

# **TRAINING OF ASSISTANT MEDICAL OFFICERS IN TANZANIA**

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## **1: BRIEF HISTORY OF AMO TRAINING IN TANZANIA**

The Assistant Medical Officer (AMO) is a health personnel who has undergone an advanced course in the provision of health care. He/she is an intermediate between the Clinical officer and the Medical officer capable of promoting and providing curative as well as preventive services at district level. In Tanzania, formal training for Assistant Medical Officers started at Muhimbili Medical Centre in the 1960's and was later on shifted to Kilimanjaro Christian Medical Centre (KCMC) in 1976. To-date there are five Assistant Medical Officers training institutions namely; KCMC, Bugando, Mbeya, Tanga and TTCIH-Ifakara with an estimated annual output of 40 graduates per school.

The AMO is a holder of an Advanced Diploma in Medicine that is awarded by the Tanganyika Medical Training Board. AMOs are registered to practice medicine, surgery and midwifery by the Tanganyika Medical Council under the Medical Practitioners and Dentists Ordinance of 1968 Cap 409. AMOs have an established scheme of service which takes care of their terms and conditions of service.

## **2: TANZANIAN HEALTH SITUATION**

Although Tanzania has made significant improvements in the economy in the past decade with economic growth sustained at about 6% and absolute poverty somehow reduced the health indices are still among the poorest in the world. The infant mortality and maternal mortality rates are still unacceptably high. HIV/AIDS still remains a major problem in Tanzania. The prevailing health situation has been related to a number of factors such as the shortage of appropriately trained professional cadres as well as the general deficiency of resources in the sector required to effectively deliver quality health services. Other contributing factors include the brain drain of professionals such as Medical doctors and graduate nurses to neighbouring countries, which offer better and competitive working conditions.

Furthermore, poor staff deployment and inequitable staff distribution practices have led to the concentration of most of the professional personnel in urban centres to the detriment of health services in remote areas. Although there are guidelines on the staffing patterns for each level of institution, this has not worked well over the years. Most institutions in rural areas are under staffed and or staffed with inappropriate lower cadre than those recommended in the guidelines. The situation is being made worse by the non-competitive remunerations for the health workers especially the highly trained staff.

### **3: JUSTIFICATION FOR TRAINING AMO CADRE IN TANZANIA**

Because of long training and inadequate output of general Medical Officers, there continues to be a need to have an intermediate, better trained cadre between Clinical Officer and graduate Medical Officers to provide quality health care. Assistant Medical Officers are more stable health professionals who can be deployed at District hospitals and Health Centre levels where they can perform the role of Medical doctors at those levels.

There is enough evidence that AMOs are more likely to work in rural areas to perform various functions such as provision of diagnostic and case management services, performing emergency surgery and management of other complications referred by lower levels. It is assumed that training of Assistant Medical Officer cadre will in the long term offset the shortage of medical doctors in the country. This cadre which is an upgrade of Clinical Officers in a two year training programme will to a large extent be able to perform the duties of medical doctors at the district and health centre levels.

It has to be acknowledged that there is urbanization of graduate doctors despite the fact that 80 - 90% of the population live in the rural areas. This calls for training of AMO to provide Health services to the rural population. As long as Medical doctors are not willing to work in rural health facilities, the only viable option for improving the quality of health services in the rural areas is through training and deployment of AMOs. It is on this ground that TTCIH embarked on training AMOs beginning 2005.

**4: DUTIES AND RESPONSIBILITIES OF AMOS**

The AMO performs the following specific duties:

**A: District hospitals:**

- Supervise the implementation of Primary Health Care programmes
- Participate effectively in the district health teams
- Attend district planning committee meetings
- Attend any other meetings which promote health care
- Supervise peripheral health workers
- Arrange and conduct refresher courses for other health workers in order to improve their skills
- Oversee the ordering of drugs, equipment and other supplies required by health units
- Take care of all aspects of patients care, including emergency surgery and obstetrics
- Organise supervise the running of out - patient departments
- Admit patients and perform ward rounds
- Manage financial affairs in the district especially when the District Medical Officer is not available
- Carry out health system research activities in the district on relevant subjects so as to effect intervention measures against basic problems

**B: Training institutions:**

- Teaching and supervising students
- Perform other duties as required by the respective authority

**C: Community health**

- Conduct health education to the community
- Monitor communicable diseases
- Design preventive measures
- Promote PHC programmes

## **5: PRINCIPLES AND REGULATIONS OF AMO COURSE**

The AMO training in Tanzania is based on the following principles:

### **Previous training and experience**

AMO course takes into account the fact that a foundation has already been laid in the previous Clinical Officer training course. Basic Sciences and clinical skills are therefore assumed to be already learned. It further takes into account the fact that the student has had a working experience of a minimum of three years in the peripheral health units or District Hospitals.

