The future of Graduate Medical Education (GME) in Hawaii is uncertain. Not only is there heated debate over whether there is a need for more physicians in the current health care system, but the very funding used to train physicians is rapidly declining. With all the increased attention and controversy focused on the role and value of GME today, one has to ask, “Does Hawaii need GME?” The resounding answer is, Yes!

Currently, about 250 residents are receiving their postgraduate training in one of fourteen ACGME accredited training programs sponsored by the University of Hawaii John A Burns School of Medicine. Unlike the traditional mainland model in which residents train at a university-owned medical center, Hawaii relies on its community hospitals to provide the training venue for young physicians.

Through a collaborative effort between the School of Medicine and the community hospitals, Hawaii has succeeded in developing a viable, cost efficient system for training physicians. This system was created over twenty years ago because Hawaii did not want to be dependent upon mainland resources, including the recruitment of physicians, to sustain our health care system. Without the continued support and endorsement of local physicians and the medical community at large, there is the risk of losing this important educational resource.

Some critics contend that with the growing predominance of managed care and the perception of an oversupply of physicians, the training of more doctors in Hawaii should cease. Others argue that GME is too expensive and the services of residents can be purchased more cost efficiently from other health care providers. These arguments are both inaccurate and short-sighted. The value of GME goes far beyond simply training new physicians. In fact, the very presence of quality GME programs infuses academic rigor into the underlying health care system and improves the standard of health care delivery throughout that system. It also guarantees a continuing supply of new physicians without reliance on mainland resources. GME not only improves Hawaii’s health care system, but the lives of Hawaii’s citizens and economy. Here’s why:

- The presence of GME expands the collective pool of medical knowledge within the community by drawing young physicians from other academic centers, both mainland and abroad, to Hawaii.
- Hawaii’s postgraduate residency training programs provide local students the opportunity to train, and possibly establish their practice after graduation in the State.
- Residents provide much of the teaching for medical students.
- Residents provide quality medical care to Hawaii’s indigent and to others in underserved areas of the State.
Residents provide medical care to Pacific Rim countries which also helps develop referral networks back to our community hospitals.

Because of Hawaii’s diverse population and unique epidemiology, the Programs offer the world’s brightest and most promising young physicians an unsurpassed training experience, including exposure to alternative forms of medicine practiced in the Pacific region.

GME accreditation requires programs to conduct research and scholarly activity. Teaching facilities become active participants and beneficiaries of these research activities.

GME enhances Hawaii’s economic base by capturing millions of dollars in Medicare reimbursement each year.

GME provides teaching opportunities for attending physicians in an academic environment and plays an important role in attracting and retaining top physicians for our State.

GME provides an educational infrastructure which perpetuates continuing education and lifelong learning for community physicians. Through the use of visiting professors, the training programs sponsor world renowned medical experts who lecture residents and community physicians on the latest developments in medicine.

Hawaii’s health care industry is a valuable and growing economic commodity in the Pacific. Medical education is an integral part of that industry. If Hawaii hopes to become the Pacific Rim’s premier health care provider and “the Health State”, Hawaii’s thriving academic environment must be preserved and a viable medical school, which includes graduate medical education, must be supported. Without such support, Hawaii will become entirely dependent upon mainland resources to sustain its health care system. It has taken Hawaii over two decades to develop the quality graduate medical education system we now enjoy. If that system is allowed to be dismantled, it is unlikely that there will ever be the critical mass or assets necessary to create it again.

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