

In many countries of the world it has been observed over the past decades and intensified over the past few years that there is a consistent trend of increased participation of females in the medical profession which has been highlighted as the so called feminization of medicine. Increased number of female physicians in health workforce is outnumbering their male peers and the profession of medicine is not dominated by males as before.¹ Females now comprise a majority or near-majority of medical students in many developed countries. In the United States of America, 48% of medical students were women in 2013–2014, up from just 7% in 1965–1966. Similar trends are observed across Canada, Australia, the United Kingdom and other European countries. Women now account for more than half of graduate trainees in several specialties.² The study on “Teachers’ views about feminization of Medical Education in Bangladesh” by **Dr. Muqbula Tasrin Aktar** carried out to explore the teachers’ views about feminization of medical education in Bangladesh. Study revealed that high social respect, high marriage value, parental pressure, financial security are the factors for feminization of medical education in Bangladesh. Other factors that may influence female students to get admitted in the MBBS course is female students are more studious. There are limited better alternate profession for female students. This study also revealed that empathetic approach of female doctors due to which patients are more satisfied with female doctors.

With the establishment of Dhaka Dental College in August 1961 undergraduate dental education started in Bangladesh and the first private dental college was established in 1995. According to DGHS data report 2014, there are 12 dental colleges and 23 dental units in the country out of which 26 are privately owned and only 9 are run by the government.³ This rise in dental colleges has led to a higher number of dental graduates. Similar pattern of growth has been reported in dental education from other countries such as India, Brazil, Columbia, Chile, Mexico, and Iran.⁴ Some of the consequences of this growth have been rising unemployment, low incomes and financial stress among graduates and a fall in the academic ranking of dentistry. The results of a cross-sectional survey conducted among FDI member nations published in 2012 report that many developing countries stated an oversupply of dentists.⁵ This descriptive type of cross-sectional study on “Current Employment and

Academic Status of Recent Dental Graduates in Dhaka City” was conducted by **Dr. Fuad Reajwan Kabir** to find out the present employment and academic status of recent dental graduates in Dhaka city. Study revealed that 340 (82.1%) of the respondents were employed as dental surgeon and 57 (13.8%) of the respondents were yet to get formal employment. Among the employed dental graduates, 203 (57%) were full-time employee and 154 (47%) were part-time. Only 55 (15.4%) dental surgeons among them were working in government sector and rest were working as non-government employees or self-employed. Regarding the job satisfaction, 139 (33.6%) were moderately satisfied and 182 (44%) were not satisfied with their pay standard. With regards to further academic engagement, 88 (21.2%) respondents were enrolled in different postgraduation courses whereas 205 (49.5%) of the respondents were also engaged in self directing learning activities to get admitted into post graduation courses.

Most of the medical students will not become psychiatrists. For these students, the psychiatry lectures and clinical posting will be the only experiences on psychiatric practice before they begin to work as doctors.⁶ Knowledge of psychiatry is important for all doctors, because prevalence of mental illness ranges from 65 to 314 per 1000 population.⁷ Descriptive type of cross-sectional study on “Doctors’ view about status of Teaching & Learning of Psychiatry at Undergraduate Medical Education in Bangladesh” was conducted by **Brig Gen Prof Dr M Kumrul Hasan** to find out the views of the doctors serving at primary health care level about the status of teaching & learning of Psychiatry at undergraduate medical education level in Bangladesh. Among 307 doctors, 287 (86.9%) agreed that behavioral science should be taught by Psychiatrist instead of Community Medicine Specialist. Only 36 (11.8%) respondents agreed that their learning & training in psychiatry were sufficient during MBBS. Although, 227 (73.9%) doctors agreed that in their practice, a major portion of the patients were suffering from psychiatric problem, only 84 (27.4%) of them were confident enough to manage common Psychiatric cases. Regarding examinership, 69% (212) respondents agreed that there should be one examiner from psychiatry in MBBS final Professional examination and 86.9% (267) of the respondents agreed that the Psychiatric part of MBBS curriculum should be updated immediately.

A question bank is a planned library of test items designed to fulfill certain predetermined purposes. Question bank should be prepared with utmost care so as to cover the entire prescribed text. Question bank should be exhaustive and cover entire content with different types. We can consider three different level for developing a question bank, teachers own question bank, departmental question bank and central question bank⁸. Question bank contain all questions systematically including their standard answers, rating scales, difficulty level, discrimination properties and test matrix of a course. Question banking is considered as a part of the examination reform. This question bank helps universities to maintain standard of education at same level in all colleges. Descriptive type of cross-sectional study on teachers views about the preparation of questions for question bank for the formative assessment of the department was conducted by **Dr. Sanjida Tasnim**. Study revealed that Faculty members expressed their valuable opinions about different types of formative questions where it was found that Assistant Professors were closely involved with question preparation rather than other faculty members. The study also explored that even if formative questions were well prepared but lack of standard answers, rating scales and accepted checklist made by the faculty members the ultimate process of accessing question bank becomes challenging to conduct specific exams.

