

MHPE programs in Pakistan: concerns for quality

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Currently there are 131 medical and dental colleges fully recognized by the Pakistan Medical and Dental Council. By PM&DC regulations, each college has to have its own Department of Medical Education. Ultimately, over a period of time, these departments will have to have a minimum of (by a conservative estimate) two full time educationists and a number of 'satellite' educationists, whose primary specialty would be other than Health Professions Education (HPE).¹ Apparently, this scenario justifies the presence of major qualifications in HPE being offered within Pakistan. The number of Masters in Health Professions Education (MHPE) programmes existing in Pakistan has risen from 01 in 2009 to 05 in 2014. The first programme was officially announced by Dow University of Health Sciences in mid-2009 and the latest by Riphah University, Rawalpindi in 2014. In his 2012 article, Tekian² has shown that there are two MHPE programmes in Pakistan, one by DUHS and the other by AKUH.

It is common news that a few other universities are hoping to launch their own MHPE programmes in the near future. This raises two vital issues:

- Why do so many institutions want to offer MHPE programmes?
- What is the actual quality of these programmes and their products?

This editorial is concerned mainly with the latter issue; about quality assurance procedures being in place, in Pakistan, to ensure a minimally acceptable standard of the Pakistani MHPE programmes (and therefore of the medical educationists entering the 'market').

Our medical and dental colleges work under regulations from higher authorities; despite this check, Pakistan has seen an explosion of such undergraduate institutions, especially in the last decade. However, explicit and focused regulations for offering a Master's programme in Health Professions Education per se do not exist. If one

visits the PM&DC website³ or reads the HEC document 'Quality Assurance Manual for Higher Education',^{4,5} one finds them to be generic. Some aspects, for example, content determination, minimally acceptable faculty qualification, student-teacher ratio, faculty- student contact etc, are not designed for MHPE programmes. If one looks at the PM&DC (Postgraduate Education) Regulations, 2011,⁶ it becomes evident that some of these regulations cannot be applied to the current situation of MHPE programmes in Pakistan. One example is Part III 14(6). The table given under this section does not mention Master programmes nor does it classify programmes of 2.5-year durations. Will such programme fall under category IIb or III a? Furthermore, MHPE programmes come neither under the heading of 'Basic Sciences Qualifications' nor under 'Clinical Medical & Dental Qualifications'.

Similarly, the document by the World Federation of Medical Education (WFME) is not targeted towards MHPE programmes.⁷

This is not a criticism of these documents. It is natural and correct for higher agencies to develop and disseminate generic guidelines upon which individual programmes would work and translate them into concrete policies.

Although PM&DC and HEC have distinct roles in the monitoring and regulation of postgraduate programmes, they need a body/committee which would work towards the development of tangible, specific and implementable policies and procedures in order to ensure minimally acceptable quality of MHPE programmes in Pakistan. At the moment, none exists.

Another issue is who will and who can take up this responsibility?

There are a number of options possible. First, as mentioned above, a committee can be formulated, de novo, whose mandate would be to develop quality assurance policies for PM&DC, inspect such programmes and provide guidance and assistance if and when required. Another possibility is that specialist associations like the Association for Excellence in Medical Education (AEME), along with conducting its regular conferences, provide a platform where concerned people could

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assemble to work towards QA in MHPE programmes. AEME has committed to excellence in medical education and plans to support the AEME- Educators' Forum.⁸ It is time this Association puts wheels to its intentions. An alternative is that one of the degree awarding bodies, running its MHPE programme, provides a platform to a group of dedicated experts for such developmental work. The work produced by this group, can then, via the host university, be presented to PM&DC for consideration and implementation.

The onus for striving towards establishing quality guidelines in Pakistan will probably lie on the MHPE programme directors. It is they, who need to believe in the importance of this process, gather resources and start the journey towards quality enhancement.

There needs to be a special body, comprising of suitably qualified members who design a complete accreditation system for MHPE/MMED programmes in Pakistan. There is an urgent need to establish minimally acceptable criteria for launching an MHPE programme within Pakistan. This body must have patronage of PM&DC and HEC so that it has legal value.

If we do not act soon, we will witness the mushrooming of

many MHPE programmes, without any guidelines, support system and/ or accountability.

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