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Surgical Residency in Pakistan: How to Move Forward?

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IMPORTANCE Surgical training still remains a challenging aspect owing to multifactorial reasons. Rapidly evolving surgical techniques, rapid shift to technology and local circumstances make it difficult to standardize surgical training around the world. The rising number of residents, lesser number of training opportunities to operate and ethical issues influence on quality of surgical training. These factors to varying extents are affecting quality of surgical training around the world. There are however some additional factors which are drastically affecting the quality of surgical training in Pakistani perspective. Uniform application of standardized structured training, need to continuously evolve on composition of structured training process, quality assurance of training and assessment and transparent, just and optimal trainee selection process are various areas where we need to focus on.

KEY WORDS Surgical Training, Future Directions, Pakistan

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Editorial

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Surgical training still remains a challenging aspect owing to multifactorial reasons[1,2]. Rapidly evolving surgical techniques, rapid shift to technology and local circumstances make it difficult to standardize surgical training around the world. The rising number of residents, lesser number of training opportunities to operate and ethical issues influence on quality of surgical training. These factors to varying extents are affecting quality of surgical training around the world. There are however some additional factors which are drastically affecting the quality of surgical training in Pakistani perspective[3]. Uniform application of standardized structured training, need to continuously evolve on composition of structured training process, quality assurance of training and assessment and transparent, just and optimal trainee selection process are various areas where we need to focus on[4].

More and more residents are abstaining from joining into the general surgery training as the residents want to pursue a more confined field. On one hand, duration of general surgery training has expanded from 4 years to up to 10 years in different parts of the world with aim to expose the residents and fellows more to expanding realm of surgical techniques and volume of the patients[5]. On the other hand, general surgery is rapidly evolving into sub and super specialties. This change although partly has reflected into our training programs however we still lag in this process and the training programs need to continuously evolve into more confined areas for better training and better healthcare delivery at the same time[1]. Specialized training spots remain pre-requisite for this evolution. In future it is very likely that general surgery would shrink to a program which would function as a jump-pad to excel into a more specialized field. The care of patient would become more sort of inter-subspecialty.

Application of structured training program and its quality assurance remains an important aspect for managing the training programs optimally. The training process should be handled more scientifically and the quality assurance should be more scientific rather anecdotal. Faculty training remains the pivotal in this regard. A mandatory qualification in the field of surgical education may be a good way to move on. The supervisors need to be trained adequately to run with computer-savvy platforms and the supervisors should be graded according to quality of training spot, volume of the patients relevant to specialty and the resident feedback. Better administration, quality assurance remains key to make it success.

Novelty of research work should be the primary benchmark that a training program needs to focus on. Moreover, quality control in the research during training can dramatically improve the quality of the training programs. The residents need to learn the research methods and statistics more in depth and apply in their dissertations to come up with more

meaningful research outcomes. The research area and topic selection should be practical but novel at the same time.

Quality assurance of the assessment is single most important aspect of generating quality product from our training programs[6]. The induction and the exit exams need to be more robustly quality assured and should meet the international standards. This is extremely important step—the regular improvement and quality assurance in the MCQ banks to application level are of utmost importance. The assessments should be carefully selected to be either norm-referenced or criterion-referenced especially in an environment where the number of medical graduates are growing day by day.

As the public sector shrinks relative to the rising population of Pakistan and the private healthcare sector expands, we need to quality control the process of institutional recognition for training in a more robust manner. Rising number of residents and fewer well equipped places for structured surgical training is an important issue and should be addressed on priority. Simulation centers across country and modular based training many issues related to exposure[7,8]. Central Induction Policy for resident selection currently focuses on the cognitive assessment but not on aptitude and surgical acumen of the resident, which needs rationalization. American NRMP can be a good guide to further work on[9]. Inclusion of the primary and secondary healthcare into the training programs by principle should not rust good graduates during the process.

In conclusion, stringent application of standardized structured training, need to continuously evolve on composition of structured training process, quality assurance of training and assessment and transparent, just and optimal trainee selection process are various areas where we need to focus on before it is too late.

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