

## Specialty training in Medicine

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### ABSTRACT

Medical service is unconditional act with good faith that doesn't always follow the theory of economics and business. Specialty training is must and sub-specialty is the demand of time. Medical education and trainings are delivered according to the desired target within the defined territory.

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### COMMENTS

Equilibrium between demand and supply indicates a stable market as per the theory of economics. Demand is the need of real time livelihood that changes over time. This applies to all steps of life. Likewise, medical sector is not an exception and even moving ahead of all because being alive and healthy is the priority of human being. Goods and services are evolving everyday in medical sectors and people (patients) tend to own the services claimed to be best for the life that doesn't always follow the negative relationship of price and demand that is observed in non-medical products. Medical services do not always follow the economic theory of relationship like customer and provider because it doesn't deal with warranty, guaranty or certainty. It moves with good faith and unconditional act. Medical devices, training and education are destined for the people (external customer) and the physicians (internal customer).<sup>1,2</sup>

Medical science is the ever evolving field and appears never saturated as our understanding and need are changing over time. Attaining perfection is possible in the pre-determined task but not in the principle. Thus, the training modality changes constantly to upgrade our expectations. To graduate in medical science as acquiring MBBS or equivalent degree was sufficient

for the service sometimes ago but even the specialty degrees seem to be insufficient for changing demand of time. Then the gap will be filled by the sub-specialty trainings as focused and in-depth competency for example Fellowships, Board certifications, DM/MCh and others. There is no universal benchmark to grade one superior to other; it depends on whether it fulfills the desired target within the defined territory or not. Every field of medical science is equally important for life and needs attention to upgrade it on one way or other depending on its level of desired competency. In the country or this subcontinent, there are various sub-specialty degrees of different nomenclature and duration but the question of equivalence is immaterial as there are DM/MCh degrees in some fields and Fellowships in others, and each field is providing required sub-specialty service in real sense. It would not be injustice to take the level of equivalence of existing training and education up to the specialty training only; rest is addendum and customizable.<sup>3</sup>

At the moment, for instance, Obstetrics and Gynecology doesn't have MCh/DM Program like other few subjects. So, any form of sub-specialty program either Diplomate or Fellowship or MCh/DM would be the options in Gynecological Oncology, Urogynecology, Fetal Medicine, Pediatrics and

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Adolescent Gynecology, Infertility and Reproductive Endocrinology etc.

## CONCLUSIONS

Trainings follow the economic theory but not the medical services. Patients are not customers like in business. Sub-specialty training is the demand of time but the addendum on the existing specialty.

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