

What can we learn from the postgraduate training programme of United Kingdom?

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Medical graduates from the SAARC Countries are required to complete 12 months rotating internship before they are awarded university degree. In Nepal there are five schemes of internship. According to one scheme followed by Kathmandu Medical College, interns have to rotate through 6 months in medicine (general medicine, Infectious Disease, Psychiatry, Paediatrics, Radio-diagnosis and Emergency medicine) and 6 months in Surgery (General Surgery, Obstetrics and Gynaecology and Orthopaedics). In another scheme interns have to rotate through general medicine, special medicine, general surgery and special surgery 3 months each.

Two years work experience is required to be eligible to apply for post graduate training programme of National Academy of Medical Science (NAMS). One year experience after internship is required by B.P. Koirala Institute of Health Science (BPKIHS). Work experience is not needed to be eligible in PG programme of Kathmandu University. Presently the supervised training programme in Nepal is available only to those doctors who are selected for postgraduate programme.

British medical education had a great influence on the postgraduate training of India, after 1947 then of South East Asia. The United Kingdom has introduced a new system of postgraduate training from August 2005. The concept of foundation training to the fresh medical graduates is based on the modern principle of medical education and is quite scientific. A curriculum has also been developed for the foundation year 1 and 2. The existing detail evaluation system with a feedback to the trainees is expected to help in achieving the required competency. Trainees who have achieved the foundation competencies can start preparing for the membership and fellowship examinations of the Royal Colleges of Physicians and Surgeons of United Kingdom. Following 2 years foundation training, a further two years training is known as Basic Medical Training (BMT) and is guided by a new competency based curriculum, which will stress the acute aspects of medicine. Trainees who have achieved the BMT competencies are eligible for competitive selection into the Higher Specialty Training (HST). After the

completion of subspecialty training, a certificate of completion of competency training (CCT) is awarded. It is proposed that the trainees in medicine will not be allowed to proceed to HST unless they have passed MRCP (UK) part I examination. Performance based assessment are objective methods used in assessing the training both in USA and UK

Mini Clinical Evaluation Exercise (Mini-CEX) was initially developed in USA to assess the clinical skill that trainees most often use in real clinical encounters. Recently mini CEX has been introduced in UK. History taking, clinical examination, communication, diagnosis and management of patients can be assessed by this method in 15-20 minutes. A minimum of 4 observed encounters by two assessors in F₁ and 6 in F₂ are suggested.

Directly Observed Procedural Skills (DOPS) are designed for the assessment procedural skills. Specialist Advisory Committee (SAC) decides the procedures that are subject to DOPS assessment. Six DOPS of one hour by two assessors are carried out in 4 years time. One or two observed procedures are suggested for each placement. Multi Source Feedback (MSF) assessment otherwise known as 360° assessment is an objective systematic collection and feed back of performance data of an individual derived from a number of stake holders in his or her performances. Usually 15-20 raters from allied health professionals, doctors, nurses, and secretarial staffs provide a reliable assessment. Two MSF lasting one hour is carried out in 4 years.

Multi source feed back is not an assessment of knowledge or practical skills. In this assessment different groups of individuals provide assessment on topics like attitude to patients, attitude to staffs, reliability and punctuality, communication skills, history and integrity, team player, leadership quality and overall professional competency.

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The assessors divide their assessment into three grades namely unsatisfactory, satisfactory and above expected. Each grade is further graded into unsatisfactory 1,2,3; satisfactory 4,5,6; and above expected 7,8,9. All the trainees are advised to maintain a portfolio during the entire period of training until he or she acquires CCT. Case Based Discussion (CBD) is another method of assessing trainees. The Royal College and General Medical Council of United Kingdom have introduced evaluation system for medical graduates with an objective of acquiring good medical practice. Fresh medical graduates should be provided opportunities to acquire competencies so that doctors can treat patients adequately with full confidence. An inadequately trained doctor will do more harm than good to the patients. Therefore it is the duty of medical council and university to make such rules and regulations regarding the training of both undergraduate and postgraduate doctors that once they are certified should be competent and reliable. As in the western countries public should have full confidence

in the doctor responsible for their health care. Even in our country time has come to introduce steps to help modernizing medical practice.

In Nepal one year supervised training after internship in medicine, surgery and allied subjects is feasible and can be introduced immediately. Those doctors interested in family practice should get 12 months supervised training in different subjects. A subject committee of the experts in the related specialty should be given the responsibility of identifying the required knowledge, skills, and competencies. The university should give authority and responsibility to the postgraduate subject committee regarding the formation of supervising board consisting of the experts in the related field. Those doctors who do not get admission in the PG programme and wish to do general practice should undergo 12 months training in common subjects in a recognized institution by NMC. At the end of training period, a certificate of competency can be awarded.