

MEDICAL EDUCATION IN BANGLADESH- IS THERE ROOM FOR IMPROVEMENT?

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The nature of medical education in Bangladesh was inherited from the British and the then Pakistan period. Earlier medical degree was LMF which was later on replaced by MBBS degree offered by very few medical colleges to start with. In phases the number of medical colleges conducting MBBS course was increased to 15 in public sector and to 33 in private sector. The number of students enrolled in medical colleges per year become 4525 per year less than half of whom are in the public sector.

Immediately after the emergence of erstwhile Pakistan people were accustomed to have wide acceptance of doctors having UK based postgraduate degrees, members and fellows of the Royal Colleges of UK, for example (MRCP, FRCS). In early nineteen sixties the Pakistan College of Physicians and Surgeons with its sister Institute of Postgraduate Medicine and Research (IPGMR), and Bangladesh College of Physicians and Surgeons were established to offer such equivalent degree, fellowship in various disciplines in Medical Sciences. Since then majority of the postgraduate doctors in the country were fellows (FCPS) and members (MCPS) from Bangladesh College of Physicians and Surgeons (BCPS). Although MD & MS in different clinical subjects was approved by the faculty of postgraduate medicine and research in Dhaka and other public universities long before, the courses in M Phil and diplomas in different subjects were only being offered to a limited number of subjects under the university of Dhaka. In the later part of eighties an increasing number of MD and MS was introduced in the university of Dhaka side by side with the fellowship of the BCPS. In almost every annual meeting of the BCPS most of the time was spent in debating about the issue of twin postgraduate degrees existing in the country with no fruitful outcome but prolific increase in the number of clinical MD and MS in different medical colleges under different public universities. The university is not concerned at all to make the nomenclature uniform one for such postgraduate degree for example MD (Medical Science) like India. In consistent with medical faculty of any developed

country, undergraduate courses in Medicine (MBBS) was introduced in the Institute of Postgraduate Medicine and Research (IPGMR), Dhaka along with Masters in basic subjects for creation of teachers for the basic subjects in early eighties which was also stopped for unknown reasons.

In a country with a population of more than 140 millions we need a large number of basic graduates, technologists, nurses, dentists and qualified postgraduate medical professionals to serve nationwide. Only recently B Sc degree course has been introduced in laboratory medicine, dentistry, physiotherapy. The time needed for becoming a postgraduate doctor is painfully very long due to the nature of the skill bound profession. Other than the professional degree from BCPS there was little scope to acquire the clinical MD and MS beyond the university of Dhaka until less than a decade before when such postgraduate degree was started in a number of prestigious and old medical colleges of the country having very good track record. These medical colleges were affiliated with different public universities like MBBS degree although at one stage a hope of single medical university for conducting all the medical courses and degree in the country was created but could not be sustained.

Any university is likely to have both undergraduate and postgraduate degree. The current trend of the same is prevailing in many medical colleges nationwide which is in consistent with other developed and developing country where the medical schools used to offer both graduate and postgraduate degrees, All India Institute of Medical Sciences (AIIMS), for example. The schools offering sole postgraduate degree is virtually non existent.

The period of training required for appearing the final fellowship examination of BCPS is being recently changed to a period of 3-5 years depending on the nature of the fellowship. A large number of medical colleges both public and private including district hospitals are being accepted as institutes for providing training to a large number of doctors completing part I in FCPS. The extension of small part of training in upazilla health complex (sub-district) may be made. The idea conforms with the

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current view of undergraduate and postgraduate education including training more and more in outreach centres which will be helpful to simulate real life situation. This has already been demonstrated that exposure of doctors to the community is helpful in promotion of output of generalist, family and primary care doctors who are needed more and more for the poor country like ours. A planned training arrangement with truly 'essential' domains be imparted in the first six months of training for example: (1) Professional values, attitudes, behavior and ethics; (2) Scientific foundation of Medicine; (3) Clinical skills; (4) Communication skills; (5) Population health and health systems; (6) Management of information; (7) Critical thinking and research. During the training period relevant methods of training like journal club, grand round, seminar, symposium, workshop should be arranged regularly in all training places under such medical colleges. Use of IT facilities are being made in many out reach medical colleges resulting in publication in peer reviewed journals by trainees. In fact undergoing a formal course is not a pre requisite for appearing in final FCPS examination. It is praiseworthy that many doctors are also conducting small scale research in medical colleges country wide, in district hospitals and even in upazilla level for doing their dissertation as a prerequisite of appearing in FCPS II examination.

