

EDITORIAL

POSTGRADUATE MEDICAL EDUCATION

The pattern of development in any discipline under the normal circumstance has a predetermined course, and medical education holds no exception to the rule. The beginning of medical education is in the training of undergraduates so that a country may be served by doctors principally of its own training. This has two well-recognised purposes in that firstly the doctors would be trained in the prevalent pattern of diseases and culture, and would fit in technically and otherwise without a period of adaptation necessary in cases of foreign-trained ones, and secondly, being locally trained and domiciled, when they retire from active work, their experience and accumulated knowledge continue to be a source of guidance and inspiration locally. Hence all thinking nations exert themselves to train their own professional men, and encourage this type of training to the extent of giving preferential treatment in employment and status.

When a sufficient number of graduates is available, by which is meant not a surplus of supply over demand as some people insist, but the presence of a sizeable gathering of men as to render the training of teachers necessary, the next stage of education must begin, namely postgraduate education. This implies at least four different activities; the running of refresher courses so that graduates may continue to keep abreast with current advances; the training of teachers and researchers so that local skill may achieve the next rung of development; the accreditation of locally trained specialists in the way of postgraduate diploma examinations and awarding of degrees; and lastly, the frequent scrutiny of teaching methods and the experimentation with new ideas in methodology.

Quite obviously, in bringing this about there must be sufficient graduate output, for postgraduate education cannot be run without postgraduate students in a sufficient number. The local medical school has now 60 years of

history, and a total graduate role of nearly 3,000. Even to keep these doctors advised on current methods would require many refresher courses running the whole year round. We must have too, academically minded doctors to train to be teachers and researchers, and up to date there are several hundreds of doctors with postgraduate diplomas of repute, and experience. Lastly, we must have financial support and Governmental interest, for it may be elementary but nevertheless worth stressing that, other than a communist state, where the economic system is distinct, nothing can be achieved without money, and that if the Government is not interested in postgraduate training, very little can be accomplished. The Government must be prepared to accept local examination boards and locally accredited diplomas so that a real impetus can be given to local professional bodies to continue their endeavours.

Some will say that caution is needed because they would like to see very high standards, and exceptional achievement at once. It is well to remember that with practically no exception, everyone has a beginning of relative inadequacy, which is made good as time passes. If we consider that postgraduate medical education has only a recent history in Australia, Japan, India and America, and yet they have made good after the inevitable period of teething troubles, we can surely take heart that we too are now on the threshold to the next stage of development, and what is needed is just some courage and self-confidence.

This year is the 60th year of medical education in Singapore and Malaya. With a large graduate pool, a collection of trained local teachers and researchers, and a wealth of materials at hand, if we cannot find it in our hearts to embark on a new career, we shall have only ourselves to blame.

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