

Research qualifications in Medicine: What is the importance?

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Research has been an important component of medicine as without which no new developments would have come to the surface in terms of health care. In the early medical education years, research did not remain a part of curriculum protocol but of late, this component is much in evidence and reflected in the medical students' write-up in academic journals. Unfortunately, only few medical institutions have developed the culture of research among the medical students and contributions in scientific journals do come from the medical students who are exposed to such an environment. Young medical graduates aspiring for residency training program in U.S. are at an advantageous side if they have publications to their credit. They obviously stand better chance for selection as compared to others competing with them. The Canadian residency matching scheme (Carms) also gives due consideration to publications and research in the selection process.¹ The Journal of Pakistan Medical Association (JPMA)² has devoted a section for students which is commendable and other indexed journals should also follow this step which will give young medical students enough room for publications. In our postgraduate exam systems, the College of Physicians and Surgeons, Pakistan has introduced a provision for publication of two papers in any indexed journals in lieu of a dissertation for FCPS candidates which is a good step in initiating the spirit of publishing.³ The dissertation is also a good way in terms of research related report but lack the quality of solid research in view of its scope. The University-driven M.D. qualification requires a thesis which involves an amount of high quality work in a designated research area and it is often possible to generate 2-3 research papers based on the amount and quality of work conducted. Therefore, M.D. is labeled as a research related qualification as compared to F.C.P.S. which is often regarded as a clinical qualification. The Pakistan Medical and Dental Council (P.M.D.C.) view both qualifications at par for appointments in teaching medical institutions.⁴ Doctor of Medicine (M.D.) is considered to be equivalent to Ph.D by the Baluchistan University.⁵ Again, for appointments at the level of assistant professor (papers desirable but not essential), associate professor (three/five papers) and professor (two/three additional papers) is the general requirement by the medical regulatory authority i.e., PMDC. The trend for writing papers after achieving the professorial level is low, though, as a matter of fact, it

should be more frequent and rather continuous.⁶ The Higher Education Commission (HEC) is now working towards development of a strong research culture and has been putting pressure for qualifications at doctoral level.⁷ For the teaching staff in medical schools that are recruited for basic medical departments, M.Phil/Ph.D. requirement is essential but as far as clinical disciplines are considered, the highest acceptable clinical qualifications approved by PMDC are needed. However, there is a trend for clinicians to pursue research qualifications in addition to their clinical qualifications which is a fascinating idea and a perfect combination for an academic clinician. The holders of basic medical subject qualifications do not normally pursue a higher clinical qualification in general. Clinicians pursuing only research qualifications and not the clinical qualification are generally considered unsuitable for academic clinical appointments and their solo research qualification lead them to nowhere which is an irony as these candidates can have "Research Professor" type of appointments in parallel to the "Clinical Professor" of an academic unit. There are some inherent problems in introducing this system mainly because of the individual 'doctoral qualification' in terms of its breadth/scope, recognition status and the place from where it has been pursued and acquired. World-wide, there is growing interest among the medical faculty to acquire research qualifications. Pakistan should by no means be an exception. This is also important in order to inculcate research interest as well as a research incentive in terms of a prestigious research degree. At the present time, no clinical qualification in Pakistan is addressing the research component to a sizeable extent and hence, there is a need to introduce a separate research qualification with its own merits. If a clinician is ambitious enough to acquire a doctoral qualification from abroad, there are some concerns: the financial burden would be enormous for example; Britain will consider a candidate a 'home student' if he/she would possess British citizenship and this will hold true for other developed countries. The approachable route is by obtaining a scholarship which is now possible through H.E.C. which has opened new vistas in this area. There are other avenues for getting a scholarship which an interested candidate can explore. Those wishing to pursue it locally should wait for implementation of such programs in the country. In this context, an MSc module in mental health

designed by some universities in UK is worth reviewing. The Kent University's programme offers P.G. Cert/diploma/MSc in Clinical mental Health which not only prepare the doctors for part I and II of MRCPsych examination but also provide an option to further pursue MPhil or PhD.⁸

This opportunity not only equips the candidates with clinical knowledge and skills but also opens an avenue for pursuing a research qualification. This programme is offered to trainees who are in a training rotation with a health trust hospital and the fee is paid by the local health trust, thus posing no financial burden on the trainees. Research facilitates understanding mental health issues and diagnostic standardization.⁹ In US, few graduating psychiatry residents take up research as full-time career. A study¹⁰ mentions that 39.1% of the faculty from academic departments of psychiatry qualified as 'researchers'. Of late, it suggested that the International Medical Graduates (IMG) who in most cases serve the minority and underserved populations in US, should get more research training and opportunities in psychiatric research.¹¹ Currently, in Pakistan, no such programme / module is being offered aiming at clinical training and research. As far as research output is concerned, we may come across few papers being written by residents in multiple authorship fashion. The significant component is a 'journal club' which is a critical review of literature and is being conducted in few academic departments. It is important to have the residents/trainees exposed to a course of instruction in biostatistics and epidemiology. The development of interest in literature search, participation in research projects, training in preparation of manuscripts and public speaking, making presentations on complex issues are important in maintaining and promoting a research milieu.¹² The question remains as to whether a clinician should pursue a research degree? With the current global trend, this would be a fascinating idea and also need of time particularly for the developing countries like: Pakistan. Research

qualification adds prestige, enhances clinical acumen and understanding and becomes a perfect combination for entering into an academic career. Will the Pakistan medical and Dental Council entertain this idea in terms of recognition and credit? Will the clinicians be motivated enough to pursue this track? Will the teaching bodies take up this idea without imposing a financial burden on the trainees? Will the medical institutions facilitate the faculty members in this matter? Should Pakistan take the lead? Let's hear from the medicos.

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