It is relevant to mention that the disease pattern and number of the patients admitted or attending the medical college hospitals are suitable for acquisition of skills necessary for the postgraduate doctors of the country. For example in Internal Medicine wards of Dhaka Medical College Hospital having four units >20,000 patients were treated in 2006 alone. A similar number is also true for other old government medical colleges. The spectrum of skills requires for a postgraduate doctors are applicable for routine and emergency care which is possible/available in district and medical college hospitals. Strengthening of such hospitals by providing essential laboratory, investigational facility and providing logistics will be beneficial for the patients and for trainee physicians.

The medical knowledge is a continuous process started in MBBS and refined in postgraduate training period with the faint line of demarcation for transition. The graduate doctors with firm basic knowledge in MBBS course will require little input to become a postgraduate doctor with some

guidance. It is an urgent need to strengthen the medical colleges in both public and private sectors to produce basic doctors with good foundation who will have the potential to become a postgraduate doctor with little input. The essential elementary requisites to set up and sustain medical colleges are in preparatory phase by BMDC which when implemented will be a further step ahead for providing quality assurance in Medical Education.

A dramatic change happened in undergraduate Medical Education in Bangladesh with the introduction of new updated curriculum in 2002. The curriculum was designed, and finalized through a series of workshop over a period of five years and mostly done by teachers of medical colleges and are used in the medical colleges nationwide. The introduction of community based teaching, formative assessment, integrated teaching, small group teaching, block posting, structured oral examination, objective structured practical/clinical examination, MCQ, SAQ in written examination will help in the production of need based doctors. Such doctors coming out from medical colleges is expected to be able to adapt in the same or similar institutes to update themselves by continued professional development through phases in place now. We have to have some patience to get the fruit from such new initiative in the curriculum which may be relatively a 'high hanging fruit'. The bulk of information given to a student over five years in the current curriculum through subject wise approach may be changed to Problem Based Learning (PBL). PBL is an educational format that is centred on the discussion and learning that emanates from a clinically based problem which encourages deeper understanding of the material.

It is essential to provide additional input to nourish the medical colleges providing teaching and training for both MBBS and postgraduate degrees. One option may be using the scope of a single umbrella under the Medical University to take care of all the medical degrees of the country instead of using other general public university for graduate degree and the Banga Bandhu Sheikh Mujib Medical University for the post graduate degree only. In order to change medical education further an independent commission having experts from abroad and local resources may be formed who will provide a long term vision and plan for an appropriate need based medical education for the country. There should not be short cut or hurry in it. Some of the questions

may be posed to such a commission to answer are:

1. Should the medical colleges be run by DGHS or a separate directorate under the ministry of health be set up separate from public health to look after education of all the health professionals.
2. Should we have one university something like national university who will provide accreditation and conduct all activities related to examinations with campus in all medical colleges/institutes.
3. How can we provide uniform quality assurance in medical education both in public and private sectors.
4. Should we have too many degrees or can we limit the number of degrees to a minimum.
5. What should be the essential prerequisite for having a medical college with undergraduate and postgraduate courses.
6. Should an institute with only postgraduate degree is economical in resource poor country.
7. Can we have multiple or variety of centre of excellence in Medicine in different parts of the country
8. Can we separate service from teaching hospitals? What should be the criteria of a teaching hospital.
9. Can we arrange multiple courses in the same medical college- medicine, nursing, laboratory medicine, physiotherapy, public health, diagnostic imaging, dentistry
10. Can we link premedical education with medical education.
11. Do we need autonomy in running the medical institutes.

Once we get the answers to these questions we can plan for providing better service through producing good quality medical professionals for the country. Since then we should not hastily change the present methods in medical education in the country.

Further Reading

1. Arky R. A (2007). The Family Business – To Educate. N. Engl J 354: 1922 – 1926.
2. Gibbon W, (2007). Medical Schools for the health-care needs of the 21st century. The Lancet; 369: 2211 – 2213.
3. The University of Newcastle Australia (2007). Bachelor of Medicine. BMed Student Survival Guide. 1 – 44
4. Schwarz M R and Wojtczak A (2002). Global minimum essential requirements: a road towards competence-oriented medical education. Medical Teacher. 24; 125-129