

Aim and Duration of Training of a Plastic Surgeon

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WHILE discussing the problem of training of a surgeon, we must be alive to the important fact that different countries have their different needs. In a paper submitted to the British Commonwealth medical conference in 1965, the Government of Ghana rightly emphasised that what a newly developing country needed most was medical graduates capable of giving anaesthesia, remove appendix, care for a woman in labour and supervise hygiene and preventive measures. While this is still true for any developing country, we find an entirely different picture emerging in the highly developed countries of west. There is not only a growing emphasis towards sophistication and super-specialization at the post-graduate level, but there is fresh thinking of reshaping even the undergraduate medical education on entirely new lines. To serve the purpose of superspecialization and to save many valuable and creative years in the life of a future specialist, there are talks that the curriculum of studies should be cut down in such a way that the students are spared detailed knowledge of subjects which will fail to interest them in their future field of specialised work. Suggestions have been made that from the very beginning, different methods of training should be adopted for raising different kinds of doctors who will even-

tually move into diverging streams of speciality.

We in India possibly occupy a position somewhere in the middle of the scale at one end of which lie the poorly developed countries of Africa and the other end of which is dominated by the modern affluent society of the United States of America, whose technological advance have rocketed them to the moon. While sitting in a conference room in Bombay, it is therefore essential that we do not forget this fundamental fact about our socio-economic position and introduce into our country modern ideas of superspecialization suited only to advanced countries of the west. Development of any speciality must follow closely on the heels of the technological, educational and economic progress of the country.

Professor Sinha had remarked that plastic surgery as a speciality has 'arrived' and is well-established as a speciality in the country. If by this country we mean only few big capital cities like Bombay, Calcutta Delhi or Madras, then we might possibly accept that the plastic baby has just been born. But, for most our peripheral hospitals at the district level, it will still remain a far cry for years to come.

What should then be our aim in the

further development of plastic surgery as a speciality in the country? Should we introduce a system of training which will help us in the quick production of a large number of plastic surgeons whose knowledge, skill and application is restricted entirely to their narrow field of activity, from the very beginning of their surgical career? Or, should we continue with the old practice of producing general surgeons who will set fractures, repair hernias, pull out appendices, remove stones, deliver babies and occasionally indulge in repair of cleft lips and raising of skin flaps?

The answer possibly lie midway between these two extremes. The time has come when a surgeon, who wish to take up plastic surgery as a career, must be prepared to devote all his time and energy exclusively to this field. But at the same time we must also make sure that our speciality develop as a flowering stem from the parent trunk of surgery in general and not as a branch broken off from the mother tree. If we allow a budding plastic surgeon to snap all his ties from general surgery, at the very beginning of his surgical career, we will possibly be creating a class of plastic surgeons whose knowledge and skill will run skin-deep, who will look for a laryngologist to do a tracheostomy for him while he waits to operate on ankylosed jaws, who will send for a thoracic surgeon to close a pleural puncture while he is removing a piece of rib or who will send for an orthopaedic surgeon while cutting an iliac bone graft. These special brands of plastic surgeons may not have any difficulty in practicing their speciality in modern surgical centres sheltered by their colleagues from

other specialities. But they will be completely at a loss to function independently in any peripheral hospitals unless they are taught to perform at least simple general surgical operations and life saving procedures.

If it is going to be our policy to maintain our monopoly and restrict the practice of plastic surgery only to the well-established centres, attached to the big teaching hospital in India, there is no harm in tearing up our future plastic surgeons in complete isolation from general surgery. But, by adopting any such plan, we will not be serving the cause of plastic surgery in this country. Vast majority of our patients, living in remote villages, will never get a chance to go anywhere near a plastic surgery centre located within the premises of big city hospitals. Sooner or later we have to allow plastic surgery centres to develop in smaller peripheral hospitals. A plastic surgeon, intending to practice his speciality in such centres must have a fairly good background of general surgery to help himself out in his own trade.

