

Editorial

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Medical Education in Malaysia - Is It Time to Change Strategy?

Education in general and medical education in particular must be concerned with quality and relevance. Medical education in Malaysia started in Singapore in the fifties until the establishment of the first medical school in Kuala Lumpur in 1963 at the University of Malaya. The University of Malaya Medical School started with the setting up of the University of Malaya Medical Centre with both the faculty and the University Hospital side by side and was one of the finest in the region producing top class graduates and enjoying state of the arts facilities then. The faculty members were a mix of high calibre international academics remembered by early cohorts of students as very professional, dedicated and proud of their work.

Quality was manifested in the doctors produced who time and again proved their stature by qualifying in professional specialty examinations in the UK and the US. The UK General Medical Council accorded automatic registration for graduates from these Medical Schools. Those were the days where the quality and professionalism of the products were not in question.

In the late nineties there was an exponential increase in the number of medical schools in the country. From 5 medical schools (UM, UKM, USM, UPM, IIUM) in 1995, the number increased to more than 20, 10 being in the public universities and the rest are private institutions. The main reason for the increase in the number is to meet the number required to fill up the shortage of medical doctors for the country. The shortage of doctors for Malaysia has been a chronic problem since independence in 1957. In these early years the doctor population ratio was 1 to 2-3 thousands (more in the rural areas), while that of a developed country is 1 to 600. A ratio of 1 to less than 1,000 is already achieved presently. The annual registration of approximately 5,000 doctors will no doubt flood the system within the next 5 years. With 20 medical schools producing at least 3,000 graduates annually, coupled with those returning from overseas, the trend is that the glut of medical doctors will soon be a problem we have to deal with.

The other problem apart from quantity is the quality of graduates. This has been debated for a good number of years and the perception is that if the quality is not maintained a real deterioration will occur. Incidence of mismanagement, poor communication, reduced passing rate in international examinations have been quoted as evidence of this perception.

The other aspect of medical training is of course its relevance to the health needs of the country. Doctors should ideally be trained in the community they are going to work and practise. In this respect half of the doctors are trained overseas. Granted that some of these are trained in a similar environment with similar health problems, it would be more ideal if the training is done in the local national context.

There is definitely a need now to have a reevaluation of the 'open' policy for medical training. By this it is meant that quantity wise, the country has achieved this and a capping is necessary, quality wise this needs to be objectively established, perhaps a common national examination for foreign graduates and uniformity of standards needs to be considered. With the country having more than the sufficient number of basic doctors, the pressing needs for specialization become even more relevant. The opportunity for this is timely with the big pool of candidates to choose from. Properly exploited, this could be a blessing in disguise, where in fact, the medical and health service of the country could benefit from a bigger pool of potential candidates.

Universities, the Ministry of Health and Ministry of Education, the private sector institutions, the Academy of Medicine would have to work hand in hand in a coordinated way to get the best possible advantage of the present situation.

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