EDITORIAL

Postgraduate Medical Training in Pakistan

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A special communication as 'an overview of the postgraduate medical training in Pakistan' is being published in the current issue based on a neutral observer's report submitted to the Higher Education Commission in February 2007. We, at the College of Physicians and Surgeons Pakistan, welcome the observations, critique and the suggestions. Yet, I would like to voice certain reservations and disagreements with some of the findings of that report.

A large part of that report deals with general practitioners. CPSP had started a diploma in family medicine. Unfortunately, there is no legal binding to practice after becoming a medical graduate from the Pakistan Medical & Dental Council (PMDC). This area is beyond the jurisdiction of the Higher Education Commission (HEC). However, all the objections in this regard are valid. The graduates capable of doing postgraduation do not enter into general practice for obvious reasons. They have to compete with alternate medicine practitioners like '*hakeems*', homeopathic doctors and a great majority without any qualification (*Quacks*). Therefore, charges by general practitioners in Pakistan are very low. This is compensated by number of patients seeking treatment but not enough time is given to individual patients.

FCPS Part I has a passing percentage of 20%. This examination is in pre-clinical subjects. A poor passing percentage is indicative of substandard and non-uniform undergraduate teaching in basic subjects. There is a great dearth of teachers in these basic disciplines. It is inappropriate to say that candidates are passed according to places available to them. In fact, in many subjects, more candidates are passed than can be accommodated. This examination is relevant and is essential to maintain a certain standard if the training and standard of consultants are to be maintained, otherwise, a Fellow of the College will have the same doubtful position as an M.D or M.S. consultant. Again, promotions in many medical institutions are made according to recommendations of the PMDC and not the HEC.

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Results of the FCPS final examination are poor due to a myriad of reasons. The majority of supervisors in public sector hospitals work part-time, only working upto 2.00 p.m. There is very large load of patients and the supervisors and trainees have time constraints alike. In addition to undergraduate teaching, there are too many postgraduate candidates for a supervisor to look after, considering the very short time he or she has with the trainees. All supervisors are paid by their hospitals, local or provincial governments, therefore, they are not under the control of CPSP, which can do little, if inadequate training is provided.

A very important problem usually not discussed, is the fact that the language of instruction is English and many candidates, especially those coming from Matriculation and Intermediate examination systems of the country have a very poor grasp of the language. Especially vulnerable are candidates with a rural background. The problem is so severe that about 10-15% of articles JCPSP receive from postgraduates are simply returned after initial assessment due to extreme linguistic fallacies rendering the communication as incomprehensible. Linguistic expert help is recommended for such write-ups. This is despite the fact that we are very liberal with mistakes in English language alone.

Another grave problem is the increasing number of seats in private medical colleges without proper infrastructure and manpower demanded by PMDC. This will certainly further deteriorate the already falling standards of medical education in the country and in turn will reflect on the poor postgraduate standards later on.

The report has mentioned a private sector University Hospital as being exemplary. Yes, training is ideal there but the graduates from that college do not opt for working as general practitioners in Pakistan. In fact, the great majority of graduates from this college goes abroad, never to return for practicing in Pakistan. Partly because they have to earn back the huge amount of money spent on their graduation and partly because graduates from that college are trained in such an ideal environment that they can hardly work at other hospitals. They are unable to adjust in a majority of public sector hospitals in Pakistan considering the ground realities of power failure and constrained resources for upgradation and maintenance. To give an example, a large public sector hospital in Karachi is still without a Multidetector CT scanner and MRI scanner because a suitable 'percentage' of kickback could not be worked out of the allocated sum, what to talk of other necessities ?

There is an objection regarding the fees of FCPS. It must be remembered that CPSP is a self-sustaining body with no financial aid from outside. Only recently has HEC promised to give financial aid. It is a not-for-profit organization, and run by a council of 20 members, elected by the Fellows of the College, every four years. But it can not work if funds are not available. Comparison has been made with the salary of the candidates. However, if one compares fee of CPSP with the fees of undergraduates of private medical colleges who are charging Rs. 25,000 to 50,000 per month, for five years (1.2 to 2.5 million rupees in five years), it will become obvious that the amount charged by CPSP is mere peanuts. The College also provides "*Qarz-e- Hasna*" i.e. interest-free loans for the needy candidates.

M.S. and M.D. are research degrees and are not clinical. People passing these examinations are not trained as clinicians and have no assessment for pre-clinical sciences. The area of research is very narrow. This research should ideally be done after acquiring some clinical diploma. The curriculum for these degrees is either not available or varies from university to university; training is unstructured and the supervisors are usually the examiners themselves. The external examiners, more often than not, are also selected by the candidates or their supervisors. The system is shrouded in mysteries and ambiguities. The candidates are usually in their forties and have either failed in FCPS part I or are not willing to appear for fear of failure. These candidates perceive M.D./M.S. as much easier alternates to FCPS/ FRCS/MRCP etc. to become consultants.

Though the overall picture is gloomy, there are exceptions also and some of these fellows are excellent clinicians and academicians.

Due to the decision by the Supreme Court, admissions to medical colleges are made on open merit without gender bias. Some important setbacks, perhaps not visualized at that time, are:

1. The number of females now graduating far exceeds male graduates. Males are less inclined to enter into the medical profession, therefore, the number of female graduates is increasing each year. Currently, in Karachi Medical and Dental College, for example, there are only 5 to 7 males in a class of fifty students. Presently, in other medical colleges also, male to female ratio is not more than 1:3.
2. Due to our religious and social circumstances, it is difficult for female students to examine male patients in the absence of male colleagues and, therefore, training is difficult.
3. No consideration has been given to the fact that three medical colleges in the country are assigned exclusively for females. There is no such exclusive college for males.
4. The percentage of drop outs graduating female is about 70, according to most un-published estimates, which is a great economical and manpower loss for the nation. For many females the only purpose of becoming doctors is to find proper suitors. Most female doctors are reluctant to perform night duties or do full-time jobs, mostly due to family pressures.
5. This situation has resulted in a shortage of able junior male doctors for most hospitals. Patient care has, therefore, been affected.

It is yet to be seen how HEC implements the recommendations made by Dr. Gibbs and improve the postgraduate training for the candidates.

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