CHANGES IN MEDICAL EDUCATION DISPENSATION: GENTLE BREEZE OR TURBULENT WIND

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Basic medical education dispensation in Bangladesh is the offspring of historical hierarchy dating back to 1835 when the then colonial ruler established Kolkata Medical College with a very narrow vision of producing graduate doctors in line with the contemporary European medicine for providing some medical care for natives overlooking all other dimensions of medical education. Those institutions in India and Pakistan once a part of British India have changed and customized the colonial vision and updated with commensuration to the need of contemporary period of science and service in a continued consistent credible manner after liberation. In our country over the years there has been changes and changes has been continuing per the development of science and technology and accumulation of knowledge, skill and attitude but not with appropriate harmonization and aligning to the contemporary trends of science, service and education. In addition there are also changes in domains beyond medical education dispensation that have direct or indirect effects on it. The visible general changes are: population boom, life style changes, urbanization, increase in literacy rate, enhancement of standard of leaving, usage of modern consumer products, receding superstition and taboos, free market principles and market driven job opportunities, easy communication and information access, democratic manoeuvres and fall outs, and many others. With these changes there are some impacts on medical education dispensation in the country. The broad areas of changes are: Withdrawal of public sector monopoly on medical education dispensation, MBBS Curriculum 2002 and New Internship training schedule by BMDC.

With withdrawal of public sector monopoly on medical education dispensation setups ie medical colleges, there has been race for establishing private medical colleges that began with the establishment of Bangladesh Medical College in 1986. At the same time many newer medical colleges has been established in the public sector as well. For establishment of more medical colleges there are plans and initiatives in pocket of both sectors. This creates a serious imbalance between demand and supply of personnel, appliances, setups and program perspectives.

MBBS Curriculum 2002 has been introduced that was a paradigm shift from earlier curriculums. Abolishing year compartments in favor of phases and terms and reducing preclinical years this tight non flexible curriculum with paradoxical carry-on facilities has also other attributes. It is task specific, time bound plus highly dependent on personnel, skill, resource, stringent coordination and the need for more groomed up students capable of surviving formative exam loads. There are also many gray areas which have not been addressed.

The present internship training schedule is to some extent biased for a particular area. One has to choose between surgery and midwifery for comprehensive training. But the need is for a basic doctor capable of providing primary care on all three major clinical arena ie medicine, surgery and midwifery.

There are three agencies related to medical education dispensation. Ministry of Health and Family welfare provides the permission for establishing medical colleges and in addition for public sector institutes it is responsible for funding and operation. Universities based on geographical territorial location affiliate medical colleges and provide the degree. Bangladesh Medical and Dental Council (BMDC) acts as a licensing organ to provide registration for medical practice within the territorial jurisdiction of Bangladesh. In addition BMDC has been entrusted with the authority for preparing MBBS curriculum. The structure and functioning of all these agencies has embedded conflicts of interests but that are neither attempted to identify nor declaration or amelioration.

Before the establishment of the private medical colleges many operational issues remain sublime because a single national government ultimately coordinated and or controlled all aspects directly or indirectly as colleges running the MBBS program, universities conferring degrees are in public domain, and most of the stakeholders of the licensing authority are public servants where besides service

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rules and covenants one has to be mindful of the fall outs of democracy. So executive authority of the government supersedes and or merges everything to some harmonization and as such the operational issues are not that much evident or the functionality are not customized there of or not needed.

In addition it is to be noted that though the universities are the basic medical degree awarding organization but none has intramural medical faculty and no one has financial and executive authorities over the medical colleges.

In the slippery slope of our situation the ultimate situation that sparked off is now very complicated. There are many yet to be addressed or thought of inconsistencies between the three broad changes that have shaped the medical education dispensation of the day.

There are some very essential prerequisite attributes of medical education dispensation that are: setup and personnel requirements, available facilities, obtainable periods within the course limit, curriculum adherence, assessment validity and reliability and many other interlocking matters. In addition the general socio-economic-political factors are no less important that is one of the main issues that intervenes a strict time bound program.

In any country medical education dispensation is kept under stringent regulatory control by laws, regulations, standard guidelines and operation procedures, structured monitoring and evaluation with an aim for producing 'Safe Doctors and Scientists for the Nation'. There are bench marking for those as well. Any gray area is seriously detrimental in this behalf.

In this issue of the JCMCTA an article has been authored by a faculty member who has attempted to indentify some operational inconsistencies of the MBBS Curriculum 2002 in general and preclinical program dispensation in particular. This deserves serious attention for appropriate addressing and more of like should be done. Based on these attentions and addressing some evidence base are to be developed for conducive recasting of the state of the art, possibly that was never attempted for any change in medical education dispensation in our country in the past. The bottom line is what we need of any change that is reflected always consciously or unconsciously, gentle breeze that is comfortable or turbulent wind which is devastating! Any ambivalence in this behalf is not welcome.

Conflict of interest: None