

SURGICAL TRAINING: A PERSONAL VIEW

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McColl¹ discussing the Guys Surgical Training programme states 'some senior registrars come to the end of their training without experience in specialities such as genito-urinary, paediatric and vascular surgery. This can prove embarrassing when they are appointed to a consultant post. Such lapses have been remedied through rotation programmes and selection and training of surgeons has become well established in most western countries. Some have gone to the extent of testing aptitude for surgery by evaluating psychomotor skills such as manual dexterity and eye- hand coordination in selecting surgical trainees². In this age of rapid advances in the field of surgery a developing country like Pakistan has to keep pace with progress and at the same time ensure delivery of surgical care to the people remote from large cities. With the establishment of the College of Physicians and Surgeons of Pakistan, surgeons are being produced who can fulfill this function. What is needed now is a formal surgical training programme which prepares these young surgeons to deal with the indigenous surgical problems specially in the rural areas as without a training programme we will be producing surgeons who are partially trained, have scarcely rotated through different surgical disciplines, and whose competence in surgical technique and surgical decision making can be seriously questioned. Government rules for appointment to the post of a surgeon lay negligible stress on the training in surgery and its allied fields. The main criteria for appointment is the acquisition of a postgraduate qualification. It is time we gave importance to formal training in surgery. If one sets out to formulate the basic principle of training surgeons one is immediately faced with the essential question of deciding objectives. Postgraduate training must be planned, objectives defined and a career structure established that provides adequate rewards and recognition³. Keeping our country's needs in mind the aim should be to train two kinds of surgeons, one who will serve in less developed and rural areas, should be made proficient in commonly performed procedures in surgery, urology, orthopaedics and paediatric surgery so that he can solve the day to day problems with minimum morbidity and mortality and is indoctrinated not to carry out procedures beyond his capability but to refer them to teaching hospitals. The second type of surgeon is a specialist, who is attached to a teaching hospital and who through higher training within the country and abroad is capable of dealing with complicated problems and referred cases. To this end it is imperative that all departments of surgery in teaching hospitals develop special interests., and no department of surgery should be considered as complete without having a group of its members responsible for these special fields, viz., gastrointestinal, hepatobiliary, pancreatic, genitourinary, vascular and transplant surgery. There is no alternative to a clear understanding that progress in the past has been, and in the future will be dependent on specialisation. The delivery of surgical care to the masses may be a Government responsibility but the concept, content and organisation of a training programme has to be initiated by the profession itself The surgeon as a teacher has to show a degree of personal involvement in the training programme Failure to teach and train will lead to a progressive decline of his influence in surgery and a loss of student respect and ultimately a loss of students who choose to go into surgery. Teaching institutions have to play their role. These places have to become the backbone of good quality surgical training and specialisation. These institutions have to provide the trainee with libraries where he can acquire knowledge through reading and research material. In these teaching institutions the standard of the art and the practice of surgery has to be raised to a level of eminence where surgeons from outside these institutions look up for guidance and expertise, where the patient finds hope and amelioration of his surgical problems.

REFERENCES

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