Orthopaedic Training and Fellowship Opportunities in South East Asia

DATO DR K.S. SIVANANTHAN DPMP, FRCS.
&
DR SURESHAN SIVANANTHAN M.D., MS ORTH,
MRCS, FRCS (TR&ORTH)
CONSULTANT ORTHOPAEDIC AND SPINE SURGEONS
HOSPITAL FATIMAH, IPOH, PERAK
MALAYSIA
South East Asia comprises the following countries:

1. Brunei
2. Burma
3. Cambodia
4. Indonesia
5. Laos
6. Malaysia
7. Philippines
8. Singapore
9. Thailand
10. Vietnam
• The seeds of orthopaedic surgery were sown in South East Asia from ancient times by Indian, Chinese bonesetters and the local medicine men.
South East Asia were colonised by the following western powers

- Malaysia
- Brunei
- Singapore
- Burma
- Indonesia
- Philippines
- Vietnam
- Cambodia
- Laos
- Thailand

- United Kingdom
- Netherlands
- U.S.A
- France

Strong influence of UK and USA
• Following the colonization of this region by the Western powers the health care in this region was administered in the ‘towns’ by these Western powers but in the rural areas people still depended on their local traditional medicine men.
After independence the countries in South East Asia were still dependent on the Western countries – namely United Kingdom, Netherlands, France, United States of America for about 2 decades for post graduate training.
• However from the 1970’s and 1980’s most countries in South East Asia have developed their own post graduate training programmes
• These programmes were conducted for a period of 4-6 years based on the UK or USA training programmes with local interest and modifications.
The advantages of a local training programme in Orthopaedics is obvious

A locally trained surgeon would be familiar with the local conditions and during this training his/her services would be available locally
• Sub-specialist training programme which run for about 4 years have also commenced in most of the countries. In the final year of training the trainees are sent to the developed countries in Asia, Europe, UK and USA for wider exposure and training.
Training is enhanced by :-

- Post Residency Fellowship Training
- Company Sponsored Training courses
Development of Orthopaedic service in Malaysia
Orthopaedic service in Malaysia started with the establishment of the first orthopaedic unit at Kuala Lumpur General Hospital after the second world war in 1949
General hospital of Kuala Lumpur
The first head of unit was Dr. J A P Cameron, a general surgeon with M. Ch. Orth. of Liverpool. He was succeeded by Dr. O’Malley in 1952, followed by Dr. Donald Gunn in 1955. Dr Abdul Majid Ismail was our first local orthopaedic surgeon after obtaining the M. Ch. Orth. from Liverpool in 1957. When Dr Donald Gunn left for Singapore in 1957, again Dr O’ Malley became the head for another 2 years before Dr Abdul Majid took over from him in 1959.
The first medical faculty of this country University Malaya (UM) was founded in 1963. Orthopaedic department of this medical school was established in 1966 and headed by Dr J F Silva from Sri Lanka.
Members of orthopaedic surgeons in the country increased over the years and orthopaedic services gradually expanded to cover the whole country.
By 1976, there was an orthopaedic unit in every general hospital of the states and the Institute of Orthopaedics in Kuala Lumpur was started.
• Before 1981 – only route to Trauma and Orthopaedic Surgery was ‘old style’ FRCS exam and training/apprenticeship in Malaysia or UK.

• The UK Royal Colleges started to phase out the ‘old style’ FRCS and introduced the Calman System and new FRCS (Tr & Orth).
Postgraduate course in orthopaedic surgery was later introduced by Universiti Kebangsaan Malaysia (UKM) in 1981 and the first batch of local orthopaedic surgeons graduated in 1985.

Currently, 4 universities UKM, UM, USM and UIA are providing masters of orthopaedic surgery courses in Malaysia.
Since 2004, the 4 universities have a combined Exit Exam for the final MS orthopaedic examination
Malaysia Orthopaedic Training Program

• 4 years Training Program – Final M.S exit exam
• 4 years Sub-specialist Training – One year overseas training
Singapore orthopaedic training programme.

