

*Editorial*

## Post-Graduate Medical Training in the Commonwealth – Frustrations and Hopes\*

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THE NEED for medical care is universal and the aim of doctors all over the world is universal. This aim is to provide, to the best of our ability and within the means available, the highest quality of care to our patients. Due mainly to historical reasons our medical education, especially post-graduate medical education, has been linked with the British system, though increasingly many of us have been influenced by our contact with medical schools in the United States of America and other countries.

In the developing countries of the Commonwealth there has been a rapid expansion of the Medical and Health Services since independence. Our Governments are anxious to make available medical and health services to the remotest parts of our countries. The public at large, in most of our countries, are becoming increasingly aware of the need for good, and wherever possible, specialised medical care in the various disciplines of Medicine and Surgery. As a result there has been pressure on the Universities and Academics for providing, for an ever increasing demand in the number of doctors both for primary and specialised care to a wider and wider section of our population at a quicker and quicker pace. This unfortunately has led to an emotional reaction of some to silence the voice of reason, prudence and pragmatism of a few. As a result even the minimum standards that are required for admission of students and selection of teachers are compromised. So there has been a steady fall in standards all round. Academicians and distinguished teachers who have been anxious to develop and maintain international standards of excellence in their respective universities and medical schools eventually retreat into their laboratories,

private clinical practices or emigrate giving rise to a "brain drain". Medical Schools and hospitals with good, dedicated and high quality undergraduate teachers are a *sine qua non* for the development of Post-Graduate Medical Training and Continuing Medical Education in any country. When this is not available it acts as one of the foremost causes for frustration of our up and coming young doctors who are planning their post-graduate training.

I recently read an article by one of the Indian Educationists wherein he quoted a discussion that he had had with Sir James Duff of Durham in 1951. I feel it may be appropriate to recall here the words then spoken by Sir James. Sir James had said and I quote, "The heady pace of expansion, the paucity of resources, the mood for reckless piece-meal reform, the chronic delaying procedures, the intrusion of politics and above all, the not exacting enough standards of recruitment of teachers and enrollment of students, might, in course of time, make "higher education" a liability for the nation rather than its springboard for development."

While it must be admitted that there is yet no perfect method for selecting the right type of students to be trained as doctors, it is known that wherever minimum academic requirements of merit have been compromised by other considerations, standards generally tend to fall. Whether we like it or not this would invariably lead to a drop in the quality of care for the patients.

Not all students who are motivated to become doctors are able to enter medical schools in their own countries for lack of sufficient places and other reasons. So parents have to tighten their belts to send their children overseas to what they know to be good and established Universities. But the Universities in the developed countries of the

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Commonwealth are, for their own reasons, laying down restrictions for such admissions. It is a pity that the fees in some countries have been increased considerably. The admission of Asian and African students to universities in developed countries of the Commonwealth is a very useful way to keep the links within the Commonwealth. There may be some difficulties and problems encountered – this I do not deny. But the good-will, understanding and friendship that is thus created and engendered far outweighs any other considerations and problems. As a product of one of the Commonwealth Universities, I am happy to quote recently written words of the Vice-Chancellor of the University of Adelaide (my *alma mater*) Professor Badger. Professor Badger said, "When I first became an undergraduate in 1935, it is fair to say that the Australian Universities had not yet come of age: they were entirely local establishments. My own friends among the undergraduates were all Australian-born and indeed I can remember only one or two who had been born in the United Kingdom. Foreign-born students must have been extremely rare. When I was an undergraduate, therefore, I had no opportunity to meet students from other countries, and I was the poorer for this; but it also indicated that the Australian Universities were not then the international associations which all universities must be.

"The Universities have been transformed by the admission of foreign students and especially the South East Asian students. Our own students are no longer so inward looking and now take a much more international view".

"I think we have all learned from our foreign students and it will be a retrograde step if we are deprived of their company and scholarship."

"Most of the students who come here from foreign countries return home when they graduate and it is our experience that they continue to remember their time in Australia, and regard this country with great affection".

"The goodwill generated by the Colombo Plan and by encouraging foreign students to study here, is enormous".

"The remission of fees for foreign students is a small price to pay for this international goodwill – on both sides".