For health system to perform at optimal level, there is a need of adequate number and quality health workforce at all levels⁹. The “Global Human Resources for Health Strategy: Workforce 2030” that countries aiming to achieve Sustainable Development Goals (SDGs) including Universal Health Coverage (UHC) should have a threshold density of doctors, nurses and midwives of 44.5 per 10,000 population¹⁰. Based on this threshold, the World Health Organization (WHO) projected an estimated additional requirement of 18 million health workforce all over the World^{10,11}. The requirement is more prominent in low- and middle-income countries. Highest shortage by 2030 is projected in the South-East Asia Region which is about 4.7 million¹². These study on Informing the increasing production of the health workforce in Bangladesh: evidence from a mapping exercise of health professional education institutions by **Md Nuruzzaman** aimed to evaluate the trend of production (2007-2016) and associated factors of seven health professionals i.e. physicians, dentists, diploma nurses, bachelor nurses, midwives, medical assistants and medical technologists in

Bangladesh. The study team adopted a mapping approach to geographically locate all the health professional education institutions recognized by the Ministry of Health and Family Welfare (MOHFW). This was supported by a mixed-method design combining qualitative (e.g. group discussions and key informant interviews) and quantitative (questionnaire survey) methods. From 2007 to 2016, a total of 107,406 students graduated from all seven professional categories. Out of the total, about 40% belonged to the MBBS physician, 6% dentists, 15% medical assistants, 18% medical technologists, 21% nurses, and only 1% to the midwives. So, a skill-mix imbalance exists at the production level. Feminization of the workforce is prominent as there was an average 14% increase of the female doctors than the male. The increasing production of health professionals needs to be supported by proper planning and policy interventions in order to avoid distortion of skill mix.

Reference :

1. World Health Organization. The world health report 2006. Working together for health.
2. Bedoya-Vaca R, Deroze KP, Romero-Sandoval N. Gender and physician specialization and practice settings in Ecuador: a qualitative study. *BMC Health Serv Res*. 2016;16:662
3. List of dental colleges and available seats from Directorate General of Health Services (DGHS) data report 2014. http://www.dghs.gov.bd/images/docs/Admission/Govt.MC_Dental_and_Private_MC_Dental_College_2.pdf
4. Mohan M, Sundari Ravindran TK, 2018. Unemployment and vulnerable financial situation among recent dental graduates of Kerala, India - Results from a cross-sectional study. *J Global Oral Health* 2018;1(1):49-57.
5. Yamalik N, Ensaldo-Carrasco E, Cavalle E, Kell K., 2014. Oral health workforce planning Part 2: Figures, determinants and trends in a sample of world dental federation member countries. *Int Dent J*; 64:117-26.
6. Manohari SM, Pradeep R. Johnson, and Ravindra Baburao Galgali, ‘How to Teach Psychiatry to Medical Undergraduates in India: A Model’ *Indian J Psychol Med*. 2013 Jan-Mar; 35(1): 23–28.
7. Chowdhury AK, Alam MN, Ali SMK, 1981. Dasherikandi project studies. Demography, morbidity and mortality in a rural community of Bangladesh. *Bangladesh Med Res Counc Bull*;7(1):22–39.

8. Basavanthappa, B.T., (2003); "Text book of nursing education" 1st edition, Newdelhi jaypee brothers publications, page no: 473-476, 537-539.
9. Campbell, J., Buchan, J., Cometto, G., David, B., Dussault, G., Fogstad, H., Fronteira, I., Lozano, R., Nyongator, F., Pablos-Mendez, A., Quain E E., Starrs, A., and Tangcharoensathien, V., "Human resources for health and universal health coverage: fostering equity and effective coverage," *Bulletin of the World Health Organization*, vol. 91, no. 91, pp. 853-63, 2013. doi: 10.2471/BLT.13.118729
10. Global Strategy on Human Resources for Health: Workforce 2030, Geneva: World Health Organization, 2016.

Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth, Geneva: World Health Organization, 2016.

11. Decade for health workforce strengthening in the South-East Asia Region 2015–2024 Mid-term review of progress, 2020, New Delhi: World Health Organization, Regional Office for South-East Asia; 2018. Licence: CC BY-NC-SA 3.0 IGO, 2020.

Executive Editor

Bangladesh Journal of Medical Education

Professor Dr. Md. Humayun Kabir Talukder
Professor, Curriculum Development & Evaluation
Centre for Medical Education (CME) Mohakhali,
Dhaka-1212, Bangladesh & Secretary General
Association for Medical Education (AME),
Bangladesh