Editorial

Advanced Surgical Skills Centre –The Future of Surgical Training in Malaysia

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It is only after the independence of Malaya that formal surgical training for the local surgeons was established (1). The early sixties saw the development of the surgical subspecialties services and training, initially at Hospital Kuala Lumpur and then subsequently in other institutions. Surgical training was performed through the Royal Colleges in the United Kingdom and Australia. One problem was that the training was non-structured, expensive and had a high failure rate. The biggest issue was that of manpower planning for the need of the country which was impossible because of the lack of control of the number of surgical trainees. Hence, there was the birth of the Master of Surgery programmes in the early 1980's, starting with Universiti Kebangsaan Malaysia and then followed by the University of Malaya and Universiti Sains Malaysia. In 1996, the Open System was introduced after a unique agreement was achieved between the Universities and the Ministry of Health. Since 2007, the programme has been coordinated by the National Surgical Conjoint Subcommittee.

Lately, there has been concern on the quality of the training of surgeons because of the increased number of intake, loss of experience trainers to private practice, reduced working hours and reduction in the operating theatre time (2). Similar changes had also taken place globally, with ethical issues regarding patient safety, budgetary constraints in the operating rooms and complexity of the surgical procedures as compounding factors. The need for hands-on instruction is not only limited to postgraduate training as deficiencies have been recognized in undergraduate medical education (3). Consequently, training laboratories dedicated at teaching surgical skills have become very popular worldwide.

In addition to dry laboratories and virtual reality simulators, a skills training centre should also have facilities to use animals and cadavers. Setting up laboratories like this requires high cost and expertise and it is impractical to build one for every training centre. The facilities should be shared and training programmes should be conducted regularly to increase trainees 'skills and minimize the hands on training on patients (4).

Creation of a skills training programme is a substantial task. The financial burden and logistics issues, surgical education, skills training and simulation technologies are important factors that must be taken into consideration (5). Linking those independent variables may require a special endeavour as surgical training using advanced technology in Malaysia is still in its infancy. The building of the Advanced Surgical Skills Centre in Universiti Kebangsaan Malaysia which is due for completion in December 2011 is the first major step towards achieving this goal. For it to be a success, all the stake holders including the Conjoint Board of Surgery, The College of Surgeons and the Ministry of Health need to participate and contribute in unison as sharing of experiences, expertise, successes and failures will all be essential in improving the quality of the training programmes and eventually the quality of the health services, for the Malaysian public.

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