

Curriculum Development: The Journey of Bangladesh College of Physicians and Surgeons

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Abstract:

Bangladesh College of Physicians and Surgeons has been the pioneer in developing post-graduate medical education in this country. The curriculum offers guidelines for selecting versatile candidates to become future specialist, training particulars and learning outcomes and set criteria expected of them at the exit. In general, the curriculum is the guideline for the trainees and training facilities including the assessment system to fulfill the conditions to facilitate creation of specialist in different disciplines

To document the hard works done by the fellows in last 50 years to establish curriculum in different specialities.

All the available data regarding development of curriculum found are analyzed to document the struggles did previously to develop curriculum in different specialities of BCPS.

FCPS part-I syllabus was printed in different subject in the year 2000. Between 2000-2005 most of the subject developed printed part-I syllabus. Changes in the structure of postgraduate medical education and training of the BCPS was initiated in 2012 by holding a workshop to discuss the way forward with participation of experts from the Royal College of Physicians and Surgeons of Glasgow, College of

Physicians and Surgeons of Pakistan, experts from the USA together with leading members of the Faculties of BCPS. This resulted in the decision that individual Faculties need to develop a curriculum. To ensure competency based training a common frame work was approved by the Council of the College in 2016. In 2017 another important change was approved that FCPS course will be for 5 years from January 2020. On the back ground of those decisions of the council curriculum and log book development committee work hard to developed new curriculum and log book.

Several Workshops involving leading Faculty members on the development of the curriculum were held in the following months starting on 2019. In the year 2020 and 2021 this committee with the help and different faculties and administration able to published new curriculum in 42 specialities.

Dynamicity of the curriculum makes it possible to incorporate recent advancements in the subject. This updated curriculum includes relevant new developments in different specialities.

Key words: Curriculum, BCPS

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Introduction:

Bangladesh College of Physicians and Surgeons has been the pioneer in developing post-graduate medical education in this country. The College aims at preparing

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aspirant doctors in different specialties to attain competencies required to enable them to work independently as consultants of global standard. The curriculum offers guidelines for selecting versatile candidates to become future specialist, training particulars and learning outcomes and set criteria expected of them at the exit. In general, the curriculum is the guideline for the trainees and training facilities including the assessment system to fulfill the conditions to facilitate creation of specialist in different disciplines.

Curriculum is the central component of academic activities of a program of an institution and can be broadly defined as sum total of all the learning experiences. It defines the learning objectives, the contents to be learned and competence to be achieved at the end. The teaching strategies, level of competence and a description of evaluation system along with standards for measurement have to be made explicit for

learners. the subjects of the curriculum and their contents should be aligned with the multiple needs of the professional performance of the future graduate. Also the curriculum has to be considered from a number of other perspectives, the teacher, the institution and the patient including community and other stake holders of the program. The rapidly expanding knowledge and technology demands repeated evaluation of a program so that the curriculum becomes a dynamic program capable of embracing newer developments.

A curriculum may stay in use for many years or even decades. Future graduates will be exposed to different situations and challenges in the coming years. In this context, it is prudent to anticipate future needs and standards in the area of training, such as novel approaches for diagnosis or management.³ Bangladesh College of Physicians and Surgeons has been the pioneer in developing post-graduate medical education in this country. The College aims at preparing aspirant doctors in different specialties to attain competencies required to enable them to work independently as consultants of global standard. The curriculum offers guidelines for selecting versatile candidates to become future specialist, training particulars and learning outcomes and set criteria expected of them at the exit. In general, this curriculum is the guideline for the trainees and training facilities including the assessment system to fulfill the conditions to facilitate creation of specialist in different disciplines.

The curriculum development process includes the design, development, implementation and evaluation of curricula. However, as one examines the process more closely it becomes evident that each component may itself comprise several varied but inter-related activities. The Curriculum Development is charged with the responsibility to operationalize the Curriculum Development Process. Accordingly, the work of the division may be more adequately described as designing, developing, implementing, monitoring, evaluating and reviewing curricula that are appropriate and relevant to the needs and interests of a developing nation.

The first step of the curriculum development process involves planning and determining who the learner is and what they need to get out of the material. The team begins by initially identifying what the scope is.¹ The first steps in the design of curricula involves the creation

of a multidisciplinary team that has a diversity of experiences and perspectives on academic undergraduate and postgraduate education and research.² Design stage involves all the preliminary work that is carried out to ensure that the curriculum is relevant, appropriate and workable. At this stage, the curriculum is conceptualized and attention is paid to arrangement of the varied components. The stage of development involves planning, construction and the logical step-by-step procedures used to produce written documents, as well as print and non-print resource materials. These documents may include vision statements, goals, standards, performance benchmarks, learning activities and instructional strategies, interdisciplinary connections, and other integration activities that guide curriculum implementation.

During implementation stage Curriculum Development Division also engages in in-service teacher education through seminars and workshops to facilitate the required alteration of individuals' knowledge, skills and attitude

In the monitoring stage it will be observed how it will be practiced and then evaluate it after that it will be in reviewed stage. The information gained from data analysis is used to guide appropriate adjustments to the curriculum documents. Such adjustments incorporate the strengths and address any apparent weakness of the implemented curriculum.

Objectives: To document the hard works done by the fellows in last 50 years to establish curriculum in different subjects.

Methods:

All the available data regarding development of curriculum found are analyzed to document the struggles did previously to develop curriculum in different specialities of BCPS..

Result:

FCPS part-1 syllabus was printed in different subject in the year 2000. During 2000-2005 most of the subject developed printed part-I syllabus. In this time or after that some subjects went for update.

