PERSONAL VIEW

The Training of Surgeons

* Dr. Hagop D. Yacoubian,

WITH the rapid economic and industrial development of the Arab world, the demand for improved, up-to-date health care systems has assumed top priority. Adequate health care, of course, requires not only modern physical facilities but also well trained personnel. The former is the easier to obtain since all it requires is adequate financing. Well trained physicians, however, are more difficult to devleop. A number of Arab countries still depend, unfortunately, on imported talent for a large percentage of their medical personnel. In the long run, the solution has to rely on an effective manpower development programme since a stable health delivery system can not exist without self-sufficiency in this field.

The development of physicians involves not only the establishment of medical schools, but just as importantly, and may be more so, the development of high quality training programmes. Up until recently, native physicians from English speaking Arab countries have, by and large, obtained their post-graduate training in the United Kingdom and Ireland, few managing to get into programmes in the United States. In surgery, this implied at least four years of post-graduate training, most of which had to obtained abroad; specialization added more years. Health ministries often supported these training programmes at the expense of a high financial outlay. It can truly be said though that expenditure by governments, in this area, has probably brought a higher return and value for money than in any other field of enterprise.

In the last four or five years ominous developments have started to take place in North America and to a lesser extent in the British Isles which have gradually made it more and more difficult for alien physicians to receive training there. Immigration rules have been so tightened in the United States since January 1978 that the entry of foreign trainees has been reduced to a trickle. A similar trend is apparent in the United Kingdom. These developments have made it imperative that good training programmes be developed locally to satisfy the expanding health care needs in the Arab world.

The establishment of Arab Certification Boards is a very welcomed development. Much of the basic ground work has already been laid. The Arab Surgical Board will provide the vehicle for evaluating training programmes and eventually the candidates for certification purposes. The difficulties in establishing such programmes are very great indeed, particularly in setting up the quality of patient care standards which are a necessity as a preliminary to the establishment of training programmes themselves. It is unreasonable to assume that a resident can be properly trained to give optimum care in an institution which does not have optimum Quality Assurance Standards and the mechanisms for enforcing them. To establish such quality assurance standards which would be acceptable to all the signatory countries and enforceable in every training institution is the major hurdle that needs to be overcome. Once this is achieved, the actual structuring of the programmes themselves and the establishment of the evaluation and certification methods are relatively easier. The reasons for this are not difficult to understand; the former depend to a great extent on government and administrative bureaucracy, the latter predominantly on the academic community of physicians themselves, and are therefore relatively free of red tape. Regardless of the organizational difficulties involved and the anticipated birth and growing pains, the process has been irreversibly engaged. It augurs very well for the future of health care in this part of the world.

The savings in cost would be tremendous especially when one takes into consideration the fact that during their training the can-

* Chairman
Department of Surgery
Salmaniya Medical Centre

didates would not be removed from the local health care facilities and therefore would continue rendering invaluable service. One added benefit would be the incentive this would provide the institutions to meet the academic standards necessary to qualify for continued recognition. This aspect of the issue should never be underestimated.

Any training programme in surgery must fulfill certain basic and essential requirements which will be outlined below.

It must allow for a proper and equitable method of selection of candidates into programmes after adequate evaluation of their qualifications. In the United States this selection process is done by the "National Intern Matching Program."

Candidates should not be accepted for the entire training period but a method of monitoring should be set up to evaluate their performance and subject them to another selection process early in the programme. This will weed out unsuitable candidates early. The pyramid therefore, if any, should exist early in the course of the programme. This provides for healthy competition and adequate selection, but does not compromise the future of the candidates in the later years of their training when the trend of their professional career has been well engaged. An evaluation system similar to the primary examination would serve this purpose very well.

The programme should allow for a graduated increase in responsibility and provide the opportunity for the trainee to exercise independent judgement and decision making. The extreme of too much supervision, which would destroy this very important aspect of his education, should be avoided at all cost. On the other hand, total lack of supervision or not enough of it is not acceptable for reasons of patient safety. A happy compromise is necessary that will take into account both considerations without sacrificing either.

The programme should provide the opportunity for enoguh practical operative work to allow the candidate to acquire the necessary technical skills. The amount of surgery he is allowed to perform should not depend on the good will of his consultants. It should be considered his right and privilege. This point is well emphasizd in American programmes but may be not enough in the British system. Since patient safety is of paramount consideration, there are times when the consultant or "attending physician" would, understandably, take over the performance of a technically difficult procedure, but these situations would normally constitute the exception rather than the rule. Technical excellence, however, should not be over emphasized. It has been stated that any reasonably adept laymen can be taught the purely technical skills of performing a surgical procedure. I am sure there is some truth in this. Emphasis should, therefore, not be placed on technical excellence above all others. What distinquishes a surgeon is not the dexterity with which he or she wields a scalpel, but the all important quality of sound judgement and decision making.

Institutional care is, by definition, team work. An important lesson to be learned by the trainee is how to become a member of this team and function as an integral part of it. This requires a certain degree of self-effacement and "ego suppression" without sacrifice, however, of individual thinking, effort and achievement. The ideal institutional physician is a person who fits smoothly into the total hospital machinery and fulfills his role as a part of it while, at the same time, jealously safeguarding his personal relationship and responsibility to his or her patients as well as the highly individual nature of his academic thoughts and inquisitiveness.

The Board should provide a uniform system of evaluating the candidates basic and clinical knowledge at the end of his training period prior to official certification. The system should be objective and factual and be a precise measure of the candidate's competence. The American Board of Surgery, at present, provides only temporary certification valid for a limited number of years and subject to renewal upon re-examination. This has been done to insure continuing competence by stimulating Diplomates of the Board to participate voluntarily in continuing Education Programmes. Many state legislatures require mandatory proof of such participation prior to periodic renewal of licenses to practice. The medical profession should be a continuous process of self education and the best stimulus for this should come from an inherent curiosity within each physician. Whether mandatory Continuing Education Programmes achieve this is open to question, but then this is another story outside the scope of this article. □□