Follows the US style residency programme – started in 2010

The programme runs for 6 years, four of which are accredited according to the US ACGME.
6 year program
R1 – Foundation year – GS, EMD, Anaesthesia
R2 – R5 ACGME – I accredited years
R6 – Pre-fellowship year (Elective, research)

This Schedule is only a guide to the likely rotations. Each block is 24 months

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Orthopaedic training in Thailand

- 4 year training
  - 6 months for general surgery
  - 42 months for orthopaedic surgery
  - 15 months in orthopaedic trauma
  - 10 months in adult reconstructive surgery
  - 7 months in pediatric orthopaedic surgery
  - 2 months in orthopaedic oncology
  - 4 months in hand and reconstructive microsurgery
  - 4 months in rheumatology and elective

- One research work

- Exit exam

- Subspecialty training
  - 2 years training
  - One research work
Travelling Fellowships

- Another opportunity to learn and develop in this region are the Fellowships that have been started by Regional Orthopaedic Societies like the ASEAN Orthopaedic Association and the Asia Pacific Orthopaedic Association.

- Recognizing that people in this region have unique orthopaedic problems was the first step towards the creation of Regional Fellowships to centers of excellence. This allowed the exchange of knowledge, techniques and skills required to excel in this the Asia Pacific region.
• Fellowship opportunities in South East Asia are numerous
Asean Orthopaedic Association and Asia Pacific Orthopaedic Association offer numerous Fellowship Programmes which have benefitted and still benefitting many young orthopaedic surgeons in South East Asia.
Asean orthopaedic Association Fellowships

1. Junior Traveling Fellowship
2. Senior Traveling fellowship
3. USA Traveling Fellowship
4. European Traveling Fellowship
5. Australia Traveling Fellowship
Asia Pacific Orthopaedic Association

1. Spine Fellowship
2. Arthroplasty Fellowship
3. Paediatrics Fellowship
4. Sport section Fellowship
5. Infection research awards
• Most Asian countries have progressed by sending their best and brightest scientists and doctors to the West for training and education.
• Once a critical mass of these individuals come back to their home nation, they are able to grow and develop organically to reach the standards of Europe and North America. Good examples are Japan and South Korea who have shown determination and vision to reach their goals.
Internet

• Another opportunity to learn is the internet.

• YouTube, Google and Wikipedia, built by individuals (not institutions or governments) have provided more education to more people, since their beginnings early this decade, just a few years ago, than all the great universities of the last 500 years.

• YouTube with one billion views per day a fraction of which is educational but still significant.

• These types of transformation technologies will engender a paradigm shift in the way in which developing nations acquire and use information and may leapfrog traditional methods.
• Orthopaedic trainees in developing countries now have less reliance on traditional texts in the advent of on-line resources like Orthoteers and Wheeless.

• JBJS is online as is VJO and numerous other multimedia resources.

• Testing on line in the form of MCQs aids recall and improves the knowledge base.

• Although nothing beats the traditional viva exam
Research Foundations

• As we have seen with the Department Of Justice investigations in the United States there has to be a method that governments see to be fair to distribute research and educational grants from the industry.

• Some Asian countries like Singapore and Malaysia have already set up charitable foundations for this purpose. OREF in North America is a classic example.
• In University of Malaya, Department of Orthopaedic Surgery there are 20 Orthopaedic Surgeons, 12 Research Assistants, 8 Research Students and 13 x 4 = 54 Orthopaedic Residents.

• The Annual Government Grant for research for orthopaedics in 2008 was US$450,000 and Non-Government Grant in 2008 was US$350,000.
For Asia to equal Europe and North America in Orthopaedic research and education the following must take place:

1. Investment by Asian Governments
2. Sponsorship by large corporations
3. Training of Asian surgeons in North America and Europe
4. Exchange and cooperation of Orthopaedic surgeons in Asia, Europe and North America
5. Communication and travel opportunities in Asia should improve.
6. Economic and language barriers should be overcome.