Changes in the structure of postgraduate medical education and training of the BCPS was initiated in 2012 by holding a workshop to discuss the way forward with participation of experts from the Royal College of

Physicians and Surgeons of Glasgow, College of Physicians and Surgeons of Pakistan, experts from the USA together with leading members of the Faculties of BCPS. This resulted in the decision that individual Faculties need to develop a curriculum. Training should be centered on implementation of the curriculum through a structured, monitored and assessed system. Curricular aims were identified and a general outline of the training structure was agreed upon. Curriculum and log book development committee was formed in BCPS. To ensure competency based training a common frame work was approved by the Council of the College in 2016. This common frame work describe the –Goals, Learning Objectives, Competency domains (Clinical expertise , Leadership skill ,Communication skill , Collaboration, Scholarship and Research , Professionalism , Health advocate ,System based approach) , Program outline, Teaching Learning Process, Contents of Learning, Training Supervision and appraisal, Record of training, Assessment(Formative assessment with feedback and Summative Examination),Curriculum Implementation and Management, Curriculum Review. This was a fundamental design done by curriculum development committee of that time.

In 2017 another important change was approved that FCPS course will be for 5 years from January 2020. On the back ground of those decisions of the council curriculum and log book development committee work hard to developed new curriculum and log book.

Several Workshops involving leading Faculty members on the development of the curriculum were held in the following months starting on 2019. A guideline for preparing the curriculum was drawn up. Each Faculty was instructed to initiate the process of curriculum development. A committee defined the competencies to be included in the curricular goals. Individual Faculties held meetings to prepare their own curriculum following the guidelines. These were then submitted to a committee for evaluation whose task was to bring uniformity between the curriculums of different specialties. Further meetings and deliberations were then held to correct deficiencies and to minimize discrepancies.

In the year 2020 and 2021 this committee with the help and different faculties and administration able to

published new curriculum in 42 specialties. Almost all Core training log books were completed and speciality training log books are under process according to new common format.

Curriculum development is a continuous process. Now the committee always working with the new subject approved by the BCPS to develop their curriculum and logbook.

Provision for curriculum review has also been included in the programme based on inputs of trainers and trainees regarding problems in the implementation of the curriculum, keeping the changing environment of specialty training in the international arena in perspective. Now the committee works with the IT committee and RTMD to develop e-Log book.

Dicussion:

The design and implementation of the competency-based curriculum was adopted by the BCPS in 2016. Our curriculum also has been follow the recommendation of World Federation of Medical Education. All over the world, public demand for accountability is driving a paradigm shift to competency-based medical education (CBME) in the health professions .⁴ Medical boards around the world have adopted competency-based frameworks as the underpinnings for new postgraduate training programs. These frameworks include the Outcome Project of the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialities (ABMS) in the United States,⁵ the CanMEDS Framework of the Royal College of Physicians and Surgeons of Canada ,⁶ the Scottish Doctor Project in Scotland⁷ and the Framework for Undergraduate Medical Education in the Netherlands.⁸

Conclusion: Dynamicity of the curriculum makes it possible to incorporate recent advancements in the subject. This updated curriculum includes relevant new developments in different specialties. More emphasis was given to professional behavior, leadership development skills and communication skills for the future specialists of this country. As a document curriculum is never the absolute thing. Scope and need for refinement remains an ongoing process. Only continuous watchful implementation will dictate necessary changes. However for our students to attain

a global standard this curriculum will be a guideline for all stake-holders.

References:

1. Melisa J. Wallace,¹ Anna Zecharia,² Clare Guilding,³ Steven Tucker,⁴ and Ian McFadzean⁵ Developing a new undergraduate pharmacology core curriculum: The British Pharmacological Society Delphi Method *Pharmacol Res Perspect.* 2021 Aug; 9(4): e00832. Published online 2021 Aug 3. doi: 10.1002/prp2.832
2. S. Ramani, J. McKimm, H. Thampy, P.S. O'Sullivan, G.D. Rogers, T.L. Turner, *et al.* From clinical educators to educational scholars and leaders: strategies for developing and advancing a career in health professions education *Clin Teach.*, 17 (5) (2020), pp. 477-482
3. C. Rachul, B. Collins, M. Ahmed, G. Cai Twelve tips for designing assignments that foster independence in learning *Med Teach.*, 43 (1) (2021), pp. 75-79
4. Carraccio C, Wolfsthal SD, Englander R, Ferentz K, Martin C. Shifting paradigms: from Flexner to competencies. *Acad Med.* 2002;77:361–367. doi: 10.1097/00001888-200205000-00003. [PubMed] [CrossRef] [Google Scholar]
5. Swing SR. The ACGME outcome project: retrospective and prospective. *Med Teach.* 2007;29:648–654. doi: 10.1080/01421590701392903. [PubMed] [CrossRef] [Google Scholar]
6. Frank JR (ed) (2005) The CanMEDS 2005 physician competency framework. Royal College of Physicians and Surgeons of Canada, Ottawa, Ontario, Canada. http://www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/resources/publications/framework_full_e.pdf. Accessed 19 Mar 2017
7. Scottish Deans' Medical Curriculum Group (2007) Learning outcomes for the medical undergraduate in Scotland: a foundation for competent and reflective practitioners. 3rd edn. <http://www.scottishdoctor.org/resources/scottishdoctor3.doc>. Accessed 19 Mar 2017
8. Laan RFJM, Leunissen RRM, van Herwaarden CLA. The 2009 framework for undergraduate medical education in the Netherlands. *GMS Z Med Ausbild.* 2010;27(2): Doc35. [PMC free article] [PubMed] [Google Scholar]