

Medical education in Malaysia

by Lim Kee Jin

WITHIN A DECADE, Malaysia has invested in two medical schools. The first at the University of Malaya was established nearly ten years ago. The latest, the Medical School of the University Kebangsaan, will start to take in students this year.

The Medical School of the University of Malaya has conclusively proved that we are able to produce graduates of the highest technical skills with standards comparable to those of the developed countries. Many of these graduates are now serving the country in large and small hospitals and health centres. Yet the main problem of getting doctors to serve in rural areas where the need is greatest, has not really been solved. Investments in medical education are generally extremely expensive and when the graduates are not orientated towards satisfying community needs and put self before service, the problem of brain drain becomes serious. How can societies motivate their medical graduates to work for them, to identify their own needs with those of the community they live in?

The new medical school at the University

Kebangsaan will, no doubt, look into the various possibilities in educating our new doctors. They will not sacrifice any standards if possible, but the realities and problems of the situation they face will definitely encourage the Vice-Chancellor and the Dean to consider methods of motivating, stimulating and encouraging students to identify themselves with national aims and aspirations. Studies of new experiments in medical education, particularly in other developing countries and socialist nations may help by suggesting new and novel methods.

A different aspect of medical education concerns the training of specialists. As the nation becomes more and more industrialised, developed and sophisticated, popular demand for specialist attention is growing. This demand, which has been mainly from the urban areas, is luring government specialists into the private sector thereby creating a hiatus among the ranks of government specialists. The need for increasing training facilities for specialists is urgent. The only means of remedying

the situation are by training more specialists ourselves or recruiting them from abroad. The latter course can only be a temporary measure, albeit a necessary one at this stage. Training is done almost entirely by the government now, but in order to encourage more doctors to join the training schemes, more encouragement must be given to those individuals by better prospects for promotion, job satisfaction and better service conditions. Individual specialists, who put in a good deal of effort into training and teaching in addition to their duties, should be encouraged and their help acknowledged.

Professional associations, such as the Academy of Medicine, the Association of Physicians and the College of Surgeons, have a vital role to play in the training and recognition of our local specialists.

Local training, however, is only one aspect of the experience which specialists must have. Whenever possible, they should be given opportunities of obtaining wider experience in other centres abroad. It is not for us to discuss this in detail here, but we are sure it can be worked out.

Though one would prefer a leisurely pace of progress in the training of specialists, the meteoric rate of demand for specialist attention from the public makes no concession to a slow approach. Whether the profession likes it or not, pressures will increase to such an extent that unless the professional associations take a hand in the matter, they may be superseded or ignored. We plead for a more positive attitude on the part of our profession, in particular the specialist associations in these crucial times.



MMA House in Jalan Pahang, Kuala Lumpur, which will be declared open by Perdana Menteri Yang Ahmat Berhomat Tun Haji Abdul Razak in April 1973.