

## DOCTOR IN ORBIT

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The cost of training students to become doctors is very high. This is met by a whole range of resources, from the students on the one hand to the State on the other, in varying degrees. There is a concerted effort by all interested parties to facilitate the graduation of every candidate. Following graduation, however, there is a sudden shedding of responsibilities, with the result that the young doctor finds himself alone in a hostile and competitive environment attempting to pick up the threads and proceed with postgraduate training. This state of affairs is a reflection of the widespread belief that the responsibility for medical students ceases as soon as they graduate.

As it is now indisputable that specialization in its broadest sense is inevitable in present-day medical practice and that medicine is a life-long study, there is an obvious need for some machinery whereby further training of the graduate may be facilitated. This is the critical period of vocational training with the entire career of the candidate at stake.

In the present setting of medical practice, a young graduate is only just sufficiently trained to practise medicine under suitable guidance, and is in a state of mind amenable to further training. Today there is hardly any field in medicine that does not require further training after graduation. Lasting harm is done to graduates and to the profession by expecting them to find their own way at so crucial a period in their careers. Consequently, many in a state of bewilderment, confusion, or frustration take the line of least resistance and enter a field that is most convenient and financially rewarding. Often this means general practice for which they are even less prepared.

Every medical student has a potential for a particular discipline in medicine. The need is to identify his talents and provide the right kind of stimulus and circumstances to enable him to develop to the best of his ability along his chosen field. This is analogous to putting him into orbit, whereby he needs the initial thrust, but once in orbit he is maintained by the forces of the environment. Some mechanism is required to identify the students and to provide the appropriate aggregate of circumstances. Identification of the student refers to his assessment on the basis of psychological and aptitude tests, personality and preference. Each student is then coded as suitable for a particular discipline in medicine. Implicit in this assessment is that the candidate gives his full cooperation at all times.

It is of interest to note that a minority of doctors who were fortunate to have a favourable aggregate of circumstances as a result of their scholastic achievement, influence, sheer enterprise and tenacity of purpose or good fortune, have made considerable progress in their careers and contributed vastly to the profession. The aim, however, should be to provide a similar set of circumstances to every graduate. It would be enlightening to know how many graduates were put into orbit as a direct result of the efforts of the medical school or allied authorities.

At graduation, or shortly thereafter, the vocation of each candidate is finally decided on the basis of his undergraduate assessment, the candidate's own preference, and the demands of the profession. Having established his career, he is permitted to practise and train in his particular field. He does his own planning regarding appropriate appointments, postgraduate training, fellowships, etc., seeking guidance when necessary. Trained minds, institutions, and funds are always available, and yet suitable candidates are not always found for them, nor are such facilities fully exploited. The present envisaged programme should remedy this deficiency.

Most countries draft young men to the army as this is of obvious national interest and in like manner doctors should be drafted into appropriate institutes for the same reason. Moreover, it is also of international interest, as exchange programmes lend themselves admirably to mutual cooperation and understanding. Much can be done by senior men in the profession in giving the right kind of inspiration and stimulus to young doctors. It should be their responsibility each year and every year, to take under their wings junior doctors and assist them in their preparation for their careers with the same enthusiasm they display towards the care of their patients and research programmes. Surely this method would prove as revolutionary in medical education as the setting up of post-graduate medical centres and, in fact, would be the logical course to match the facilities of these institutions. The programme that should be constantly observed and practised would be to forestall idleness among young doctors by providing guidance and stimulus so that available facilities could be fully exploited.

As long as opportunities are offered to every graduate rather than to a selected few, so the standards in the profession would improve. Under such circumstances, even apparently mediocre

men are likely to blossom to greater heights. Many men of eminence in medicine have in fact risen to pinnacles of success by chance opportunities and association with great men. For every doctor to emulate such men would obviate wastage on the one hand and assist in exposing hidden talents on the other.

The machinery to set this programme working could comprise a committee consisting of a careers' officer and personnel adviser, the Dean of Medicine and other such men who have an interest in this field. The committee's responsibility would be to identify each candidate, provide favourable circumstances and to put him into orbit. Their progress is closely observed until they are fully trained in their discipline, just as patients are followed-up until symptoms are relieved or a cure effected. There should be a close liaison with graduates from the time they graduate at least until they have reached their goal. Thus every doctor could practise according to his talents and training in a society where there is a demand, be it in general practice, specialist practice, the laboratory, or as a teacher.

To bring this programme to reality is not beyond the resources of any medical school. If they have the facilities and enterprise to train medical students to become doctors, only a little more effort is required to promulgate vocational training. This effort could prove most rewarding to the graduates, the institution, and the medical profession. The inauguration of exchange programmes and secondment facilities would engender international goodwill and enable prospective candidates the opportunity of taking advantage of facilities not available in their own institution and at the same time widen their horizons through contact with people.

#### CONCLUSION

Many years of wasted time and frustration could be avoided if every young graduate in medicine is given the opportunity to develop his talents to the best advantage that his vocation demands. There is no cooperative calling in medical education that is in more dire need than the machinery to provide a graduate an unchequered path in the realization of his ambitions.