

Existing barriers with Health Care Workers who work in the Emergency Medical Services from Low-Income and Middle-Income Countries Accessing Affordable Continuous Medical Education due to their Low Rated Currency When Converted to the United States Dollar

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Background

According to Thibault¹ there have been many changes in health professions education over the last five decades, as for the first four decades the pace of healthcare delivery reform far exceeded the pace of health care professions education reform, where once a professional completed their training, they had reached their final sign off which was known as the finished product. However, at this present time health care workers must comply with their professional licensure laws and follow the health system standards, where they are required to maintain some form of continuing medical education, which can be provided by academic institutions, professional associations, delivery systems and private entities where there is no finished product or final sign off, as the healthcare professional is in a state of always becoming and continuously learning to help maintain their practice at a high and effective standard¹. Okoroafor et al² highlighted one of the United Nations Sustainable Development Goals (SDG's) is to achieve universal health coverage (UHC) by 2030. Unfortunately, there remains to be lower investments made in the continuous education of healthcare workers along with a gross mismatch of with disease burden and population needs². Hill et al³ highlights there are several discrepancies that exist between standards healthcare provision and high income and low- and middle-income countries, resulting in a poor infrastructure and under-resourced education on healthcare Systems. Azad et al⁴ completed a systematic review on continued nursing education in low income and middle-income countries between 2007 and 2017 where the results gathered showed the main models utilised included train the trainer models, low dose/high frequency models, multiple media training models. In addition to strong international partnerships with an increased integration of cultural context provided a stronger level of education in terms of knowledge base and improving the patient's quality of care⁴.

Objectives

The objective of this research is to help identify the various Emergency Medical Service personnel from around the world, who are unable to afford a standard financial rate with the United States Dollar (USD) due to their decreased currency rate, which can impact their access to attend online E-learning courses/resources and live lectures to help obtain Continuing Medical Education (CME) Credits, which allow medical professionals to maintain their professional registration and improves the knowledge of healthcare workers in the delivery of patient care.

Methods

A comprehensive search was entered into google where multiple sites appeared to deliver online affordable CME courses in healthcare ranging from five to twenty United States Dollars (USD). An extensive search was then generated through Countries-of-the-world.com⁷ where a total of 117 countries were utilised from this search with 98 national currencies being taken into consideration which were all compared to the USD from Monday 16th to Friday 20th of January 2023 via Google Finance⁸. From there each currency was converted from the median amount of attending an online CPD/CME course which was approximately 10 and 15 USD. It was then vital to find out the lowest average wage from each country with its own currency which a health care worker from the EMS receives per month. This was found via Salary Explorer⁹ and the Economic Research Institute¹⁰. The monthly wage gathered was then converted into USD⁸ where the percentages were worked out with a free online tool known as a percentage calculator¹¹ which was able to calculate how much a standard CME course takes out of the average wage of a healthcare worker depending on recent currency conversion rates. Anyone that lost 5% or more of their monthly wage was placed in the yellow group and anyone that lost 10% or more of their monthly wage was placed in the red group, while all the others who were below 5% remained in the green group. The colour coded groups were used to help highlight the difficulties certain countries have in affording a standard level of CME education.

Countries	Type of Currency	\$10 Conversion	\$15 Conversion	Average Monthly Salary	Impact \$10 has on average monthly salary	Impact \$15 has on average monthly salary
Algeria	Algerian Dinar	1,360.84	2,041.26	35,000 DZD (\$257.37 USD)	3.9%	5.5%
Argentina	Argentine Peso	1,828.16	2,742.24	20,300 ARS (\$110.87 USD)	9%	14%
Bangladesh	Bangladeshi Taka	1,038.10	1,557.15	30,800 BDT (\$291 USD)	3.4%	5%
Bhutan	Bhutanese Ngultrum	814.58	1,221.87	14,000 BTN (\$172 USD)	5.8%	8.7%
Congo	Congolese Franc	20,270	30,405	530,000 CDF (\$261 USD)	4.2%	6%
Dominican Republic	Dominican Peso	567.30	850.95	15,100	3.8%	5.6%
Egypt	Egyptian Pound	1,080.68	1,621.03	7,650 EGP (\$256 USD)	13%	22%
Ethiopia	Ethiopian Birr	542	812	6,800 ETB (\$126 USD)	20%	30%
Gambia	Gambian Dalasi	623	934.50	12,500 GMD (\$200 USD)	5%	7.5%
India	Indian Rupee	814.04	1,221.05	14,966 INR (\$184 USD)	5.5%	8.1%
Kyrgyzstan	Kyrgyzstani Som	858.89	1,288.33	16,800 KZT (\$195 USD)	5%	7.5%
Liberia	Liberian Dollar	1,562.50	2,343.75	30,200 LRD (\$193 USD)	5%	7.7%
Nigeria	Nigerian Naira	4,605	6,907	130,000 NGN (\$282 USD)	3.5%	5.3%
Pakistan	Pakistani Rupee	2,288	3,432	53,591 PKR (\$231 USD)	4.3%	6.4%
Somalia	Somali Shilling	5,685	8,527	86,400 SOS (\$152 USD)	6.5%	9.9%
South Korea	Korean Won	12,370.20	18,555.30	160,000 KPW (\$129 USD)	7.7%	11.6%
Sri Lanka	Sri Lankan Rupee	3,670	5,505	111,000 LKR (\$305 USD)	3.3%	5% (4.96%)
Uganda	Ugandan Shilling	36,800	55,200	837,000 UGX (\$227 USD)	4.4%	6-6%

Findings

The results from the currency conversion highlighted 18 countries in total that were identified where the average cost of CME courses would have a noticeable impact on the health care workers who work in the Emergency Medical Services average monthly wage, with a total of 14 countries being in the yellow group which included: Algeria, Bangladesh, Bhutan, Congo, Dominican Republic, Gambia, India, Kyrgyzstan, Liberia, Nigeria, Pakistan, Somalia, Sri Lanka and Uganda, with an additional 4 countries being in the red group due to them being affected more due to their decline in their countries currency rates, which included: Argentina, Egypt, Ethiopia and South Korea.

Conclusion

The healthcare systems around the world now require healthcare workers to follow the route of continuous medical education to comply with their professional licensure laws and follow the health system standards. Over the years various models have been used to further support health care workers in low-income and medium-income countries which included train the trainer models, low dose/high frequency models, multiple media training models to help build on their existing knowledge base to help further improve the patients quality of care.

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