In the United Kingdom, a joint committee, which included representatives from four Royal Colleges of surgeons, the Association of Professors of Surgery and the Associations of various surgical specialities, met in 1968 to formulate a scheme for higher specialist training in surgery in the most effective and expeditious manner. After lots of deliberation, the committee has laid down the general Principal that training in the speciality should be preceded by training in surgery in general. Proof, that a satisfactory standard has been reached in general surgery would be the diploma

of fellowship. Following the general surgery training, there should be organised training programme in each speciality carried out in designated hospitals. For plastic surgery, the recommended period of this training is four years. At the end of this training the candidate is to be given a certificate by the appropriate Royal College based on the receipt of satisfactory report from the surgeon incharge of his training and not by any further examination. It was also decided that, although approved training in the chosen speciality may be undertaken before passing the final fellowship exam, certificates will not be granted by any of the Royal Colleges, until the candidate holds the diploma of fellowship in general surgery.

What is suitable for a country like U.K. may not be suitable for a country like India. But it is worthwhile noting that in a country, which is far ahead of us in all branches of surgery, the emphasis has still been maintained on basic general surgical training in order to prepare grounds for higher specialization. If the British Association of Plastic Surgeon still consider that a fellowship in General Surgery must be obtained by the candidate before he is allowed to drift into the sea of plastic surgery, there is no reason why, we in India, should not adopt a similar course and insist on a Master's degree in general surgery before we accept any candidate for specialised training in plastic surgery which should last for a period of at least two years. I, for one, do not think that the knowledge and experience, the candidate will get during the two or three years he spends in obtaining a Master's degree in

general surgery, will be a loss to him. If any thing, it will help him in widening his surgical horizon and give him a better insight into his own speciality. If we want our future plastic surgeons to undertake projects on Organ or limb transplantations and venture into unexplored fields of reconstructive surgery, a basic general surgical training is obviously a 'must' for him. In the Armed Forces, our special needs are possibly slightly different from those of yours. We however insist that all our surgeons make the basic grading as a general surgeon first, before they branch off into any of the surgical subspecialities.

Surgery is an art which can only be developed by practice. Lectures, discussion and symposiums have their values in the training of a plastic surgeon, but nothing can replace the experience one gets out of operating with ones' own hands. In all our training programme special emphasis must be laid on the practical aspect of the training. It is immaterial whether we make the candidate sit for another examination for the Master's degree in plastic surgery or issue him with a certificate after this successful completion of two years of training in a recognised centre. But what is important is to make sure that during the two years of training, the surgeon, whom we send out of the training centre to practice the speciality, gets the opportunity to tackle with his own hands atleast the common plastic surgery problems of our country e.g. (i) repairs of congenital defects like cleft lip, palates and hypospadias (ii) provision of skin cover for soft tissue defects in compound limb and hand injuries (iii) reconstruction of facial defects

leading to an trauma or disease (iv) treatment of contractures resulting from burns and (v) some introduction into plastic surgery for leprosy.

Passing a post-graduate examination and securing a Master's degree in plastic surgery has no value unless it is combined with intensive practical training. I keep on emphasizing this point a great deal because in the Armed Forces, we have, on many occasions, come across surgeons with recognized post-graduate qualifications utterly lacking experience in the practice of surgery. We have recruited plastic surgeons with Master's degree in the subject who had to be submitted to long periods of practical training in our own centres before they could be entrusted with independent responsibilities. This is a sad state of affairs which need immediate attention. The remedy lies in shifting the emphasis from the theoretical to the practical side of the

training programme.

At the present moment facilities for organised training, leading to post-graduate University degrees in plastic surgery, are available only in few of our upgraded centres. It is not possible to give every post-graduate student sufficient operative work when the training is conducted for a batch of half a dozen students. This is why qualified plastic surgeons, emerging from these centres, often lack the necessary skill in operative work. To ensure a more effective pattern of training, individual teachers must refrain from undertaking simultaneous training of more than one or two candidates. It will be far better if some of the candidates are diverted to other centres. They may not get the opportunity to secure for themselves a Master's degree in the subject but they will definitely have wider opportunities for practical work and emerge out as better plastic surgeons.