

## *Training of a Plastic Surgeon\**

### The Prerequisites of Training

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Before I dwell actually on the actual "prerequisites of training" in Plastic Surgery, let us find out what are the aims, and objects of such training. They are as far as we can see that, a surgeon, who could think for himself, objectively plan his future line of action, and execute his plan of action to near perfection, and not be content to be a mere craftsman who merely knows some procedures. He should have a scientific and rational basis to guide his plans and actions and should have sufficient training in methodology of research for him to have an abiding interest in research projects on transplantation, homografting, wound healing, wound infection and like.

The broad scope of Plastic and Reconstructive Surgery requires of him to have a good training in basic sciences, a thorough grounding in "Principles of Surgery" which has been unfortunately been equated with what euphemistically is known as 'General Surgery', and should have a more than nodding acquaintance with subjects like ophthalmology, otorhinolaryngology orthopaedics, genitourinary surgery and even some aspects of gynaecology.

Let us objectively consider, whether all this is achieved by a postgraduate degree in general surgery whether it is Master of Surgery degree or even the Fellowship of any of the Royal Colleges.

As a prerequisite, we have found that the M.S. in General Surgery of most of our

Indian Universities, specially after sequestration of specialities like orthopaedic, plastic, genitourinary, neurosurgery or chest, the contents of teaching and training of M.S.(General Surgery) in most of the Indian Universities, have been mostly relegated to abdominal surgery and some conditions of breast and other conditions. That falls far short of our requirements.

The modern trend for specialisation in any branch of surgery is that the graduate enters his chosen field of specialisation immediately after passing his "graduate examination, without going through a course general surgery" (Sharma: Development of neurosurgery in Soviet Union J.I. M.A. Vol. 53 No. 2 July 16, 1967). This trend is gradually emerging and is most noted in Soviet Union and in the States. United Kingdom and Australia are having second thoughts.

Moreover experience over a decade in imparting post-graduate training in Plastic Surgery fully convinces me, that the disadvantages of a prior training only in General Surgery out-weighs the advantages. Firstly a general surgeon, of necessity has to have theoretically a nodding acquaintance with all surgical conditions and his study is necessity can never be one of 'depth' as he has to be 'jack of all trades', but sound training of a Plastic Surgeon requires his

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study to be one of "depth". Secondly the philosophy of a general surgeon is that of excision, while that of a plastic surgeon is that reconstruction. Thus there is basic difference in approach, and I have found it takes a long time to get rid of that approach.

What sort of a person then, we should like to have as our future trainee?

In the first place, we would like to have a person, who has had a broad general education and is above average in his humanities, and science grades. He should be well adjusted and should be able to express himself both in spoken and written words.

He should be an alround, much above average medical graduate. In this connection, I would like to make a submission without stirring a hornet's nest i. e. we sincerely feel that it is high time that there is great need for a new look in the curriculum of our undergraduate medical course. We would also submit that the level and standard of postgraduate education cannot improve, unless *pari passu* there is an alround raising of standard of undergraduate medical education.

After passing his Final M.B., B.S. examination he should work as a rotating intern for a full one year to give him a practical acquaintance with different disciplines of medicine. He should then work for full one year as house surgeon preferably

six months in a department of general surgery and six months in Plastic Surgery.

After two years of apprenticeship after graduation, he should now be eligible for training as a surgeon and embark for one year for a course (Part I) in 'Basic Sciences and principles of surgery' which could be common for training in all branches of surgery including general surgery.

During this period, apart from instructions in basic sciences and methodology of research, he should be allowed to work in departments of orthopaedics, genitourinary surgery, neuro-surgery, chest surgery, ophthalmic surgery and ottorhinolaryngology and casualty department for 2 months each.

I have given here a multi disciplinary approach to give a well-knit and co-ordinated scheme to improve our methods of training which I hope will be better than merely insisting on a prior degree in general surgery.

At the end of one year, he has to appear in Part I of the Master of Surgery examination, which should be common to all branches. Only after passing this part I examination, he should be allowed to register himself as a full time candidate for M. S. in Plastic Surgery, when the real training in Plastic Surgery begins.