Surgical Training in India Versus Abroad: What More Needs to be Done?

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The path to becoming a surgeon is very different in different countries. In brief, this topic will review the differences between the systems that exist in India versus the United States of America. (USA).

India: After completion of 10th grade most students determine if they want to choose a track that will lead them to becoming physicians. Following 12th grade, students take part in an entrance exam to gain acceptance into medical school. After completion of medical school, junior doctors take another competitive exam to gain entry into post graduate degree in Surgery which can be followed by super specialty training if needed. The combination of 5 ½ years (medical school), 3 years (post -graduation) and 2–3 years (super specialty) adds to an approximate total of 10–12 years of training to practice as a surgical oncologist.

USA: After the 12th grade, students apply to undergraduate college degree program during which they may choose pre-med track subjects if they want to become physicians. After college students apply to medical school. Following medical school, junior doctors interview to gain entry into a surgical residency which can be followed by Fellowship training if needed. The combination of 4 years (undergraduate), 4 years (medical school), 5–7 years (surgical residency with or without research) and 2 years (Fellowship) adds to a total of 15–17 years of training to practice as a surgical Oncologist.

There are several differences between the two systems of training. The differences spread out along the entire spectrum of clinical, education, research as well as the actual number of training positions that are available. The large number of patients seen in India is a great advantage. What might take several years for someone to gain exposure to in the US can be obtained in a shorter period of time in India. This large number

of clinical material provides a suitable platform for abundant educational material. In addition, the large number of subjects also provides adequate numbers to conduct clinical, outcomes, translational or basic science research.

In the US, there is more emphasis placed on the practical aspects of training. Although didactic teaching is an essential component, significantly more emphasis is placed on the practical application of knowledge acquired during the didactics. Another significant difference is the emphasis placed on research. Nearly all surgical oncologists are immersed in some type of research that extends from basic science to clinical research. Involvement in research is highly desirable and the findings of the research help push the boundaries of science in addition to shining light on our own outcomes. Although basic science or translational research can be difficult to undertake in India in all centers, outcomes or clinical research can be undertaken nearly everywhere.

The other difference is the number of training positions and surgical oncologists in practice. For a country like India with the population tipping at 1.2 billion, we need far more surgical oncologists in practice. Awareness of cancer and eliminating the taboos of a cancer diagnosis are essential. Further investments need to be made in the fields of pain and palliative care in India. All of this can be accomplished with greater priorities placed on cancer care (ranging from prevention to multidisciplinary care to palliative care) by the Government of India combined with the hard work and efforts of all surgical Oncologists in India. The future of surgical oncology in India is bright and it is for the surgical oncologists to take this baton to make a significant difference in the lives of countless patients suffering in silence.

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