advanced medical care only with physicians trained at the undergraduate level. Malawi College of Medicine graduates have traditionally sought specialist qualifications in other countries, but this practice has not been sustainable. Therefore, our medical school introduced specialist postgraduate training programs. They include a Master in Public Health (MPH) and Master in Medicine degree (M.Med) programs in the following disciplines: anesthesia, internal medicine, pediatrics and child health, general surgery, and orthopedic surgery and ophthalmology.

In total, there are currently 125 academic and administrative staff members with 541 residential students (4).

The academic principles of the College of Medicine have been little modified over the past two decades and they are (4):

- a) medical training should be community- and public health-based in order to reflect the health needs of Malawi;
- b) learning should be "problem based" to foster an attitude of enquiry;
- c) research should be directed to the medical challenges and diseases specific to Malawi;
- d) undergraduate curriculum should be integrated both horizontally in the basic medical science disciplines and vertically in the clinical disciplines;
- e) there should be commitment to gender equality.

#### MOVING INTO THE FUTURE

As we move forward to the future, we are committed to educate a minimum of 100 physicians, 30 pharmacists, 50 medical laboratory technologists, and 30 rehabilitation

specialists per year. As stated above, we also intend to establish a degree course in Health Services Management to train 20 managers per year, a degree course in Dentistry to train a minimum of 30 dentists per year, and other undergraduate courses/programs as determined by national need. In addition we will also:

- extend the range and scope of postgraduate training programs;
- harness modern information and communication technology to the maximum benefit for undergraduate and postgraduate teaching and training;
- develop Kamuzu Central Hospital, Lilongwe, as a College of Medicine teaching site;
- establish a University teaching hospital (4).

#### THE CHALLENGES

The undergraduate medical program is the most established of the many programs offered at the Malawi College of Medicine. We have limited experience with training pharmacists and medical laboratory technologists and running postgraduate programs. The repertoire of highly skilled and experienced staff, technologies, and space in the pharmacy and postgraduate programs continues to be a significant limitation to achieving much progress.

#### Competing interest

Dr Adamson S. Muula is the deputy dean, Faculty of medicine, University of Malawi.

#### References

- 1 Dahlenburg GW. Letter from... Malawi: the first year of the College of Medicine of the University of Malawi. *Trop Doct.* 1993;23:4-6. [Medline:8438522](#)
- 2 Broadhead RL. Community-based paediatric curriculum: the Malawi experience. *Ann Trop Paediatr.* 1998;18 Suppl:S27-32. [Medline:9876265](#)
- 3 Broadhead RL, Muula AS. Creating a medical school for Malawi: problems and achievements. *BMJ.* 2002;325:384-7. [Medline:12183314](#) [doi:10.1136/bmj.325.7360.384](#)
- 4 Strategic Plan. "Towards 2020", revised 2010. Blantyre: University of Malawi, College of Medicine; 2010.