

## GRADED POST GRADUATE EDUCATION IN OBSTETRICS AND GYNAECOLOGY

by

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The aim of medical education, whether undergraduate or postgraduate, is to accept the obligation towards the society and devote scientific expertise to device medical care to suit the prevailing conditions in rural and urban areas. The basic difference lies in the fact that while the undergraduate education is aimed at preparing a field worker, the postgraduate education is aimed at their ultimate role in teaching, advanced research and care of cases with intricate diagnostic problems. The field of activity which appears so well defined on paper is intricately intermingled because it is the trained undergraduate who is the prospective competitor for post-graduate selection.

The ultimate aim of this type of specialised training is to ensure high standards in profession and to fulfil the social needs and obligations by active participation in—

- (i) national health programmes and
- (ii) family planning programmes and to raise the standards of maternal and perinatal services.

The present system, started and shaped at the time of British rule, was never oriented to cater to the needs of our poor, illiterate and superstitious masses. It was never geared for mass benefit and was planned only for class benefit.

At present the postgraduate teaching is

highly institutionalised and the curricula lay great emphasis on modern researches and are mainly theory oriented. There is no clear emphasis on supervised practical training and it is painful to see that some of those with Master's degree have not done more than 3-4 major operations, when they leave their parent institution. Trained at centres with highly sophisticated gadgets at hand they find themselves lost in moderate size hospitals equipped with only essential facilities to meet the day to day problems and emergencies and shaky when faced with independent responsibility.

The concept of allowing practical work only after post-graduation, during the tenure as a registrar, should be discouraged because it is a very small percentage which get the chance of such an appointment. Most of the postgraduates after qualifying move out in the field to private practice or Government./ semi-government/private jobs of specialised nature. It is the duty of the postgraduate teacher to impart confidence and ability of independent work before he lets the student loose in the society.

The proposed system of Graded Post-graduate Education is based keeping in view two basic issues.

(a) *Postgraduate training of fresh graduates*

(b) *Continued training of those who are already in active profession as obstetricians and gynaecologists.*

For the postgraduate training of fresh

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graduates 2 types of courses are proposed—

(a) *Patient Care Oriented Clinical Courses.* These will be equivalent to be present diploma courses, with added emphasis on 'supervised practical training.' These candidates should be encouraged to learn and accept independent responsibility of routine gynaecological cases and obstetric emergencies. These people will ultimately move in private practice or hospitals of moderate size of Government, semi government or private nature. This course will require training for 1 year after completion of housemanship. Such a course should be encouraged because it will meet the needs of the Nation in imparting specialised obstetric care to masses.

(b) *Research and Teaching Oriented Academic Courses.* These will be equivalent to the present M.S./M.D. courses, with ensured high standard and restricted entry to only the really deserving ones. These candidates must be groomed in research and oriented towards teaching. Admission to such a course should be allowed only after qualifying in diploma course, and number of entrants should be very limited. Only one candidate should be allowed per teacher for each academic session. The duration of the course would be 2 years after the diploma course. All these candidates with research oriented training must be absorbed in teaching at large referral institutions. Due to limitations imposed on the number qualifying this should not remain an impossible task.

The selection of candidates should be entirely in the hands of the postgraduate teachers who should take into consideration the individual's psychological aptitude, calibre and determination for continuation in profession. It should be entirely free from political pressures and

caste reservations. Candidates for higher academic courses should be accepted only after diploma courses because by then they are mature and start at a definite professional plane for research oriented training. Moreover, the time of diploma training will give good opportunity for assessment of the academic aptitude of the individual.

There should be some provision for continued training of those professionals who have moved out in field work, away from academic institutions, to keep them upto date with professional advances of clinical use. This can be achieved by—

(a) *Refresher Courses:* These Courses should be organised by teachers in academic institutions. The field practitioner should be compulsorily attached to one of such institutions and should attend to such courses of 2-3 weeks duration every alternate year or so.

(b) *Biannual Journals:* Journals compiling the information regarding advances of clinical use should be published by the Federation. It should compile the practical aspects of new advances for the field practitioner. The highly academic and theoretical material, full of figures and percentages, is of no use to this class of practitioners and efforts at screening out the material of use are time consuming. To keep the private practitioners alive to the useful advances in the speciality is the responsibility of the postgraduate teacher and the Federation.

The teachers have a major responsibility in ensuring the standards of postgraduate education. They should participate more and more in the diagnostic aspects of the obstetric problems continually guiding the trainee to improve his diagnostic acumen and giving him adequate chance for independent major surgery under their direct supervision.

This will encroach upon a lot of their time and will be possible only if the senior consultants are on whole time, non-practising, teaching jobs so that they can devote more and more time and take pride in shaping their students, who ultimately are a projection of their own calibre in teaching and professional.

The potentials of the doctors in private jobs and practice must be given due recognition and efforts made to ensure their active participation in health programmes and teaching of para-medical personnel. These doctors while continuing their basic jobs can provide supervision to the para-medical staff and such primary health centres and sub centres as are unmanned by government doctors. Continued professional training courses for para-medical staff can also be planned and supervised by them.

#### Summary

Any major change in the existing pattern of postgraduate education is neither required nor feasible economically. Suggestions have been made to modify the present system with minimal essential changes, giving new orientation towards fulfilment of the needs of the society for which it is to be ultimately utilised.

(i) Minimising the number of post-graduate training with degree courses

while ensuring very high standards of training for them. Their selection should be scrupulous, taking into consideration their professional aptitude and any chances of loss to the profession at a later date. This training should be allowed only after diploma courses. Highly academic training in degree courses to be allowed only after qualifying in diploma courses. High standard of practical training to be ensured by teachers under their personal supervision. Personal participation of the senior teachers devoting more and more time to practical training is essential. This would mean making the teaching jobs whole time non practising. The teachers of postgraduate course will have to accept more and more responsibility in selection of the deserving candidates, political influences must be eliminated.

(ii) Liberal training in diploma courses, to create ultimate field workers to face professional and national challenges of family welfare programmes and maternal and perinatal mortality.

(iii) Compulsory continued professional training for those in field work in the form of short courses every 2 years and bi-annual informative journals by the Federation. Every obstetrician and gynaecologist not working in teaching institution should compulsorily attend these courses.