### **Main emphasis**

In AMO training, emphasis is placed on further improving the quality of knowledge and skills acquired in the previous training. Selection of content for inclusion in the curriculum usually reflects the concern related to Primary Health Care delivery at the District and peripheral health units.

### **Leadership role**

The AMO training emphasizes equipping the graduate with leadership skills hence the inclusion of planning, management, organization and supervision of Health services topics in the course.

### **Continuing education**

The AMO should be able to continuously update his/her knowledge and skills by interacting with his colleagues, reading Medical Journals, attending refresher courses and seminars and teaching subordinate staff.

### **Location and requirements of AMO Training Institutions**

The course is normally conducted in a Consultant/Referral Hospitals or equivalent venue with adequate facilities and resources for theory and clinical teaching. In addition, the hospital must have an active Community Health department which facilitates training and supervision of peripheral health units as well as Primary Health Care. The AMO Training Institution should have tutors trained in a recognized University or equivalent at

Masters Degree level. The training Institution/hospital should be able to supply board lodging to the trainees. The training centre must also possess a good medical library which contains among the required books medical journals as well. In addition, there should be sets of slide projectors, overhead projector, film projector, LCDs together with stocks of slides, CDs and video tapes.

### **Entrance qualifications**

To be admitted to AMO course, the candidate must fulfill the following requirements:

- An applicant must be a Form IV/VI Certificate holder with a Diploma in Clinical Medicine from the Tanganyika Medical Training Board.
- He/She must have a sponsor to facilitate his/her training
- He/She must pass a pre-selection exam set by the Ministry of health except for foreign students
- He/She must have a minimum of 3 years of working experience in a Health facility with good recommendation from the employer.
- The age limit should not exceed 45 years
- Candidates who have been discontinued from MD training programmes after four year of training may be considered for admission into the course

## **6. COURSE STRUCTURE AND DURATION**

The course consists of 4 rotations of 14 weeks each with the exception of the Community medicine rotation which has 13 weeks. Introduction to clinical medicine takes a block of 8 weeks and involves the teaching of the whole class at beginning of the course.

## **7: COURSE CONTENT**

Part I covers the theoretical part in the following subjects: Internal Medicine, Pediatrics and Child Health, Surgery, Obstetrics and Gynecology

Part II covers the Clinical rotations in the above subjects. The aim of the Clinical rotations is to enable the AMO to acquire sufficient practical professional skills in the management of all the Medical conditions common in the tropics.

Part III is Community medicine. The aim of community medicine course is to enable the Assistant Medical Officer to manage both effectively and efficiently the PHC programs under his/her jurisdiction.

## **8: FIELD WORK**

This follows the layout presented under research/survey methodology. Because of constraints of manpower and financial resources, it is only feasible to teach all units in this discipline during the 8 weeks. The last four weeks are then spent on survey methods as follows:

- 1<sup>st</sup> week survey protocol design at the school
- 2<sup>nd</sup> week data collection in the field
- 3<sup>rd</sup> week data analysis and report writing while at school
- 4<sup>th</sup> week report presentation in class plenary where there could be invited guests.

This last four weeks of the survey exercise is a reflection of all the knowledge learned in the previous units.

## **9: TEACHING AND LEARNING METHODS**

The course is based on adult learning/teaching methods. The main teaching/learning methods include: group discussions, lecture-discussions, demonstrations, tutorials and field work.

## **10: STUDENTS' ASSESSMENT**

Students' assessment is an essential component of the AMO training programme. Assessment is a means of getting information for decision-making. The purpose of assessment is to monitor achievement in learning/teaching objectives and certification. It is centered on three levels of domains: knowledge, practice and behavior. Basically the assessment process involves continuous assessment and final qualifying examinations.