

## EDITORIAL

# POSTGRADUATE MEDICAL EDUCATION IN MALAYSIA

ON 30th September 1978, Dr. Patrick A. Ongley, President of the China Medical Board of New York Inc., delivered the Third Tun Ismail Oration before the Academy of Medicine of Malaysia on the organizational responsibilities involved in the granting of postgraduate medical diplomas and degrees in Malaysia. As a leading cardiologist, physician and educationalist of international reputation who has the added advantage of being emotionally independent of the biases of vested interests in Malaysia, Dr. Ongley is able to objectively underline several critical features that are essential for the development of a needs-oriented postgraduate medical education programme for Malaysia. In the paragraphs that follow some of the highlights of his oration are quoted.

"One of the planning difficulties in developing countries is that small numbers of highly capable, highly motivated, and often highly articulate individuals, may, because of their personal drive and ambition, tend to develop semi-independent policies outside of the mainstream of government educational systems. Sometimes it is difficult for them to realize that their individual personalities and abilities may lead to the short-term success of their cause in spite of unsound, long-range planning, and that these unsound plans may cause great harm after they themselves are gone. It is important that these individuals participate in sound, thoughtful planning to develop systems which will survive after their time. This often requires considerable insight and submergence of personal drives and ambitions for the long-term benefit of the group."

### NEED FOR PREVENTIVE MEDICINE

"Throughout history more health benefits have been obtained from clean water supplies, sanitation

and improved nutrition than from general medical care. *Medicine has achieved its greatest benefits through immunization and the projected improvements in the health of our children are expected to come from improvements in the living circumstances of families and their children and not from individual medical care.* Canadians have shown that motor vehicle accidents, coronary heart disease, all other accidents, respiratory disease, lung cancer, and suicide, account for 50% of all years of life lost in Canada. Most of these respond best to health promotion measures designed to maintain health rather than to treat illness. The four major causes of death; namely, heart disease, cancer, stroke and accidents, are all highly influenced by physical and social environment."

### Physician's Function - Social and Preventive:

"During the past 50 years, Western-type, research-oriented medical schools have been highly successful in increasing knowledge and in understanding disease. This is the Flexner research model medical school which primarily develops cognitive skills. At the same time, some expensive technologies have been developed to treat disease and so there has been a great development of psychomotor skills. Nevertheless, this model has done little to prevent disease or to promote physical or mental well being and to address the social aspects of care. Only 1% of all medical graduates go into preventive medicine, occupational, or public health. The socioeconomic problems of health are complex and require that attention be paid not only to medical care for individual patients, but also to improvements in the environment by developing more healthful ways of living based on better education and the development of higher motivation towards health."

## POLITICAL DECISIONS

"While it would seem desirable that the medical profession should exercise a major control over the education and preparation of future physicians, nevertheless, the control of the functioning health care system has now assumed such political importance that the medical profession may well have lost its leadership role in medical education.

Since the government is the provider of most of the funds for medical education and health care, it must also assume a responsibility to ensure that these funds are spent wisely. *Instead of opposing the government, the medical profession should work with it so that planning will result from a careful analysis of needs, and appropriate judgments will be made for the benefit of the public.*"

## A NATIONAL ORGANIZATION FOR MEDICAL EDUCATION

"Malaysian medicine needs a National organization to which all qualified members of the healing arts and sciences belong. How it should be organized will require careful thought. This organization should control postgraduate and continuing education and issue appropriate degrees or diplomas. It must not be simply an examining body, although this will be one of its functions."

### Responsibilities of Examining Bodies:

"It is not sufficient, in 1978, for an examining body merely to decide who will or who will not pass a particular specialist examination and be admitted to an exclusive club or priesthood. Examining Boards today, and in the future, must include educators who can evaluate the content of examinations, the fairness of questions, the methods of examination, and they should also evaluate the quality of the examiners. Examiners should not simply be judges – they must be people who contribute significantly to the educational process, note strengths and deficiencies in the candidates, and communicate appropriate facts to the educational program directors. *Examiners must understand national needs and priorities; they must appreciate the limitations as well as the advantages of maintaining those "international standards" of which we hear so much – a primary purpose of which seems to be to allow doctors to move from one country to another without responsibility for the welfare of their own people. As noted by Dr. Ball at the 1977 Leeds Castle meeting at the Royal College of Physicians, the MRCP (UK) can be used as a loophole for economic or political refugees, or for the avoidance of carefully devised home training programmes which are found to be irksome. It encourages good*

young men to go overseas at a time when they could serve their country well in the course of their training and many of them never return."

