SYMPOSIUM ON MEDICAL EDUCATION

Pages with reference to book, From 59 To 61

RECOMMENDATIONS

Medical education is a continuous process. It begins with undergraduate studies and continues throughout life. The physician has to be a lifelong student. The administration, the medical institutions and the profession should collectively shoulder the responsibility of achieving and maintaining the required standard of undergraduate and postgraduate medical education and the quality of healthcare.

UNDERGRADUATE EDUCATION

The following pre-requisites to establish and maintain certain standards for medical education are proposed:

Pre-Requisites

i. Teaching of health-related subjects be introduced at school level.
ii. Selection of students must be based on individual's aptitude, qualifications and achievement, irrespective of age, sex and race. It should be free from political considerations or regional bias.
iii. Students should be made to understand well the minimal level of competence and the basic goals they are supposed to reach within specified periods.
iv. Number of colleges should be reviewed keeping in view the requirements of various regions. New colleges may be opened without increasing the present total number of seats for M.B., B.S. Available infrastructure and trained manpower be evaluated and expanded while others strengthened to undertake clinical teaching. The ideal number of students admitted in a class and/or lecture should be 100, but in any case, should not exceed 150.
Specific areas which need attention are curriculum, training facilities and evaluation methods. Postgraduate education deserves a comprehensive plan based on national requirement and organised teaching and training programme.

Curriculum

i. Radical change should be made in the curriculum of undergraduate studies in order to keep it in line with the actual health needs of the country. Inclusion or deletion of a certain part in the curriculum does not serve well. Instead, what is actually required is a conceptual and qualitative change so as to widen the mental horizon of the student.
ii. The change should help prepare the student for administrative and leadership roles and not to make him a mere pill-prescribing clinician. Social sciences (including psychology, sociology and anthropology) and health economics must be part of the curriculum.

Training

i. To provide for adequate training facilities for undergraduate students, as also to meet the future need of well-groomed physicians, the district and other suitable non-teaching hospitals in the, public sector should be properly staffed and equipped, and affiliated to nearest medical college. The qualified personnel in such institutions should be given due recognition and title of teachers. Thus the clinical component of a given college should be spread over various parts of the surrounding area in the shape of satellite campuses.
ii. After being taught in the pre-clinical courses, batches of students should be placed in the district and other suitable non-teaching hospitals in rotation. The additional advantage of this and the preceding recommendation would be an improvement in the healthcare of the masses.
iii. Part of the undergraduate clinical training should be imparted in settings outside the premises of hospitals, as majority of the graduates will eventually be working outside the hospitals. Placing of

teachers and students in the community-level health programme is absolutely essential.

Evaluation

The method of evaluating the students attainment should be uniform, objective and dependable. Expectations from students must be clearly laid down before training and evaluation.

ii. Frequent assessment of students' progress should be given more importance than the end of the year examination. Record of the grades achieved should be maintained and given weightage in final assessment.

iii. Quality of professional teaching and training should also be frequently assessed at regular intervals in evaluating the evaluators. Pakistan Medical Association should be member of the assessing committees.

POSTGRADUATE EDUCATION

There is a pressing need of specialists in various fields. According to an estimate, Pakistan should produce 1,300 specialists every year till 1993. Necessary resources will have to be geared to achieve this goal. Emphasis should be laid on the following points relating to postgraduate education.

i. Actual need of specialists in the country should be assessed, through field research, keeping in view the job opportunities for them in public and private sectors.

ii. Fresh graduates should be provided with expert advice regarding their aptitude and aspirations.

iii. Dependable information should be available on the future need of all specialities for a rational choice of a particular speciality.

iv. Uptodate list of specialists working in various fields should be available.

v. Training and examining bodies should be independent and separate but. complementary.

vi. Training programme should have a built-in system where the trainees, if they want/ realise, have the freedom to opt out.

vii. All the trainee posts should be for a specifled period, based on the length of training required for various specialities/ examinations.

viii. All posts in teaching hospitals should be filled in through peer review and not through Public Service Commission. They must be on contract basis and not permanent. Renewal may be allowed, subject to satisfactory performance and peer review.

ix. More institutions (other than the existing postgraduate training centres) be created/ upgraded and accredited by the examining bodies, so that the burden on the existing facilities is distributed and more specialists are produced.

x. Failure in postgraduate studies must also be considered a failure of the training programme. The training programme should be evaluated in case of persisting failures of postgraduate trainees.

xi. The end-of-the-year examination system should be discarded and regular evaluation, based on objective procedures, be adopted.

xii. Teachers should be trained in educational methodology and in scientific method of assessment.

xiii. Foreign qualifications, which are not registerable in their own countries, should not be registered in Pakistan. P.MD.C. should evolve a comprehensive method of evaluating other foreign degrees/diplomas.

xiv. According to a well-drawn plan, acquiring postgraduate qualifications in foreign countries should gradually be discouraged and only training in reputed centres abroad be encouraged.

xv. The pressing and urgent need of popularising Family Medicine should be realised. Continuing medical education and post-graduate diploma in this field should be established. Training in this area should be imparted in community setting rather than in hospitals.

xvi. Doctors with postgraduate qualifications acquired in Pakistan should be sent to the centres of

excellence abroad for training for a period of six months to two years.
xvii. A programme of continuing medical education should be set up for the graduates and incentives in the form of credit be given for knowledge acquired. The credit be counted for postgraduate training.