### **Post-Graduate Education:**

It is not for a lack of patriotism that good doctors leave their own countries through the easiest escape routes to further their post-graduate medical education and training overseas but for reasons of frustra-

tions in their fight against bureaucracy and lack of opportunity to further their post-graduate studies in the specialities of their choice in their own motherland. But alas! not all who go overseas are able to get appointments in good teaching or training hospitals. Most have to take on appointments which the "locals" do not want. This only adds to their frustrations. Various reasons are advanced by the developed countries as to why doctors from overseas are unable to get good training posts. Some are genuine, while it is easy to see in others just complicated excuses for not wanting these doctors. Some have been fortunate to get attached to good teachers in good institutions. But the majority are far less fortunate. Should not the Commonwealth Medical Associations consider it as one of their objectives to guide genuine post-graduate students get suitable posts for training?

In the final analysis each of our countries has to develop our own post-graduate training programmes and eventually establish bodies that can conduct examinations and grant diplomas. Each country has its own peculiar requirements and needs and as such certification has to satisfy the local needs. The profession will have to set the standards, organise and run higher examinations if necessary with the help of the older colleges to provide for local certification of specialists. We must realise, from the experience of others, that unless the initial programme that is launched is appraised critically and is of a high standard and accepted internationally such local certification may not be attractive to the up and coming doctors. Therefore we have to be concerned not only with the establishment of high standards for our own specialists but also in the long run, obtain the eventual acceptability of our own diplomas among men and institutions of good standing the world over. We in Malaysia have so far used the Royal Colleges of the United Kingdom, Australia and Canada and the Specialist Boards in the United States of America to evaluate the minimum requirements for our specialists. Because these institutions have never allowed their standards or requirements to be compromised, their diplomas are still coveted and respected. In Malaysia with the support from our Ministry of Health and with the help of the Board of Post-graduate Medicine of the University of Malaya and the Royal Colleges of the United Kingdom and Australia it has been possible to conduct the first and even the second parts of the examination in Surgery, Anaesthetics, Obstetrics and Gynaecology and the first part of the Membership in Medicine, locally. But now we feel that the time is more than ripe for us to make available a system of training and examination of our own and have a professional body which can conduct such examinations. We also feel that the standard of

medical care in the ultimate analysis is best safeguarded by the professionals themselves.

With the establishment of our second medical school in our National University it will be possible for us in the future to utilise not only the facilities of the University of Malaya, but also the facilities and staff of our National University and the specialists in the government and private sector to conduct our courses locally. Doctors in developing countries are overwhelmed with routine work and there is usually a chronic shortage of trained teaching staff. We have always welcomed teachers from other parts of the Commonwealth to help run post-graduate courses for the first and second parts.

### **Post-Graduate Organisations:**

There is at the moment a great deal of rethinking as to the nature and form that a post-graduate organisation granting diplomas should take. We have had in Malaysia since 1957 a body known as the Academy of Medicine with specialists from all fields of medicine which has as its over-riding objectives the promotion and maintenance of the highest standards of ethical practice. It has been wisely said that the "generality of medicine" cries out for a unifying and coordinating force. Some of us feel that the Academy of Medicine can unify the profession and oversee the rightful growth of the older and several of the newer and dynamic specialities. The Academy conducts Congresses of Medicine annually with its sister Academy in Singapore, the venue alternating each year in the respective capitals. There is one School of thought which feels that colleges should be established on the pattern of the United Kingdom and Australia while there is another school of thought which believes that in a country like Malaysia with a small number of specialists and several medical schools, it would be better to adopt the pattern of Canada, South Africa, Glasgow or the American Boards.

### **Training of Specialists in Oversea Countries**

At this point it may be useful to review briefly the type of training and certification that obtains in some countries.

#### **The U.S.A.:**

In the U.S.A. after obtaining the basic medical training, those who wish to specialise in their fields have to sit, after the required period of training, for examinations conducted by the respective Boards.

There has recently however been a great deal of re-thinking even in this system which has been in practice for many years. The number of Boards have proliferated and recently concern has been expressed by no less a person than a member of the

National Board of Medical Examiners, Dr. Robert Chase that "the proliferation of certification in medical specialities may be counter productive in terms of health care of the United States population at large". His view is that continuing medical education and research is what is important for the increase of medical knowledge. He has suggested that more research should be directed to the quest for other strategies for improving specialist care in the U.S.A. as alternatives to certification.

