

EDITORIAL

FALLING STANDARD OF UNDERGRADUATE MEDICAL EDUCATION
IN PAKISTAN

Tehseen Iqbal

Department of Physiology, DG Khan Medial College, Dera Ghazi Khan, Pakistan

Pakistan is not only producing doctors for its own people but is also providing efficient doctors to all parts of the world. Unfortunately, standard of medical education in Pakistan is deteriorating. This is not the story of one day, it has a long history of ignoring this field for many years by many successive governments. Discussed here are some of the reasons and their solutions. Lack of political will of Governments, lack of proper hierarchy to control Medical Education, lethargy of training institutions for Medical Teachers, lacunas in examining bodies and examination system, easy going and shortcut seeking behaviour of medical students and their study from substandard medical books are some of the reasons. Establishment of an independent Medical Education Commission and medical education hierarchy, improving the medical teachers training, removing lacunas in the examination system, developing the writing skill of students, reviving the habit of reading standard books by the students can improve our medical education.

Keywords: medical education, Medical Education Commission (MEC), examination system

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The medical education provides the workforce for the noble medical profession. Pakistan is not only producing doctors for its own people but is also providing efficient doctors to all parts of the world. Unfortunately, standard of medical education in Pakistan is deteriorating and a recent report of the Accreditation Council of Graduate Medical Education (ACGME) in the US also expressed its concerns over the falling standards of medical education in our country. The past decade has seen a massive decline in the demand for Pakistani doctors in foreign countries. Only 127 Pakistani doctors could get jobs last year in the United States training programme. This is much lower than 800 jobs grabbed by Indian doctors.¹ Decline in medical education in Pakistan is not the story of one day, it has a long history of ignoring this field for many years by many successive governments. Let us discuss some of the reasons and their solution for this burning issue.

Lack of political will of governments:

Health has never been a priority of any past government. Unfortunately, there is lack of political will of all governments to improve medical education in the country. No national policy is ever formulated for medical education. Medical education is lumped with general education and no separate budget is allocated for it. A national level body, i.e., Medical Education Commission (MEC), is required for medical education, just like Higher Education Commission. It should be empowered with separately allocated budget which may be distributed to provincial level bodies, i.e., Provincial Medical Education Commissions (PMEC). Medical Education Commissions at national and provincial levels should comprise of medical

education experts of the subjects taught and examined at undergraduate as well as postgraduate level.

Proper hierarchy should be developed to control medical education:

Pakistan Medical and Dental Council (PMDC) was responsible for both the undergraduate and postgraduate medical education. It remained suspended and non-functional for many months and its future is still uncertain. Lack of continuity in government policies is creating uncertainty which damages the whole health system including the medical education. PMDC's role may be restricted to registration of health care providers (allopathic, homeopathic and hakims) and registration of healthcare delivery institutions and related matters only. Educational matters such as curriculum development and course designs and medical research should be deputed to the Medical Education Commission. Medical Education Commission should register medical teachers (both pre-clinical and clinical) and teaching institutions (medical colleges, and medical universities). Only those doctors having some Medical Education teaching degree should be allowed to teach in medical colleges and medical universities. Medical teachers should not be allowed to do private practice; in return, they may be given incentives so that they should devote their energies only for medical education and research.

Training institutions of medical teachers:

Training institutions of medical teachers training should be monitored for their work by the Medical Education Commission so that the deficiency of medical teachers is replenished. They should have clearly defined roles. Medical universities may be

assigned the duty of training of medical teachers of both pre-clinical as well as clinical sciences. Course content of medical teachers in pre-clinical sciences may include large group teaching, small group teaching, laboratory work, basic research, and assessment techniques. This will certainly increase the duration of postgraduate degree like M. Phil to three to four years. Course content of medical teachers in clinical sciences may include, apart from clinical training, large group teaching, bed-side teaching, teaching clinical skills, clinical research and clinical assessment techniques. No doctor should be allowed to become a teacher without proper knowledge of medical education skills. It is need of the hour to efficiently train teachers, recruit good teachers, authorize, trust, and respect teachers.³

Examining bodies and examination system:

Current examination system is based on MCQs and SEQs. This tests the breadth of knowledge and does not test the depth of knowledge. Undergraduate medical students should be examined through a comprehensive assessment system so that students' writing skill is also developed. For this purpose, long essay type questions should also be included in the final assessment examination of the undergraduate medical students. Developing writing skill in undergraduate medical students will help students in their history taking and writing daily progress report of patients. This will certainly help in writing postgraduate thesis or dissertation as well as writing their research papers.

Ultimate outcome of medical education is producing a doctor who has knowledge, skills, and professional attitude. In the current assessment system, there is no place for teaching, developing and assessment of professional attitude. No doubt our good teachers are individually trying hard to inculcate professional behaviour in our students, we should develop proper instruction and assessment techniques to assess this very important aspect of training of our medical professionals. Medical education reforms also include heavy emphasis on professionalism and professional identity development.⁴

Medical students and medical books:

Essential requirements of a good medical education programme are standardized books and highly qualified, well-trained and hardworking teachers. Movement from novice to master in medicine (medical expert) cannot be rushed. Time, experience—and yes, repetition—is necessary for maturation. This maturation needs to be built on a solid foundation in biomedical sciences. The time and place to inculcate the core of this foundation is the first two years of the undergraduate medical education. There are many years for learning and perfecting clinical skills and evidence-based medicine. This will not happen effectively without a sound foundation in biomedical sciences.⁴

In the start of a medical course, the student is required to attain a high level of knowledge of basic medical sciences which are the scientific basis of clinical practice. In Pakistan, there is a problem of substandard and spurious⁴ medical books available in the market. They are popular among students, because these books are actually exploiting the loopholes present in our examination system. They are helping students to memorize facts through rotting; a memorization skill well known to our students. No doubt passing the examination is an immediate goal of students but this should not dominate the long term goal of becoming a good doctor. Conceptual knowledge and integrating concepts are essential for medical doctors as they have to analyse facts to diagnose and to use their knowledge to solve problems of their patients.

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Address for Correspondence:

Dr. Tehseen Iqbal, Professor and Head, Department of Physiology, DG Khan Medical College, Dera Ghazi Khan, Pakistan. Cell: +92-333-6144799

Email: prof.tehseeniqbal@gmail.com

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