

General Surgery – Does this Broad Speciality requires Reincarnation?

Abhinav A Sonkar

Received: 18th May, 2023; Accepted: 10th June, 2023; Available Online: 25th June, 2023

INTRODUCTION

Independent India is 75 years old and much has changed for good in the medical field of diagnostics and therapeutics. India has also become 2nd most populous country in the world thereby causing an enormous increase in the demand for qualified physicians and surgeons of various specialties.

Like any other broad specialty, General Surgery forms the backbone of surgical training of so-called super specialties aka sub-specialties in the western world. In a country like India, we need more broad specialists. This branch has changed so much in the last decade that present-day general surgery has become increasingly fragmented into subspecialties and diseases previously treated by general surgeons are now managed by “specialists”.¹ The majority of the residents graduating in surgery no longer want to stay as general surgeons because of the creation of these subspecialties. Also, as they are exposed to such organ/organ system-based care, they opt for one as the carrier in the future. Studies also prove that Mentored surgical residency graduates were likely to enter the same specialty and practice type as their mentor.² Besides this, there is an indirect push from the government and public alike to seek advice from super specialists for minor ailments that can easily be dealt with by the broad specialists.

The answer to this malady is that the program should be 5 or 6 years, as is presently in US and UK. The residents rotate and build capacity in the broad specialty, trauma and emergency surgery, research and other branches. This is easily doable as the majority of the medical institutions have senior residency (SR), Non-academic programs which can be clubbed without any cost to the government. This will kill two birds with one stone. One, This program will increase the availability of quality SRs in the department. The quality of patient care, teaching and training are likely to improve. Secondly, they will gain more experience. There should also be more fellowship-like courses which they can join at the end of this 5 to 6 year training instead of joining the M. Ch. program in the present format. This would add to their wholesome dedication towards the branch. The entry and exit of such courses should be in a way, enough to encourage maximum entries of PGs. General surgery still remains the foundation of the most basic and advanced surgical concepts through which only students can become qualified general surgeons and sub-specialists in various streams. There should be an option of fellowship by mentoring with board certification where after the completion of the fellowship, residents sit in an exam and become board certified.

REFERENCE

1. Bruns SD, Davis BR, Demirjian AN, Ganai S, House MG, Saidi RF, Shah BC, Tan SA, Murayama KM. Society for Surgery of Alimentary Tract Resident Education Committee. The subspecialization of surgery: a paradigm shift. *J Gastrointest Surg.* 2014 Aug;18(8):1523-31. doi: 10.1007/s11605-014-2514-4. Epub 2014 Apr 23. PMID: 24756925.
2. McCord JH, McDonald R, Sippel RS, Levenson G, Mahvi DM, Weber SM. Surgical career choices: the vital impact of mentoring. *J Surg Res.* 2009 Jul;155(1):136-41. doi: 10.1016/j.jss.2008.06.048. Epub 2008 Aug 13. PMID: 19041099.

Prof. Abhinav A Sonkar

MS FACS FUICC FRCS (Engl), FRCS (Irel) FRCS (Glas)
Professor and Head of Surgery
King George's Medical University, Lucknow, Uttar Pradesh, India
NSQIP fellowship of American College of Surgeons -2014
Visiting Fellow, Hepatobiliary Royal Liverpool University Hospital
Visiting Fellow, University Hospital Aintree, UK
Visiting Fellow, Head & Neck Surgery MD Anderson Cancer Center, US
Fellow, International Union Against Cancer, Geneva, Switzerland
Detroit Visiting Fellows in Surgical Oncology
CICOPS Fellows 2015 – University of Pavia, Italy
European Mobility Fellow (ERASMUS) 2016 – University of Pavia, Italy

