



# Medical Education in Bangladesh: Key Challenges and Issues

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Medical education in Bangladesh has a significant and growing number of public and private colleges that offer the MBBS degree, with a competitive admissions process. While the system has developed to meet healthcare requirements, difficulties persist, including potential gaps between theoretical knowledge and practical abilities, resource limits on research, and discrepancies between institutions<sup>1</sup>.

Bangladesh is now recognized as a top destination for talented doctors. The country provides a structured and internationally recognized pathway to becoming a healthcare professional. With 37 public and 67 private institutions, there are roughly 11,420 seats available each year. These programs are overseen by the Directorate General of Medical Education (DGME) and adhere to the curriculum established by the Bangladesh Medical and Dental Council (BMDC). While the system has grown and absorbed certain modern teaching methods, it still confronts important issues such as quality control, faculty shortages, and equal distribution of medical professionals<sup>2</sup>.

It is more challenging to implement sudden changes in methods without sufficient planning in low- and middle-income nations like Bangladesh, where medical education faces a number of obstacles, including a lack of infrastructure, qualified teachers, and cutting-edge technologies<sup>3</sup>.

According to some sources, 43% of teaching positions at many government medical universities are unfilled, indicating a serious staffing shortage. At the highest echelons, where there is a 65% vacancy rate for professor jobs, the shortage is particularly severe<sup>4</sup>.

Basic courses including as anatomy, physiology, and pharmacology have a particularly high teacher shortage since they are deemed less monetarily desirable than clinical specialty<sup>5</sup>. The government's emphasis on establishing new medical colleges has frequently overlooked the concomitant demand for qualified teachers, exacerbating the staffing crisis, particularly at newer institutions<sup>6</sup>.

Even though Bangladesh's undergraduate medical education system has changed dramatically over the last few decades, there are still a number of issues with curriculum, facilities, quality assurance, and the differences between public and private schools. The mismatch between academic knowledge and practical abilities is one of the main problems; this has long been a complaint in medical education around the world. A curriculum that has not completely adopted contemporary instructional practices is sometimes blamed for this disparity<sup>7</sup>.

Bangladesh has to implement a number of significant reforms in order to enhance undergraduate medical education. First and foremost, curriculum modification is essential, emphasizing competency-based education that prioritizes ethical behavior, patient care, and critical thinking. Second, teacher development programs ought to be broadened to incorporate ongoing professional development and contemporary teaching techniques. Third, in order

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to facilitate hands-on learning, both public and private medical schools ought to make investments in enhancing their facilities and resources. Last but not least, stricter regulatory control is required to guarantee that medical colleges uphold the highest standards of instruction<sup>8</sup>.

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