### **United Kingdom**

In the United Kingdom for historical reasons the Royal Colleges have provided the required post-graduate training and the granting of post-graduate diplomas. In recent years there has been a considerable self-examination of post-graduate programmes in the United Kingdom. One estimate has it there are 107 post-graduate diplomas in the United Kingdom, and at a conference held in Glasgow in 1967 "multiple diplomatism" was diagnosed as one of the problems facing post-graduate qualification in the United Kingdom.

In March 1973 the President of the Royal College of Surgeons of England Sir Thomas Home Sellers, the President of the Royal College of Obstetricians & Gynaecologists, Prof. Stalworthy and other distinguished medical teachers like Sir John Peel, Sir John Rochardson and others had suggested the formation of a British Academy of Medicine to represent all specialities. They wanted a British Academy of Medicine to control even loosely the various diplomas and post-graduate medical training programmes in the United Kingdom. But I think because of their historical background the British Colleges have hesitated to undertake such a radical change. It is interesting that the one College in the United Kingdom, the Royal College of Physicians and Surgeons of Glasgow was unique in that since its formation in 1599 it had both the surgeons and physicians, in the same faculty. According to an Editorial in the British Medical Journal of 10th July, 1976 under the heading, "Glasgow's French Connection", the greatest contribution of this College was "the bringing together of Physicians and Surgeons in a lasting spirit of cooperation". According to the same editorial there is amongst the younger members and fellows in Scotland a growing support for the idea that the Colleges in Scotland should come together with all specialities, including primary care to form a Scottish Academy of Medicine".

### **Australia and Canada**

The pattern of post-graduate training and certification in Australia and Canada was basically similar to that of the United Kingdom.

## South Africa

The College of Physicians and Surgeons was established in 1955. In 1958 this was converted into the College of Physicians, Surgeons and Gynaecologists of South Africa. Finally in 1972 all these were incorporated and the College of Medicine of South Africa was established. This College has all its specialities under its fold including general practice.

## Planning for the Future

In countries which have not yet embarked on training and certification, great deal of thought has to be given to decide which pattern to adopt for the purposes of training and certification of their doctors in the various specialities.

In this sphere it would be of considerable help to the developing countries of the Commonwealth if expertise could be provided either through the Commonwealth Fund for Technical Cooperation (C.F.T.C.) or the Colombo Plan to train our students locally to attempt the First and Second Part of the Examinations. Medicine, Surgery and Obstetrics is still an art besides being a science, and as such the techniques of the art have to be passed down from master to trainee. I am sure good and dedicated teachers from the senior members of the Commonwealth countries could come and help our post-graduate students in learning correct and advanced techniques. I would like to suggest a sort of a Medical Professional Peace Corps within the Commonwealth financed by the various funds available for such purposes. Obtaining the diploma is just the beginning. But it is at least the end of the beginning. There is a lot to be said for experts from developed countries in the Commonwealth coming to developing countries to impart such knowledge and skills, and train students in their home territory. Subsequently such trained students and senior and junior consultants could go to the

developed countries in the Commonwealth at varying periods of time to keep abreast with more recent advances and techniques.

It is not always necessary that such experts should come from the Western hemisphere alone. There are many good teachers in the Asian and African parts of the Commonwealth who could take part on a regional basis in such an exchange programme.

One other method in which the senior members of the Commonwealth could help the developing countries is by adopting the local university as a sister institution of a senior Commonwealth University. This will allow a closer liaison whereby advice and interchange of ideas may occur. It would also be helpful in structuring training programmes at both under-graduate and post-graduate levels. Interchange of staff members at various levels would be useful not only for the maintenance of standards but also for helping the developing countries to train medical and para medical personnel. This would also help doctors from developed countries to understand the problems of their counter-parts in developing countries. It cannot be too strongly emphasised that the quality of teachers sent to developing countries must be of a high order with a spirit of dedication and service. Otherwise the whole exercise will be a failure and a waste.

There is no doubt that if opportunities and working conditions are improved and good training programmes and continuing medical education provided, doctors in developing countries will have a sense of belonging and gain considerable satisfaction of providing a high standard of medical care for their people. In this manner it will be possible to turn frustration into hope. The above problems have been discussed several times before. Can we not now try and implement them with more sincerity?

