

Time to Revise the MBBS Curriculum

Pages with reference to book, From 83 To 84

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A number of developments are putting pressures on the medical profession all over the world to change. Firstly the exponential growth of information in the biomedical field makes it impossible to teach everything in the medical college. Looking from their perspective as if all the graduates will become specialists in that subject, each department is fighting for more time. Even a lifetime is not enough to master any one of the subjects included in the undergraduate curriculum, what to say of 600 or 2000 hours of the five year programme. The pressure therefore, is to define the common denominator (core) and adjust the curriculum to produce a graduate who can then go on to the speciality of his/her choice. New information is also replacing the existing facts at a fast rate. We do not know which of the facts, which we teach today, will remain as such five years from now. Concepts have a longer life. Yet the entire system of undergraduate medical education in Pakistan is based on memorization of facts. Facts which may cease to be truths by the time they graduate. Medical colleges should therefore, be producing graduates who will be life long learners capable of keeping update. evaluating new information and adjusting their practice to new developments. The system of didactic, authoritative lectures and examinations based on recall of knowledge has to change. Another consequence of expanding information is increase in the number of sub-specialities. This in turn has led to two further developments. One, the cost of medical care has gone up and secondly the patients are complaining of dehumanization. For the simplest of complaints they are referred from one to another specialist. They are demanding to be treated as an individual and not as parts. Hence the emergence of Family Medicine and the concept of Primary Health Care. Cost of medical care has also gone up because of the emergence of new high tech diagnostic and therapeutic measures. Questions are being raised about the benefits and cost effectiveness of each new test or procedure as compared to the existing ones. Such information is not always readily available and it again reverts back to how well are we training our graduates to critically evaluate new information Greater awareness and demands for social justice and equity are also redefining the role of a physician¹. We are expected to be responsible for the health of the community in which we practice. This is a new social contract. So far the physician provided a service to those who became ill and sought their advice. Now health promotion and prevention of disease are also among our duties. Above are some of the pressures producing a number of dilemmas for medical educationists². The present MBBS curriculum has not changed in any significant way since independence, which was based on what the British used at the time of World War II. In order to meet the changing socio-economic conditions, the curriculum should be a dynamic, not a static document. In United Kingdom, on whose pattern our medical education is designed, the MBBS curriculum is under constant review. In December, 1993 the General Medical Council has issued the latest revised set of guidelines³. The medical profession in Pakistan should seriously consider a revision of existing PMDC regulations for MBBS. least we are left completely out of step with the rest of the world.

References

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3. General Medical Council. Tomorrow's Doctor. 1993. London.