



EDITORIAL

Fostering physicians' research engagement in the healthcare landscape of Bangladesh

It is imperative to investigate why research initiatives are scarce within the physician community, especially when this concern is echoed at the highest levels of the Government. The Prime Minister of Bangladesh has consistently expressed her concern regarding this matter. Her unwavering dedication to advancing medical research provides a crucial context for this undertaking, aligning with the necessity to adapt to evolving global technologies, particularly in the era of the Fourth Industrial Revolution. This highlights the crucial role of physicians in advancing the nation's health and technological advancements.

In the context of the healthcare landscape of Bangladesh, the integration of research poses multifaceted challenges, given the complex balance between clinical responsibilities and academic research demands. One of our recent unpublished studies provides critical insights into this dilemma and offers a promising way forward. Key findings have already been disseminated in a seminar. Physicians in Bangladesh often prioritize clinical practice over active engagement in research due to factors such as perceived time constraints and the challenging nature of research tasks. Despite these challenges, the study highlights the available potential within the physician community, emphasizing their vital role in advancing evidence-based medical progress. The study also reveals a multifaceted scenario of physician research engagement in Bangladesh. While around 47% of doctors express research interests, skill gaps are evident. Motivation for many appears to be driven by career advancement rather than genuine passion, indicating a broader cultural issue within the medical community.

Key challenges identified in the study include skill gaps in research methods, data analysis, and scientific writing, as well as institutional barriers such as insufficient funding, limited research support, and, in some instances, the mandatory deduction of VAT and

taxes from research funds. Additionally, the absence of a research-oriented culture within the medical community represents a significant challenge.

The recommendations encompassed strengthening research infrastructure in medical institutions through initiatives like dedicated research cells and improved academic journals, providing comprehensive training to equip physicians with essential research skills, and fostering a culture recognizing research as vital for medical excellence and patient care.

Healthcare institutions play a pivotal role in this transformation by providing resources, creating incentives for research participation, and fostering a favourable environment for scientific inquiry, thus enhancing the quality and quantity of research contributions.

A united call to action requires collaboration from stakeholders, including physicians, healthcare institutions, policymakers, and the broader medical community. Together, they can pave the way for a healthcare system in Bangladesh where research and clinical practice synergize for the greater good.

In conclusion, the path towards a research-engaged physician community in Bangladesh is complicated but essential for healthcare progress. Addressing identified challenges and implementing suggested strategies can open a new era of medical research, advance patient care, and expand medical knowledge.

Policy recommendations

The medical education system in Bangladesh, at both undergraduate and postgraduate levels, is not conducive to research. Although undergraduates are supposed to spend several hours on research specifically, 10 hours on lectures and 13 hours on tutorials—during their third phase of academic years in the subject of 'Community Medicine and Public Health,'¹ this requirement is not effectively enforced by

educators and the examination system. To foster a culture of research, renaming the subject to incorporate research nomenclature could be beneficial. It is crucial for all students to gain practical experience in protocol writing, data collection, analysis, and report writing.

At the postgraduate level, in leading institutions like Bangabandhu Sheikh Mujib Medical University (BSMMU) research is often treated as a secondary concern. Although the postgraduate curriculum includes two to three years for thesis work, the reality is that students spend most of their time on clinical duties with minimal engagement in research activities. Consequently, this leads to the production of low-quality theses, the recurrence of research topics, instances of inadequate sample size, and a dependence on professional help to finalize their research projects. In a practical sense, this institution needs to support students in conducting their research without imposing the burden of clinical duties during the thesis period of their higher education.

BSMMU has recently updated its PhD programmes across various disciplines to foster the research environment, though the admission and administrative processes still face confusion.² To boost PhD education among physicians, the government should offer incentives to full-time PhD students and ease the rule of study leave for students in government services.

The postgraduate curriculum of BSMMU should be updated to mandate the submission of one research manuscript instead of a lengthy thesis. Additionally, students should be required to secure at least one letter of acceptance or publication from a Scopus or PubMed-indexed journal based on their research as a prerequisite for sitting for their final exams.

Initiatives like these can cultivate a research culture in postgraduate medical education and contribute to higher university/institutional rankings. Although the BSMMU authority provides grants to its residents to conduct research for their thesis, the amount is often inadequate, and residents from other institutions do not receive this opportunity. This adequate funding is a significant barrier to physicians' engagement in research.

Although the main goals of BSMMU are research, education, and patient care, the university has become more recognized for its patient care and education efforts and needs to make an effort to enhance its research capabilities. According to Clause 6 of the BSMMU Act-1998, the university has the power to perform 15 activities, all related to education and research, with only two options directly related to patient care: the operation of a hospital attached to the university (Clause 6.m) and the determination of fees (Clause 6.l). However, for the last quarter-century, the university has yet to prioritize becoming a knowledge-generating center.³ Therefore, the University Grants Commission and the university authorities should take the initiative to transform this university into a research-based knowledge hub.

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