

Postgraduate Medical Education in U.K. and Pakistan

Pages with reference to book, From 223 To 223

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The present Undergraduate and Postgraduate Medical Education in Pakistan is a continuation of what prevailed in the days of the British rule in 1947. Thus, the subject and hospital based undergraduate curriculum of the 1930's is still dominating and when in the early sixties, a decision was taken to set up a postgraduate programme, it too was based on the pattern of the Royal Colleges of UK. For these reasons, the article on postgraduate medical education which appears in this issue of the Journal (page 232) has significance for everyone in the medical profession in Pakistan who has something to do with either training of physicians or the delivery and administration of health services. Although, the article in this issue is focused primarily on the postgraduate training in UK, it indirectly also touches on the undergraduate curriculum and the health delivery system. There are a number of important messages for us in Pakistan that can be derived from this article. Firstly, the system of education and training of physicians (both undergraduate and postgraduate) that existed in 1940's has changed. Medicine as a whole has changed, is changing and will continue to change. The practice of medicine is a dynamic and not a static process. Following the Flexner report of 1910, medical education around the world laid heavy emphasis on the science part of medicine. The present undergraduate curriculum was a development of the Flexner report. Starting in the fifties a realization emerged that the practice of medicine is more than just science. The rising cost of health care and the demands for equity have forced the physicians to reshape their undergraduate and postgraduate training: What is needed is a physician who is not only well versed with the scientific aspects of medicine but is conscious of his social responsibilities. He/she should bring a humane and sympathetic outlook towards the care of his patients and the community in which he practices. The trainers have the heavy responsibility to train their students in these aspects as well. Despite attempts by some educators to bring the present undergraduate and postgraduate training in line with what is happening in the rest of the world, the change has not come. The pre World War 2 UK model on which our medical education is based has changed. It is time we took note of it.

The second important message is for the public, administrators and employers. MRCP and FRCS are not a specialist qualification. They have not been so in UK for decades. These qualifications are a prerequisite for entry into specialist training programmes. We continue to give them a privileged rating. On the same basis the College of Physicians and Surgeons of Pakistan must also reassess their FCPS which is designed to be equivalent to MRCP and FRCS. The implication of this is that, for specialist appointments, particularly teaching appointments, additional training is needed. The third message is that in order to widen the base of training and also to increase the number of training slots, like UK, we should also induct the district hospitals into both undergraduate and postgraduate training programmes. Such a move will also upgrade the quality of health services in under-served areas. Once specialists working in district hospitals are brought into the teaching cadre (even on part-time basis), it will become easier to attract qualified individuals to these positions. Integration of health services and education is beneficial to both. There are examples from round the world where this has improved the health statistics of the country, perhaps the most important indicator of the quality of training. The fourth message is that in order to derive the maximum benefit from UK training programmes, our graduates should first acquire their basic postgraduate qualification in Pakistan before going to UK. As a matter of fact for many years this has been the recommendation of most of the UK academics with whom I have had the opportunity to discuss this issue. This is also the main message of the author of this article. However, before this can be done, the number of training positions in Pakistan will have to be increased. As suggested above, District hospitals with sufficient number of beds and qualified staff

should be opened up for teaching and training of both undergraduate and postgraduate students. CPSP and the Universities should get together with PMDC to develop suitable programmes which meet the national needs and also provide supervised and meaningful training to the trainees and not just use them as extra hands.