

EDITORIAL

MEDICAL STANDARDS

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The standards of medical practice and the general standard of public health in Malaysia have been and are still quite good in comparison with developing countries around us. We may have lagged somewhat in setting up sophisticated forms of diagnostic and treatment centres and have only recently initiated private institutional medical care, but, nevertheless, can claim to be in the forefront in providing effective medical service to a large section of our population at all levels. The credit for this must be given to our early medical administrators and educators. They ensured that adequately trained personnel were utilized at all levels of health care from the colonial days till today. All medical practitioners were carefully screened before being registered and licensed to practise. We were largely guided in this by the high standards recognized and demanded by the General Medical Council (G.M.C.) of the United Kingdom.

The Malaysian Medical Council is now the statutory body set up by Act of Parliament to scrutinize any medical degree before granting registration and the right to practise. This body is also responsible for maintaining standards of professional conduct and medical ethics. In the past, we relied on the G.M.C. for guidance on "quality control" in medical academic standards of training and even invited them to inspect our own medical schools. This was possible because the United Kingdom Medical Act of 1950 gave the G.M.C. the power to visit medical schools and examinations. However, though visits did take place from time to time, the Council exercised its main influence on undergraduate medical education through the issue of "Recommendations

to Universities and Medical Schools". These recommendations covered the range of subjects which, in the opinion of the Council, should be covered in the undergraduate curriculum, the length of the curriculum and the range and scope of the examinations. In 1971, we had our own new Medical Registration Act but this, unfortunately, did not go far enough to give the Malaysian Medical Council the authority to supervise or demand any standards of training pertaining to undergraduate medical education. We have, of course, established a system of examinations for the purpose of registration of holders of unrecognized medical degrees, but this appears at present to be only a lukewarm and temporary exercise.

We now have three medical schools in this country of which two are fully functional while the third has yet to graduate its first students. The systems of training differ and the curricula too vary to some extent as each school rightly sets out to establish its own identity, autonomy and character. There many have to be more medical schools set up in the not too distant future to cater for the demands of this rapidly developing country and people. The two established medical schools are already awarding, or planning to award, postgraduate degrees and diplomas.

The profession cannot help but be somewhat concerned that, in our haste to produce more medical graduates and postgraduates to meet the nation's needs, we may be at risk of sacrificing standards and quality for quantity. We are particularly proud and jealous of our established standards and would not like to see this eroded for

expediency. Our anxieties in this respect are further aggravated by the constant brain drain of our own Malaysians from the medical schools only to be replaced by expatriates often of relatively mediocre standing or who have retired from elsewhere. The profession itself is, to a large extent, to blame for not identifying itself more prominently and patriotically towards medical education in recent years. However, the Medical Council is the appropriate body which should supervise and ensure that the medical training involving curriculum, scope and planning and the professional examinations of all our medical schools are of high professional standards. This can only come about if the Medical Council, which should consist of concerned professionals, seeks greater involvement with the medical schools. Medical school representatives on the Council have the added responsibility of conveying the profession's views to the academicians in the Universities in order that academic training and methods conform to professional standards.

While the Council can be the watchdog at undergraduate and registration levels to maintain and ensure standards, what happens to medical standards when we unleash the young graduates into the community? This is the more important area where the highest qualities of the medical graduates are tested. Continuing medical education is today such an important exercise that, in some developed countries, the professions are under pressure from Governments to require certification and re-certification, based on credits and audits gained by evidence of postgraduate activities, as prerequisites for practice. The Malaysian Medical Association, the Academy of Medicine, the Colleges of General Practitioners, Physicians and Surgeons are all in various ways committed and involved in various postgraduate activities and have stressed continuing medical

education. Unfortunately, there is need for greater efforts by individual members to show enthusiasm and support for improving standards. The need for a properly coordinated system of postgraduate training leading to postgraduate examinations of a recognizable professional standard is long overdue. The Universities, Ministry of Health and the Professional Bodies are all intimately responsible and the present mayhem must be sorted out soon. The only body, which comprises people from all these groups, is the Medical Council which could, perhaps, initiate a separate committee, as it does not have the necessary powers or the time, to coordinate postgraduate training.

With the increasing popularity of private medical care and the modern trend towards sophisticated technology in investigations, we must be constantly aware of escalating costs to patients. The medical profession is constantly under tremendous pressure by the pharmaceutical and medical instrument industries and it takes considerable confidence, honesty and ethical maturity not to be too compliant. Our medical standards should not be eroded by the temptations of modern commercial glamour which can be easily used to wrap an inferior or questionable standard of practice.

The medical profession is fortunate in this country to have inherited a high standard and reputation in medicine. The people in this country have bestowed on us their sacred trust. Let the profession not be found wanting in not preserving or further uplifting this legacy.

REFERENCE

Booklet (April 1970) - Spottiswoode, Ballantyne & Co. Ltd., London & Colchester "What It Is And What It Does" — General Medical Council