

Surgical Training in Indonesia: A Plan for Change[†]

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Historical Perspectives

After the Second World War, the training of surgeons for Indonesia was not continued in the Netherlands. The general feeling of abrupt discontinuation of every enterprise that was of Dutch origin also affected education at every level. Slowly, personal ties between individuals in the two countries started to recover. Some even tried to re-establish relationships, accommodating wishes to send young doctors for further training in the Netherlands. This effort, however, never gained momentum, partly due to financial causes, and mostly there was still the political uneasiness to renew old ties.

In the mid-1950s a massive effort to improve medical education at the University of Indonesia, Jakarta, was started in affiliation with the University of California at Los Angeles (UCLA). The training of specialists was not part of that deal. If ever there was a training of a specialist in the United States or in any other country, this was done on personal basis and was at that period discouraged by the government.

Many of our doctors went to other countries, mostly to Germany and Canada, for specialist's training. The number was never exactly known, but at present this number is close to 400. Many of them has returned to Indonesia as specialists, bringing with them their foreign qualifications. Recognition of their certificates poses a real problem, since Indonesia has no reciprocity agreement with any country in the world regarding this matter. A Medical Council does not exist in Indonesia. The burden of "screening" foreign specialists rests with the colleges or associations, a job that is most unwelcome with the arriving specialist.

A Quest for Quality

The Committee on Overseas Training and Relations of the Royal Australasian College of Surgeons (RACS) has initiated a series of meetings with representatives from surgical colleges in the region. It started in 1992 in Canberra during the Annual Scientific Congress (ASC) of the RACS, and continued annually at every ASC and even at several occasions in Hong Kong, Manila, and Denpasar.

Stimulated by the deliberations at these meetings, the Indonesian College of Surgeons decided to review the training and education of our surgeons. Several visits were made to observe the conduct of training and examinations of surgeons in Australia and Singapore.

Simultaneously, approval to have national board examinations conducted jointly by the colleges and the training institution in every medical specialty was granted by the deans of the medical schools. This official working relationship between the colleges and the medical schools is novel in Indonesia. The twelve centres for surgical training are now brought together into one system by this common effort.

An awareness of being abandoned by the international community of surgical colleges in terms of exchanging experience, scholars, and trainees in surgery dawned upon us. This awareness has been the reason for joining the several meetings to cooperate with the RACS, the School of Postgraduate Medical Studies of the National University of Singapore, and most possibly in the immediate future, with the University of Hong Kong.

The curriculum for educating and training of our surgeons has been reviewed and revised to accommodate changes and additions necessary to prepare our trainees for any foreign examination; primaries as well as finals. Our trainees are required to master medical English to the level of being able to deliberate scientifically in matters pertaining to medicine. Textbooks in basic sciences for surgeons and clinical surgery similar to the ones used in Australia and Singapore are required readings. There is now a compulsory course in basic medical sciences. These changes require that our total training years be extended to six. We have definite plans to invite external examiners from the Board of Examiners, RACS, in early 1998 to conduct jointly a primary examination similar in structure and contents to the primaries in the RACS.

The Future

Those plans may look ambitious. Indeed many of our senior surgeons in the 12 training centres are not quite

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optimistic.

As a trial, we plan to have the very first primary examination jointly with the RACS in Jakarta. Candidates from other centres may also sit for this examination. The experience gained from this first examination will be a basis for further developments. The Indonesian College of Surgeons is firm in its intention to improve the quality of our surgical education and training. Our future generation of surgeons should possess the ability to compete globally in providing professional service. We also will allow foreign trainees in surgery to spend a certain period of training in one of our centres. This specific programme is projected as one of our plans in mid-1998. Reciprocally, we will also insist that our trainees be accepted in other countries for similar purposes.

The future may also hold the possibility and opportunity for our medical graduates to pursue further education and training in surgery in any other country they choose, preferably in a country having reciprocal agreement for recognition of certification in surgery.

Appendix I

Training, to be implemented from 1997, will be in three stages:

1. Basic sciences in surgery: anatomy, physiology, and pathology (12 months);
2. Basic clinical surgery: general surgery, orthopaedics, surgical oncology, and basic operative surgery, including surgery of access (24 months);
3. Advanced clinical surgery: major emergencies, major surgical operative techniques, minimally invasive surgery, surgical intensive care, surgical audit,

and surgical research (36 months).

Appendix II

There will also be scheduled examinations.

Primary examination: Part one of the primary examination will be after at least 12 months of acknowledged training period, while part two will be after 36 months of acknowledged training. There is a maximum of three attempts in the primary examination.

Final examination: The final examination will be after 72 months of acknowledged training and there is no limit to the number of attempts.

Appendix III

As of now, the centres for postgraduate training in surgery are attached to universities. The 12 centres have an accumulated intake capacity of 80 every year. The utilisation rate is between 60% and 100%. The average annual output is 48. The 12 centres are spread across the country:

In Sumatra, there are the University of North Sumatra, Medan; Andalas University, Padang; Sriwijaya University, Palembang.

In Java: University of Indonesia, Jakarta; Padjadjaran University, Bandung; Gajah Mada University, Yogyakarta; Diponegoro University, Semarang; Airlangga University, Surabaya; Brawijaya University, Malang.

In Bali: Udayana University, Denpasar.

In Sulawesi: Hasanuddin University, Ujung Pandang; Sam Ratulangi University, Manado.