

Editorial

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Medical Specializations - The Rationale And Need For New Perspectives

The long path of an aspiring doctor to become a medical specialist begins the moment the doctor completes the arduous 5 years at a medical school. We all know, when a basic medical degree is acquired upon successful completion of the medical program, the young doctor embarks on his initial rite of passage as a house officer and subsequently into the few years of mandatory clinical practice. Rotating through all major disciplines of medicine, the doctor would have done internal medicine, O & G, general surgery, paediatrics, orthopaedic surgery and some of the specialized postings considered essential before the doctor stands alone in the wilderness of rural health practice. No doubt that this is imperative to help the doctor treat a multitude of illnesses of patients.

Depending on the system in place, one may then choose to 'specialize' in a particular area (e.g. Internal Medicine, Surgery, or ENT) upon fulfilling the requirements stipulated by the governing body for such specialization training in Malaysia. Upon completing the specialty in the prescribed time, ranging between 3 to 5 years depending on the path of training chosen (usual time for the local master program is 4 years), the doctor may wish to pursue a subspecialty area e.g. after obtaining an internal medicine specialty he or she wishes to continue in gastroenterology or neurology and then further focus into pediatric nephrology or pediatric neurology.

There are 3 important aspects of specialty training that need to be considered. Firstly, specialty as a career development for the doctor; secondly, relating specialty training to the need of the society and thirdly, the form of training that would be necessary to achieve the so called status of a specialist.

Let me briefly look at one by one. Presently doctors aiming to further a career in any specialty have to compete for limited places and opportunities and they are also required to spend a minimum of 4 to 5 years of post graduation rotation working in the public health service. If the doctor wishes to subspecialize then a further 2 to 3 years training would be the minimum requirement. This would be the time scale involved if anyone with a basic medical degree is to end up as pediatric nephrologist, a neuroradiologist, a colorectal surgeon, a hepatobiliary surgeon, or a psycho-geriatrician. The bottom line is that the doctor would have been under training for a minimum period of about fifteen years to be a subspecialist. By any stretch of imagination, this is a very long period in terms of training time, resources and logistics and is certainly very taxing physically and emotionally. The implication of this is that the final number of subspecialists that is going to be produced to serve the country is going to be very limited. The demand by the population for subspecialists which is increasing with higher and more sophisticated expectation will not be met even in the long term.

The solution to the situation is easier stated than implemented i.e. increase trainees intake, expand facilities, increase training centres and trainers, send for training overseas and provide more financial allocation for the purpose. The fact of the matter is that all these will not solve the problem overnight. Perhaps one should be thinking of adapting or even revamping the structure of the present format of specialty and subspecialty training. For example orthodontists or a periodontologists are not being required to possess a medical degree to subspecialize in this field. A basic dental degree is the basic requirement and then the dentist is allowed to specialize & subspecialise. This could also be the pathway for say a rhinologist or an otologist instead of having to go for a medical degree then a 4 year master program in ENT upon adequate medical rotation postings and subsequently the rhinology subspecialty. This situation is the same for neurosurgery and subspecialties in ophthalmology and O & G. A revolutionary rethinking and change of approach in specialty and subspecialty training is certainly appropriate for changes in the need and expectation of society, constraints and limitations of time, resources and relevance, are factors that favour a rethinking and reorientation of the entire philosophy and approach to specialty and subspecialty training in Malaysia.

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