Clinical haematology training in South Africa

To the Editor: I read Dr Mlombe's letter on clinical haematology training in South Africa in the June *SAMJ*[1] with interest. Patients with haematological disorders must be treated with a seamless connection between the laboratory and the clinic. The FCPath (SA) (Haem) (Fellowship of the Colleges of Pathologists of South Africa in Haematology) final exam also includes clinical cases.[2]

I was the secretary of the South African Society for Haematology (SASH) at the time of the inception of the subspecialty of clinical haematology in 1997,[3] and would like to sketch the background. Before that time haematologists could either train as haematological pathologists, or as paediatricians or physicians. In the latter two specialties there were no formal qualifications in haematology. During the early 1990s eminent South African haematologists tried to unify the profession of haematology, so that haematologists would be equally comfortable in the laboratory and at the bedside, as recommended by the International Society of Haematology.[4,5] A similar model is followed in the UK, where haematologists first complete an MRCP (Membership of the Royal College of Physicians), followed by the FRCPath (Fellowship of the Royal College of Pathologists in Haematology) by examination, before being eligible for registration as a specialist. The training is regulated by the Joint Royal Colleges of Physicians' Training Board (JRCPTB).[6]

However, in the mid-1990s the then Interim National Medical and Dental Council supported the idea of subspecialties rather than creating new specialties. Thus the subspecialty of clinical haematology came into being, which allows haematological pathologists to gain clinical training, and physicians and paediatricians to gain laboratory training. This is similar to training in the subspecialty of infectious diseases, where there is cross-training in microbiology laboratory and clinical medicine.[7] This does not affect the significance of dedicated pathologists. Specialists from various backgrounds train in the subspecialties of intensive care and gastro-enterology.

As mentioned in the letter, clinical haematology is regarded purely as a subspecialty of internal medicine in many parts of the world. The curriculum does not involve significant laboratory training, and this model works well in many countries. In my opinion, however, clinical haematologists must be trained in both laboratory and clinical medicine, which equips clinical haematologists trained in South Africa to be the best professionals to manage haematological conditions. The subspecialty is growing. It is fortuitous that 2010 is the centenary of the publication of the seminal Flexner Report,[8] which emphasises the importance of basic medical science in medical education.

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