DOES MEDICAL EDUCATION IN PAKISTAN NEED REORIENTATION?

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Pakistan Medical Commission (PMC) database indicates that there are 184 medical and dental undergraduate institutes registered to provide medical and dental education in the country. Of these, sixty-six colleges are in public sector and 118 colleges are operated by private sector.[1] Abundance of private institutes implies that medical education has now transformed into a lucrative industry. A political turmoil in regulating medical education by peak medical regulating body, Pakistan Medical Commission, which now possibly be renamed back as "Pakistan medical and Dental Council" has already created a chaos in the minds of medical educationists to how our young medical professional be trained and how these 'products of medical factories' will save lives, minimize disease burden and how do they practice ethically and professionally.

Health indicators in Pakistan are rated with poorly developed African countries, apart from the fact that we are a 'nuclear power'. With a population of over 235 million now and still growing at the rate 1.8% each year, and with under-five mortality of 63.per 1000 live births, Infant mortality of 53 per 1000 live births,[2] it seems that medical education is not focusing on basic health indicators, but are merely 'fire-fighting' the loads of patients and treating symptoms, and promoting pharmaceutical industry. Pakistan has a fair health infrastructure, able health workforce and modest health budget, however, medical education is entrenched with the philosophy of traditional curriculum comprising of pre-clinical and clinical split with no emphasis on disease burden in community. There is no priority allocated to types of health conditions faced by the country on which undergraduate students need to be trained. Rather, students' time is spent on futile 'rote learning' of theoretical concepts in depth and not its practical utility during clinical practice. Human beings are considered as machines during classroom teaching and job of doctors is considered to be the 'fixing of these machines if broken'. There is something wrong somewhere. Is it the curriculum, or its delivery or the way students are assessed? Studies have shown that country's curriculum suffers greatly from lack of interdisciplinary education too.[3,4] Universities, medical institutes and regulatory bodies need to reorient themselves according to the health situation in country. Firstrly they should decide the extent to which theoretical knowledge of basic sciences and mix of clinical conditions at undergraduate level to be included in curri-culum; whether would it be a modular system with spiral integration or a semester system, the emphasis should be on the roadmap that a student with five years of training should be able to understand the clinical environment in which he or she is to be engaged and work effectively.

Another critical issue is the lack of a community-oriented medical education alongside emphasis on communication skills, professionalism, ethics and humanism among young graduates. Including Pakistan studies and Islamic studies as subjects in first few years will not be suffice. Medical institutions should aim to equip students with the fundamental skills needed to become WHO five-star doctors.[5] Unfortunately, only few medical institutes have incorporated these

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essential skills within their curriculum despite the repeated advice from Pakistan medical commission.[6] Students are dissatisfied when they learn that their extensive education in medical college has not prepared them to meet the needs of their profession.[7,8] Medical curriculum and its delivery should be based on community needs rather than preparing students for exporting to other countries. A holistic approach involving elements of biomedical, socio-cultural and ecological models of health should be part of medical curriculum.

In a resource constraint country like Pakistan, a set of priority health conditions attributing to poor health indicators could be identified on similar methodology adopted by Canadian and Australian Medical regulating peak bodies,[9] where they prioritized diseases according to disease burden and developed scenarios based on these health problems to introduce problem-based learning within undergraduate medical curriculum. In addition, canMEDS competency framework was introduced to train undergraduates on seven essential professional skills to become a better communicator, ethical practitioner, manager, scholar, collaborator, advocate and leader. Medical knowledge is only one part of the wider competency set.[10] Apart from curriculum reorientation, medical faculty also require essential training to re-orient themselves from traditional curriculum delivery to community oriented medical education. Their motivation, active participation and capacity building would ensure the success of 'reoriented medical education system'.

Community Oriented Medical Education (COME) is another framework based on field training of young undergraduates to make them "people-focus" rather than disease oriented health workers. A Syrian study reported that such training helped students to learn more about patients' personalities, behaviors, self-awareness, and self-esteem.[11] However, such program when introduced in Pakistan during 1994 did not give any appreciable result. Perhaps, due to lack of institutional preparation, inappropriate infrastructure, faculty opposition, lack of commitment by institutional leaders, and inadequate communication amongst all stakeholders.[12]

Medical teaching is highly technical discipline. Yet, any medical graduate with no experience of medical teaching enters into teaching force. This state of affair may be one of the factor responsible for inadequate delivery of a given medical curriculum. Lack of trained teaching faculty warrants an existence of a separate medical education department, which should oversight the activities from development, implementation and evaluation of medical education in an institute. Nasim et al.[13] reiterated the importance of a short training on inducting new faculty members and with every curriculum revision, a series of continuing medical education program be incorporated in system to ensure faculty contributes according to the learning outcomes defined in curriculum.

University of Health Sciences Lahore, which is the main regulatory body in Punjab after Pakistan Medical Commission to oversee the curriculum, its implementation in affiliated institutes and conducting examinations, has recently announced a re-orientation in delivery of current medical curriculum. University is switching to modular system from March 2023. Current medical curriculum is subject based and is not aligned to the current burden of diseases, type of health conditions more prevalent here, and lacks necessary skills to produce doctors according to the needs of this country. Curriculum requires reorientation before its implementation through modular system or a semester system. Moreover, a continuous 'market research' on how our medical curriculum is producing the 'medical product-the doctors' should be made an important part of medical education regulation. A feedback from community utilizing this 'product' would portray thought-provoking results!!

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