The Evolution of the Rheumatology Workforce in Jamaica

Local Talent Assisted by the University of Toronto

By Taneisha K. McGhie, BSc (Hons), MBBS, DM

Jamaica's longest-serving rheumatologist, Dr. Karel De Ceulaer, arrived in Jamaica in 1979 as a recruit of Dr. Graham Hughes, who had spent a year in Jamaica in 1975 during which he had documented Jamaican neuropathy, an acute transverse myelitis which he later discovered to be caused by anti-phospholipid antibodies. At the time Dr. De Ceulaer arrived in Jamaica, Dr. Wendell Wilson had established a rheumatology clinic at the University Hospital of the West Indies (UHWI), the main teaching hospital in Jamaica. Unfortunately, after six months, Dr. Wilson emigrated, and the rheumatology service was to be attended by a single rheumatologist for the next 25 years. The rheumatology clinic was limited in the number of patients who could be seen. The waiting list for new patients was usually close to one year. While there was a reasonable rheumatology service at the UHWI, rheumatology patients in the rest of the country continued to be seen by internists. As they were not specifically trained in the use of disease-modifying antirheumatic drugs (DMARDs), patients with rheumatoid arthritis mainly received prednisone and non-steroidal anti-inflammatory drugs (NSAIDs), while all lupus patients would be put on high-dose prednisone for many months, if not years. The fear of ocular toxicity associated with hydroxychloroquine (HCQ) only compounded the excessive use of steroids.

Rheumatology continued to limp along until 2009 when new rheumatologists arrived. Dr. Desiree Tulloch-Reid became the first graduate of the University of Toronto (U of T), where she received advanced training in lupus through the Geoff Carr Lupus Fellowship. She became the trailblazer by establishing the first truly public rheumatology clinic at the Kingston Public Hospital (KPH) in downtown Kingston in 2009. Inspired by her exposure to multi-disciplinary clinics during training, she went on to establish a combined nephrology/rheumatology clinic and a pediatric rheumatology clinic in tandem with the Bustamante Hospital for Children. The latter clinic filled the void created by the lack of a practising pediatric rheumatologist in Jamaica.

Thanks to the University Health Network (UHN)-based G. Raymond Chang Caribbean Subspecialty Fellowship, Dr. Karlene Hagley and I completed fellowship training in adult rheumatology between 2016 and 2017. Our return led to the establishment of rheumatology clinics and in-patient consulting services in the public health system, outside of the capital Kingston. Dr. Hagley established rheumatology services at the Spanish Town Hospital in St. Catherine, and I established my practice at Cornwall Regional Hospital in Montego Bay, St. James.

The full-time stationing of all three of us in the public health system within the most populous areas of Jamaica has greatly impacted access to specialized rheumatology care, as some 90% of the population are users of the Jamaican public health system where, in most cases, services are free of charge.

Beyond increased access to specialized care, our return has led to the empowerment of our patients living with lupus through education, support and advocacy. Dr. Tulloch-Reid has increased the impact of the Lupus Foundation of Jamaica (LFJ), a volunteer-run, charitable organization established in 1984, by creating physical and virtual spaces to support education. Through the advocacy work of LFJ to have lupus be recognized as a major chronic illness, HCQ was added to the National Health Fund which subsidizes the cost of this drug, which now has patient uptake of over 95%. Diagnostics has been impacted by the donation of an upgraded microplate reader and consumables for antibody profiling, along with teaching microscopes to the Renal Pathology Unit at the University of the West Indies (UWI). Each of us has extended the impact of LFJ by creating a regional support group or by contributing to the educational content delivered.

As Associate Lecturers of UWI, the U of T rheumatology alumni have increased the exposure of medical students and residents to the field of rheumatology. Also, through regular symposia and continuing medical education meetings, primary care physicians and other specialists have also benefitted similarly.

There are currently six adult rheumatologists serving a population of 2.975 million Jamaicans. This rheumatologist to patient ratio, though significantly improved over

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the past 12 years, is far from ideal as available workforce studies in rheumatology in the United States, Canada, and Europe indicate that the ideal ratio is around 2 per 100,000 adults (0.7–3.5 rheumatologists per 100,000 population).[1] Therefore, lengthy wait times for new patient consultations still prevail, but are markedly reduced from the one-year time frame that predated us, and triage has ensured those who need to be seen sooner are facilitated.

Undoubtedly, the U of T training of Jamaican physicians has forever changed the landscape of rheumatology care in Jamaica. It is our hope that we will receive more well-needed graduates from this noble institution in the near future.

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Overcoming the Extra Hurdles in Training

By Anwar Albasri, BMBCh, FRCPC

Getting accepted into training in Canada was a dream come true for me. The Kuwaiti physicians I had encountered who had graduated from Canadian programs seemed to me to be possessed of a unique skillset. I wanted to learn their secrets. My passion was enough for me to momentarily minimize some of the many hurdles international medical graduates (IMGs) experience along the way. I call them hurdles because I was able to overcome them. Some I overcame with difficulty, some more easily, but in every instance with a lot of help. As I list some of the greatest hurdles I faced, I want to point out that I did not encounter each of them asynchronously.

1. Language Barriers: English is not my first language nor was I familiar with Canadian culture and so, inevitably, there were times early on when my relationships with patients were not very smooth. I also had to spend extra time editing my clinical notes after hours. This was very discouraging. Over time, having nonjudgmental staff and colleagues explain things to me in a kind manner helped me overcome this particular hurdle.

2. Religious Identity: As a practicing Muslim who wears a hijab I was very visible. Patients and physicians would sometimes inappropriately bring up my faith, my hijab, or ask questions such as whether my religion allowed me to examine male patients. I am not sure people from other religious groups would have faced these questions. Although I am very sociable by nature, I was nervous about attending social events with people from work where I might be repeatedly offered alcohol. As a result, I missed opportunities to connect with experts in rheumatology. Small interventions, like delaying a team dinner by a few hours so I could eat with the rest of the team during Ramadan, made a huge impression on me, helped me get past this anxiety, and made me feel like I belonged.

3. Motherhood: Motherhood should not have to be a hurdle, but unfortunately it is often made to be one. During fellowship, I had two kids under the age of five and a husband who worked on a different continent. Being a mother and a resident who was "trying to do it all" was not easy. It meant planning ahead, pairing tasks, and swallowing my pride asking for help when I needed it. On the occasions that I couldn't balance motherhood and residency, motherhood came first. I am thankful my program gave me time off when I needed it. However, I often wonder whether I would have been more successful, particularly academically, had I had greater or different support.

Each of us faces different hurdles during residency beyond the clinical side. The kindness and compassion that we exhibit towards each other is just as important as what we exhibit towards patients. Simple words and gestures which the members of my program displayed, such as assuring me that they would be there for me no matter where in the world my career would take me, are just one example where I was made to feel like I belonged. Kindness is simple to demonstrate, and most hurdles can be overcome with the right support; the problem often lies in recognizing which hurdles residents need help with.

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