EDITORIAL

A Compelling Call for Quality in Medical Education

Abraham Flexner, a headmaster of a high school in mostly rural Kentucky, published his landmark paper nearly one hundred years ago on reforming North American medical education. His report, Carnegie Foundation Bulletin Number Four, is often seen as the most influential publication in the field of medical education.[1] During his time, North America experienced a mushroom-like growth of privately funded and for-profit medical schools (Flexner used the word "proprietary") churning out medical degrees to virtually anyone with financial means. Flexner's report was commissioned by a philanthropic organization, the Carnegie Foundation, and not by a public organization. His report, widely known as the Flexner Report, contained forceful statements about the lack of quality in medical education in North America and recommended closure of medical schools that failed to improve. As a direct result of that report, many privately funded, for-profit medical schools were forced to close. However, the surviving schools became stronger and many emerged as global leaders.

As we look back in the history of medicine, we can draw a parallel between the medical education landscape of many countries in Southeast Asia now and that of North America during the time of Flexner. The factors that had prompted Flexner to recommend changes, namely proliferation of for-profit medical schools which compromised the quality, lack of standardization, and poor learning management structure are very much in operation today. It is even more frustrating because of the fact that many of these countries already have a relatively long tradition in good quality publicly-funded medical education.

The recent exponential growth of medical schools is not unique to Bangladesh. Neighbouring countries in recent years have seen a sharp increase in the number of medical schools. No one is certain about the exact number of medical schools currently operating in Bangladesh. The 26 medical schools listed by the Institute of International Medical Education's (IIME) definitely reflect a gross under-reporting.[2] A recent report on India suggests an astounding 1120 percent increase in the number of privately-funded medical schools between 1970 and 2005.[3] A similar picture emerges from Nepal and Pakistan.

In all fairness, some of the driving forces for the recent growth are inevitable and long overdue. There is an increasing need for qualified health manpower, a global trend in emigration of the physician workforce from these countries to the developed nations, and a greater push for access to higher education. Inexcusable slowness and even failure of many government-funded medical schools to respond to global changes has also directly and indirectly fuelled this growth. It is to be acknowledged that many private medical schools are doing quite admirably in providing quality education and receiving national and international recognition.[4] In many ways, the establishment of private medical schools is a welcome change. These new medical schools have given opportunities to many students to pursue their dreams that would have remained largely unfulfilled and uncatered for by the few public medical schools. In a liberalized open economy, competition between medical schools spurs educational innovations, makes medical schools agile and nimble, and generates greater value for money for students. Competition also forces the old guards, in this case government medical schools, to change for the better.

However, an *uncontrolled proliferation* with poor supervision and monitoring by relevant authorities as we are witnessing now is a cause of extreme concern. Overzealous competition by a large number of for-profit medical schools for a relatively limited pool of financially capable students is likely to ignite unscrupulous practices. Students might end up paying astoundingly high tuition and other hidden fees. Although this has been amply documented in India,[3] Bangladesh might not be far off. When the main driving motive is profit, quality is often the first

victim. As the very safety of the patients depends on the quality of the medical education that the students receive in their medical schools, it is imperative that the quality of education is never compromised. We should also bear in mind that with increasing globalization and transmigration the negative impact of poor education is likely to spill beyond national boundaries. This is equally true both in privately operated or government funded medical schools. Furthermore, the quality of postgraduate medical education can suffer due to the poor undergraduate training of students. In postgraduate medical training too we see an alarming increase of student admissions to programmes offered by private medical schools.[5]

How do we move forward from here? The magnitude, the complexity, and global nature of the problem calls for a major collaboration between stakeholders including public and private medical schools, governmental and international organizations. We should work towards developing a common minimum standard of medical education that defines the competency and expected quality of a medical doctor. It could be done more expeditiously and efficiently in the framework of regional collaboration such as SAARC. We can learn from the experiences of others. Global Minimum Essential Requirement is one such initiative that merits further exploration.[6] This will pave the way towards setting up a common national or regional examination. Several countries with a substantial number of private medical schools such as South Korea, Japan, and the Philippines have developed common national examinations to maintain and improve quality. Their experience is encouraging. Common examinations will allow greater uniformity and transparency in quality measures and will reward and recognize better performing medical schools.

Private medical schools should embrace this idea as this will allow them to prove their worth. Public medical schools and their student body should also support this as the greater transparency and uniform standards will spur competition and quality education. Governmental regulatory bodies can use data to monitor standards. Similarly, international organizations will become more assured of the quality of medical education. More importantly, the ultimate winner will be our patients.

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