EDITORIAL:

MEDICAL EDUCATION AND STANDARDS

The first medical school in this region was established in 1905 when the King Edward VII College of Medicine took in its first batch of students. The medical school produced its first graduates in 1911 and they were conferred the Licentiate in Medicine and Surgery (LMS – Malaya). In 1923, this qualification was accepted as a registrable qualification by the General Medical Council (GMC) of Great Britain. The King Edward VII College of Medicine became the Faculty of Medicine, University of Malaya in 1949 and the first graduates with the MBBS (Malaya) appeared in 1950. With the separation of the original University of Malaya in Singapore, Malaya's first new medical school came into existence in 1963. When the first graduates emerged in 1969, this school was visited by a group on behalf of the GMC and promptly recommended the new MBBS (Malaya) for recognition. In 1973, another medical faculty was established at the Universiti Kebangsaan Malaysia (UKM) and this produced its first graduates in 1979. In 1981, the Universiti Sains Malaysia established the third medical school which will produce its first graduates in 1986. In addition to the graduates emerging from these three medical schools, other graduates return to Malaysia having qualified abroad from medical schools which are classified as recognised or unrecognised by the Malaysian Medical Council, which is the statutory licensing authority. The unrecognised graduates have to pass an examination conducted by the MMC before they are eligible for registration. The MMC, though it is responsible indirectly to determine standards of medical education in its registration of foreign graduates, has absolutely no powers at present to determine the standards of its own medical schools whose degrees are automatically registrable.

There have been tremendous changes in the Malaysian medical scene concomittant with the rapid political, social and economic developments taking place in the nation. The medical educationists in this country have also not been spared from the scarcity and shortage of medical teachers even encountered in the more advanced countries such as the United Kingdom. The formation of the two latest medical schools was largely achieved by diluting the pool of a small core of local medical educators trained originally under the concept of an academic staff training scheme and a bevy of expatriates who are largely a shifting group. The constant exodus from the medical schools to the private sector has considerably depleted the academic staff with serious consequences to the teaching programme and curriculum development, not to mention research and service obligations. Since its foundation in 1963, professors appointed in the medical faculty have traditionally served as heads of departments. With their academic excellence and proven leadership qualities in research and teaching as well as professional abilities, it was possible to give departments a sense of direction. This situation has changed now. It is pertinent to note that the academics from the various Universities recently have expressed considerable reservations on the powers of the Vice-Chancellors and Deputy Vice-Chancellors to appoint heads and promote academic staff.[1,2,3] Their sole powers in the appointment of deans and heads of departments has often resulted in distinguished academic staff being bypassed for promotion and executive appointments. These have considerable implications for medical education. Staff-appointed under the academic staff training scheme and tutors cannot be regarded as suitable replace-

ments for experienced fully-trained medical teachers.[4]

With the increase in the number of medical schools in the country, there has been a concommitant dilution of the medical staff. It is not easy to attract medical graduates to teaching appointments, particularly when the prospects for remunerative employment or lucrative practice outside are attractive to many doctors.

The dearth of qualified and experienced medical teachers had prompted the GMC to recommend that steps be taken to encourage the recruitment of medical graduates, particularly into the pre- and para- clinical departments.[4,5] Some of these departments are virtually devoid of any medical graduates — the recruitment of medical graduates into some of the less popular pre- and para- clinical departments has been a long standing problem. Whilst some of the newer medical schools cognisant of the problems have taken appropriate measures in terms of removal of disincentives and provision of opportunities for clinical involvement, the University of Malaya has not yet taken any positive steps. This in turn has adversely affected teaching programmes and curriculum development.

The GMC Report calls for greater integration of the pre- clinical subjects with the clinical subjects.[5] Even though this was the true philosophy of the faculty in its foundation years, integration could not be sustained and developed further for a variety of reasons, including the:

i) inability to recruit and retain qualified medical graduates conversant both with the scientific and clinical aspects of the subjects taught,

ii) growing tendencies for departments to compartmentalise and concentrate on their own development with regard to teaching, examinations and research interests,

iii) failure to recognise that the raison d'etre for the various disciplines is the medical faculty and its students.

