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MEDICAL EDUCATION IN PAKISTAN

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There is a general feeling that Medical education in Pakistan has deteriorated gradually in the last few decades. In fact Medical education in Pakistan has undergone little changes since long and is based on traditional curriculum and methodology. This is one important segment that is being discussed and debated quite often but except in a few limited institutions of Pakistan, overall no major change has taken place. Undoubtedly doctors from Pakistan are serving all over the world and enjoy good reputation of being better professionals and hardworking as compared to other nationals. In majority of such cases this is all attributable to the personnel efforts of individual and not to the institute.

In terms of technicality and application, Medical Education is different from other form of courses and education. Medical Students need a comprehensive solid background knowledge and practical training to deal with tough emergency situations under pressure and devise ways to ensure the safety of other human beings. They frequently study and work for long hours and are excessively stressed. In Pakistan, like the rest of our education sector, Medical Education is not a standardized field and a lot of improvements need to be made in this regard. The medical graduates that are being churned out presently, lack the ability to implement the scientific method which is the basis of all sciences. Our system is based on a cramming approach where the students who cram the most invariably score the most. There is little emphasis on concept-building and evidence based learning. The number of medical colleges in Pakistan has dramatically increased in the last fifteen years both in public and private sector. With little exception the quality of these doctors that are being produced is for inferior to what we had in the past. Obviously there is no single factor responsible and one has to consider and think broadly about identifying all the factors involved in this gradual deteriorating standard of medical education in this country.

There is a strong need for a change in medical curriculum as well. A paper titled 'Medical education needs to change in Pakistan' by M.Nasim published in Journal of Pakistan Medical Association in August 2011 stated, "In a new curriculum, based on findings from cognitive psychology, learners should be stimulated to construct their own knowledge within contexts of problem-solving situations. Students should be taught metacognitive skills and how and when to use them. Knowledge should be taught from different but integrated perspectives and applied in many different situations. Learning should be community oriented, that is education should focus on the health needs of the community and the groups and individuals within it."

Another aspect is our current system of recruiting medical teachers. Good doctors are not necessarily good teachers and teaching in itself is an art to be learnt and practiced. Any MBBS graduate is eligible to be appointed as demonstrator/lecturer in a medical college with no other requirement as per PM&DC rules. The eligibility criteria for assistant professor are post-graduation in respective subject. Now these new recruits may be quite good doctors in their field but they may not be good teachers and there is a need to give them proper training to become good teachers. Current status demands that there should be a strict standardized analysis aiming to determine exact causes of all this and then make recommendations accordingly.

In 1907-8, the American Medical Association's (AMA) Council on Medical Education approached the Carnegie Foundation for the

Advancement of Teaching to compile a report on improvement of Medical Education in the United States. The report, compiled by Mr. Abraham Flexner, is known as "Medical Education in the United States and Canada" or 'Flexner Report'. It was published in 1910 and is now regarded as one of the most important exposés in the history of medicine. Known as the Carnegie Foundation's "Bulletin Number Four," it was a complete indictment of the American system of producing physicians. Flexner argued that most medical schools were not set up to train new doctors, but to give existing physicians a supplemental source of income. He pointed out that Germany, having far better medical care than America, actually had fewer doctors per citizen. In Flexner's opinion, there were too many doctors in America and too many medical schools. Most of the medical schools had few, if any, admission standards and not enough equipment. The Flexner report resulted in an overhaul of medical education in United States, Canada and United Kingdom and the reforms revolutionized the medical education in these countries.

It seems quite logical to say that today we need our own version of Flexner report. A research and thorough analysis of the whole situation need to be undertaken by the concerned authorities to look into how our private and public medical colleges are being run and all the problems and pitfalls at various levels be accurately identified and then practical recommendations be made accordingly to improve the standard of medical education in our country to bring it at par with the international standards.

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