## Postgraduate Training in Dermatology, at Crossroads

Sri Lanka Journal of Dermatology, 1998, 3, 2

The editorial of the Sri Lanka Journal of Dermatology Vol. 2, 1997 gave us an insight into the postgraduate training in dermatology, its early years and the establishment of the board of study in dermatology. The course structure of four modules with clinical, applied and advanced dermatology, research and continuous assessment of skills were referred to in the journal.

One of the main aims of the board of management of the postgraduate institute of medicine and the boards of study would be to examine the cadre of consultants required in different specialities in the country and to meet the need as far as possible by admitting the required numbers for each speciality. Therefore it is obligatory of each board of study to plan ahead keeping in mind the needs of the country whilst maintaining the necessary standards of training consultants.

On reporting the inauguration of the Sri Lanka Association of Dermatology, the Sunday Observer in November 1985 said that the dermatologists are one in a million in the country as there were only 13 founder members. Today we have 14 dermatologists in the state sector and 4 dermatologists in the private sector, still maintaining the one in a million status. The ratio must come down to acceptable levels for a developing country. In planning for the future, the increase in population and also the vacancies created by retirement and resignations should be taken in to account. The ministry of health should be commended for recognising the need for dermatologists in the country and in its cadre requirement for the year 2006 a figure of 67 has been stated which will bring down our ratio of one in a million.

With the present postgraduate training programme put into place by the new board of study in dermatology we have attracted 3 trainees out of 14 in the first year, one out of 20 in the second year and one out of 18 in the third year.

This is in spite of the fact that every postgraduate after successful completion of the part II MD medicine was individually made aware of the attractive prospects of the field of dermatology. The reasons for the poor response are many. However discussions with the junior doctors and postgraduates in training have brought out two main reasons. One is the two year duration of the post MD training as opposed to one year in general medicine and the basic requirement of MD medicine for recruitment to dermatology.

How can the board of study help to solve this problem. It is well known that a sound knowledge of general medicine is necessary to be dermatologists. The training courses in the UK and Singapore have a programme similar to ours, where a basic postgraduate degree in general medicine eg: MRCP is a prerequisite to training in dermatology. In countries like India, Germany and USA the junior doctors can branch off to dermatology after successful completion of an entrance examination. Is the second option the solution to our problem. A preliminary entrance examination in basic sciences and medicine, a period of training and the final examination in general medicine and dermatology could be the answer. Will this attract more doctors to dermatology?. This question has been addressed by the Sri Lanka Association of Dermatologists in a recent meeting. However no consensus was reached but a decision was taken to formulate the new curriculum which when ready will again come under discussion. It has also been recently suggested that both options should be kept open.

Yes, we are at cross roads. What ever the outcome the problem has to be addressed now. The decision makers must realise that what ever the decision it is for the future of dermatology in the country and for future generations of dermatologists. Will they blame us?.