Academicians in recent times have expressed concern over the decline of the quality of students emerging from local universities. Although this is a slow insidious process, the problem is likely to assume serious proportions in the next few years,[1,2,3] The original curriculum was designed for students with the HSC/STPM qualifications entering the faculty on a competitive basis. However, with the changes in admission policies as well as the language of instruction and the increased intake of students, appropriate compromise have been made.

The introduction of medical teaching in Bahasa Malaysia requires both the provision of new text books and the evolution and acceptance of new Bahasa Malaysia terminology. Whilst some progress has been made, these cannot be considered as entirely satisfactory. Lectures or the handouts given cannot substitute for the students own efforts in reading text books and reference materials, most of which continue to be in English. Unless the student has an adequate knowledge of English, his comprehension may be inadequate and he is unlikely to benefit from the total body of knowledge available in books and journals in the English language.

Belatedly, there is recognition of the importance of English as well as the weakness of students in the language, which has affected their communication skills in turn. Even the Cabinet has expressed concern over this problem recently.[6]

This in turn has led to the introduction of English language classes for medical students. Since the duration of the medical course remains unaltered, students have to share the time allocated for the study of medical subjects with languages. The competing demands on the time would limit the time available to assimilate and understand the large amount of factual information necessary, as well as develop an interest in the subjects — which are essential for the proper training of a doctor. It would be naive to think that standards have not changed under these circumstances.[1,2,3]

The GMC report of 1977 seems to have been treated as a secret document in that few staff members knew of its existence and few who were aware of it.[5] No concerted action was taken to rectify the shortcomings or even to consider some of the proposals made. No wonder nothing transpired between the reports necessitating repeated reference to the earlier report in the 1984 GMC Report. The rationale for not giving the 1977 report wide circulation — may possible be due to apprehensions and problems inherent in implementing and to admit to the weaknesses in the educational system? Otherwise it is difficult to comprehend why the various suggestions of the GMC were not considered and appropriate remedial action taken?

The standards are also subject to further erosion by problems in communication brought about by wide variations in the standards and criteria for selection of students and the medium of instructions in the national language which is still somewhat inadequately equipped and appointed in medical literature, reference and textbooks. The teachers too are still not themselves proficient enough in the language to reach out to the students.

The GMC was invited in 1977 by the University of Malaya to assess the progress of the medical school. They submitted some constructive proposals because they were concerned that this school, previously highly acclaimed by them, was showing some potentially serious shortcomings. They advised that recognition be extended for another five years till 1982 on condition that remedial steps were to be carried out by the University authorities. In April 1984, the Overseas Committee of the GMC once again visited the University of Malaya and found that major deficiencies were evident and called for urgent remedial measures within a **year;** failing which the recognition of MBBS (Malaya) was to be withdrawn. While the GMC standards for recognition of a medical degree may be traditional and irrelevant to us as an independent sovereign country, it is nevertheless a useful standard of excellence. The GMC established in 1859 has enormous experience in this area and visits medical schools only on request for recognition and at their own expense!

The need to maintain a good standard, which we have achieved in the past, should be regarded as beyond compromise by all who are proud of the profession. It was, therefore, somewhat refreshing to note that the University of Malaya Medical Alumni Association (UMMAA) recently organised a public forum on "The Made in Malaysia Doctor".[7] This forum highlighted the need to maintain high standards in the Malaysian situation and stressed the importance of developing a strong and important role for the Malaysian Medical Council. Universities by virtue of their identity and autonomy will maintain their right to plan and develop their curricula and train their medical graduates. However, they must have minimum standards to conform to the professional needs which should always be determined by the peers in the profession. The rightful body, therefore, to oversee this situation is the Malaysian Medical Council which should be the Ministry of Health and the profession at large will be able to ensure that all registered medical practitioners in this country are adequately trained before certification.

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