

Guest Editorial

TEACHING THE BASIC MEDICAL SCIENCES

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THE PROPORTION OF medical graduates on the staff of preclinical and paraclinical departments like Anatomy, Physiology, Biochemistry, Pharmacology, Medical Microbiology, and Parasitology, in most medical schools, has shown a dramatic decline in recent years. It is very difficult to attract medical graduates to positions in these departments. In the United States, and other Western countries like the United Kingdom and Australia, the proportion of medically-qualified staff now falls short of "educationally desirable" levels (Glover and McCloskey, 1976). This happens at a time when curricula of most medical schools are being geared towards including more medically relevant courses in the preclinical and paraclinical disciplines. The cause of the problem is that there are serious disincentives, of both salary and career prospects, in these areas.

"Crisis in preclinical medical sciences" was the striking title used by the British Medical Association (1971) in describing the staffing problem in basic medical sciences. Before we can be convinced that a crisis - situation exists, (as in the Department of Biochemistry in the University of Malaya where almost 100% of the staff are non-medical graduates) we have to convince ourselves that medically-qualified staff are vital for the teaching of preclinical and paraclinical subjects to medical students. Amongst the compelling reasons (Rose, 1975) are that doctors as teachers will have the personal experience of the training for and of the practical requirements in medicine, that such staff members can convince the student of the relevance of his pre and paraclinical studies to clinical work based on the teacher's personal and enthusiastic involvement

with medicine, and the fact that with the increasing use of man to illustrate scientific principles in all these subjects, supervision should be undertaken by medically-qualified staff. Davidson (1971) emphasised the importance of a medical qualification as a desirable asset in a preclinical teacher in these words, "... that a medically-qualified teacher has at one stage in his life been a medical student himself. Since he knows how medical students live and think, he can appreciate their outlook on life and should be in a better position to understand their peculiar problems and points of view than can his non-medical colleague. These considerations are perhaps of greater importance than is usually appreciated."

There is a striking discrepancy in salaries offered to staff in clinical departments compared to those in preclinical and paraclinical areas (excepting Pathology and Medical Microbiology). "Financial incentives" ranging from about \$400-\$1200 per month (in the form of a clinical allowance) are now being offered to clinical staff members. This obviously results in the young doctor gravitating towards these financially lucrative fields - resulting in ultimate harm to pre and paraclinical disciplines. Employment as a medical academic must not be allowed to become a second-rate career. The only remedy, short of giving a specialist allowance to all medically-qualified staff, irrespective of the department they serve in, is to place medically-qualified individuals higher on the salary scales or to give them an inducement or deprivation allowance - as is the practice in most enlightened medical schools today. An alternative would be to appoint these staff members on a joint-appointment basis with clinical departments thus making them eligible for

the receipt of the clinical allowance. A less desirable avenue would be to allow staff of these departments to indulge in private practice, after office hours and during week-ends, in order to supplement their meagre income.

No medical practitioner can disagree with the statement made by the Association of University Clinical Professors of Australia in 1972. "Experience has shown the great importance of teachers in these (pre and paraclinical) subjects having a medical degree and the broad education in medicine this implies. Science graduates, however, brilliant, have no training in pathology or medicine. With rare exceptions, they lack comprehension of human disease and the needs and interests of doctors in training."

To quote Glover and McCloskey (1976) "We suggest that each University should be permitted to earmark posts in preclinical departments which they consider must be filled by medical graduates. These posts would be distinguished from those which could be filled by science graduates by means of a title, such as lecturer in clinical (or applied or medical) physiology, and so on, or by making the appointment a dual appointment, say, to the departments of Physiology and Medicine, or Anatomy and Surgery, and people holding these positions should be on the same salary scale as their clinical colleagues."

It is suggested that the highest consideration be given to retain and attract more medically-qualified teachers in the pre and paraclinical departments. Medically-qualified teachers of the Basic Medical Sciences are being overlooked, ignored, and discriminated against compared to their clinical counterparts. Since this problem is going to affect the training of our future doctors, the whole problem must be viewed seriously and tackled immediately. It would be very unfortunate if the teaching of medical students, in the initial stages, is left entirely in the hands of people who have not themselves studied medicine. If steps are not taken to reduce the disparity between the salaries of clinicians and medically-qualified personnel in preclinical and paraclinical departments, a medically-qualified member of the latter departments would become a rarity in the next decade.

REFERENCES

- British Medical Association (1971) – Crisis in preclinical medical sciences. *Br. Med. J.*, **4**, Suppl. 40.
- Davidson, J.N. (1971) – The role of the medically-qualified preclinical teacher, *Scottish Med. J.*, **16**: 241–246.
- Glover, W. E. and McCloskey, D.I. (1976) – Staffing crisis in preclinical medicine. *Med. J. Aust.*, **1**: 531–535.
- Rose, J.C. (1975) – Who will teach the Basic Medical Sciences. *Science*, **185**: 1022–1027.