Health education change in The Philippines

LEIPZIG, Germany: The Philippines is undertaking a major renovation of health education, starting with a moratorium on the establishment of new medical and nursing schools. While the country presently produces more nurses than it needs, primarily to raise foreign remittances, many doctors, physiotherapists, occupational therapists, and other health professionals, such as dentists, consider migrating, due to poor working conditions and low salaries. “This leads to a paradoxical situation where the major provider of health professionals has a dearth of the same resource” as noted in the Health Human Resource Development Master Plan (2005–2050).

Approved by the Department of Health in 2004, the Master Plan is driving the country’s policy on health education priorities for a broad range of health professions. It aims to change the distribution of physicians, dentists, and other health professionals based on, geographic characteristics, and socio-economic factors.

“It’s the first time that a major overhaul is being made of the entire health education system,” says Dr Feby Marilyn L. Lorenzo, co-author of the Master Plan and professor at the University of the Philippines Manila. She told the Manila Times that it would take as long as five to ten years to establish the system, and after that to sustain it.

“We hope that the plan will rationalise the production and utilisation of health workers,” she said.

New resource on infective endocarditis for dentists in Australia

SYDNEY, Australia: Health professionals in Australia can now access a new guideline explaining recent changes to infective endocarditis guidelines, which has been developed by the National Prescribing Service Ltd (NPS), an independent, non-profit organisation for the quality use of medicines in Australia.

The new guidelines for antibiotic prophylaxis for preventing infective endocarditis were introduced by a multidisciplinary group of health professionals back in July 2008. They recommend antibiotic prophylaxis only for patients with the highest risk of adverse outcomes, and specify the heart conditions and procedures for which antibiotic prophylaxis is now recommended. The leaflet explains these recent changes to antibiotic prophylaxis guidelines, as well as dental work or surgery warranting this, in lay terms.

Endocarditis is a rare condition that causes inflammation of the heart lining, muscles, and valves. It can occur at any age, but is more common in people aged 50 years and older, and is commonly caused by germs in the mouth entering the blood.

“This online resource will help dentists, doctors and other health professionals to explain the changes to patients, especially those who may be anxious about how the will affect them,” NPS Executive Manager of Quality Use of Medicines Programs, Karen Kaye, said.

The Australian Dental Association, Therapeutic Guide lines, and the Cardiac Society of Australia and New Zealand have endorsed the patient information format, which is available for download from the NPS website.