### Responsibilities of the Postgraduate Board

*"Any Board established to deal with the issuance of postgraduate diplomas must concern itself primarily with national needs, and based on these needs the Board would consider:*

1. Training requirements, i.e., the curriculum.
2. Training programs, i.e., the quality of training.
3. Qualifications for admission to the training programs, i.e., the candidate's proved abilities.
4. Satisfactory progress of the graduate doctor until he has demonstrated an ability to justify his obtaining entry to the specialty group.
5. Methods of examination, including cognitive, psychomotor and attitudinal skills of the candidates.
6. Constant re-evaluation of the examiners and the examination methodology.
7. Certification.
8. Consideration for recognition of foreign specialist qualifications or for specific individuals with foreign credentials.
9. An overall coordination of all the above."

### Coordination Body:

"In Britain and in the United States, the principal boards of medicine, surgery and other specialties have grown closer and closer together in their respective countries, as it has been recognized in each country that a single coordinating body is essential. In the more recently developed and independent countries, this slow process of amalgamation can be avoided by an initial agreement in principle that there should be a national institution devoted to postgraduate medical education continuing medical education and medical care.

Those individuals wishing to adopt specific systems such as the British Royal Colleges, the American Specialty Boards or the Australasian College system should study the history of each of those systems and it will be seen that each was a product of its terms, established under specific educational, social and political systems and would certainly be modified if the opportunity arose to begin again. Since Malaysia has been influenced strongly by the British Colleges I would suggest *you read carefully the history of these colleges, see why they were established and why they do not try to introduce their system on other countries.*

When the Royal College of Physicians of London was formed on 23rd September 1518, there were universities on the continent and at Oxford and Cambridge but none in London. To raise the standard of medical practice and eliminate the many obvious charlatans practising medicine in those days a charter was applied for and granted by King Henry VIII."

### **Constituent Members of the National Organization**

"There must be a committee large enough to encompass the interests of government through the Ministries of Health and Education, the two medical schools, the membership of the Colleges of Surgery, Medicine, Obstetrics and Gynaecology, the College of General Practitioners, the Malaysian Academy of Medicine, the Malaysian Medical Association, and such other groups as the initial committee may consider advisable. Additional groups would include the basic sciences, the section on preventive medicine and public health, nursing, para-medical personnel, and such other specialist sections which may develop within the college. The number of representatives from each of these groups should not exceed two, and in many cases will be only one. The Board will form specialist committees for examinations and for other purposes as it sees fit. Each committee should have at least one representative from each of the medical schools, one from the Ministry of Health, one from a different specialty, and an equal total number from the particular specialty. This will ensure wide representation but will leave the practitioners of that particular specialty as its main controlling unit."

### **Sections**

"Within such an umbrella organization there should be sections for surgery, medicine, obstetrics and gynaecology, paediatrics, basic sciences, preventive medicine, public health and whatever specialties the coordinating council deems necessary. Also included should be sections or affiliates for nurses and for paramedical personnel. Some physicians and surgeons may not wish to include these two latter groups but since they will provide more health care than the doctors, it is imperative that

they be included and their education and their curriculum development should be an important responsibility of any doctor who considers himself an educator and who is interested in the health of the people."

### **Postgraduate Degrees**

"Obviously, this nation soon will conduct all of its postgraduate examinations. The University of Malaya has recently conducted educational programs and issued postgraduate degrees in psychological medicine, pathology, and preventive medicine. These degrees or diplomas could well be issued in conjunction with the specialty divisions of the National Organization.

Malaysia has recently opened a second medical school at the University of Kebangsaan and its teaching staff, students and facilities must be included equally with the University of Malaya, Faculty of Medicine, in any planning for postgraduate education."

### **NATIONAL PLANNING**

"Malaysia must determine its own needs in regard to doctors, nurses, nurse practitioners and other health professionals, and it must decide what it can afford financially, what it can attain intellectually and educationally, and what the public expects from the government and the health professions.

It is time for the government to decide just how many years of service each doctor must give to his country before he is permitted to go overseas. It should require that doctors pass the Malaysian specialty examinations before proceeding for further overseas training. *It should give priority to those holding Malaysian degrees and insist that those going overseas under government or university support learn to become expert in certain fields and not simply acquire more degrees.* A glance through the academic staff roll at the University will show that many, many people have two and three postgraduate degrees when all they required was one degree and, yet, the research productivity, whether clinical or basic, by the same individuals is quite limited."