

Surgical training in India – a long and winding road

Recent advances in the field of medicine in general and surgical specialties in particular have been mindboggling. These have greatly improved the care of patients. Problems which were initially incurable are beginning to be solved. Keyhole surgery has revolutionised both the care and the cure of patients requiring surgical treatment. Advances have taken place in such fields, all over the world. On the downside, the career of a surgical trainee is becoming increasingly difficult.

Every surgical trainee, whether in a government-run or a private institution, enters the training programme after a great deal of effort. In a government institution, he or she enters after at least a full year of "preparation" for an entrance exam. In a private institution, a lot of money has to be spent by parents, running into many lakhs of rupees, sometimes even crores. Either way, it is a lot of hard work - whether for the trainee or his parents.

No standard goals are set in any surgical programme in this country as to what the trainee is expected to know within a certain timeframe. This is in relation to skills as well as theoretical and clinical knowledge. Institutions which have attempted to set some goals have not been able to follow them through, for one reason or the other.

Teachers of surgical specialties do not take it upon themselves to "make" surgeons of the trainees who pass through their departments. Many trainees pass out of their programmes without any knowledge of basic techniques essential for them. No institution has made it compulsory that trainees should have completed doing or assisting with a set of procedures within a certain timeframe. This leads to the production of half-baked surgeons. Many times, trainees have to spend more years

in other institutions trying to acquire these skills. This results in prolonging an already long training period in a surgeon's career.

Although the development of sub-specialties does have its own advantages, it takes even longer for trainees to acquire such extra skills that are available only at select centres. Entry into these centres, either as trainees or as staff, is extremely difficult at the best of times. In most cases, especially in private hospitals which advertise training posts in surgery or Diplomate of the National Board, the ulterior motive is to get cheap labour out of people who enrol for the training programme. To get a trainee to do any job is an "advantage" because he or she will do it without question, for fear of the repercussions of refusing. The amount of money paid to them is substantially less than the prescribed pay for a non-trainee recruited for the same job. The trainee is most likely to complete the stipulated period of time (usually three years), making it unnecessary to search for a regular, qualified employee. Fellowship programmes, which are floated by many so-called "institutes of excellence", also offer jobs to fellows in order to obtain cheap labour.

Medical students aspiring to become surgeons go through a lot of hardship right from the time of qualifying for the training programme to the time that they complete their training. If the above mentioned flaws are corrected, it will make surgical training more meaningful and fruitful. After all the system needs to give its young professionals a fair deal.

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