Sir,

The recent editorial in your Journal (JCPSP) suggesting the need for medical education reforms is a timely approach to the long-lasting issues facing medical education in Pakistan. While the importance of each of the issues highlighted can not be denied, I take this opportunity to further emphasize on following points already raised by the author.

Workforce plays a pivotal role in the healthcare delivery and like other developing countries, Pakistan faces a shortage of doctors because of the increase in migration rates during the last few years. Nursing as a profession is still not provided adequate recognition while there is complete lack of awareness about other allied health professions such as midwives, physiotherapists, occupational therapists and dieticians who can efficiently share the burden of huge number of patients requiring attention at their level so as to minimize the workload of a doctor.

The internship is a milestone in the life of a medical graduate where he/she has an opportunity to apply the knowledge and skills learnt in the undergraduate phase in a supervised environment. The author has rightly mentioned the absence of structure to internship. Majority of the graduates in Pakistani setup either intend to have their own private practice or join as a medical officer in a dispensary. It is vital that all medical graduates, irrespective of qualifying from a private or public institution, should have an opportunity to work under supervision in all major fields, for example: Medicine, Surgery, Obs & Gyn, Paediatrics and Psychiatry rather than having a selective approach in fields they chose.

Involvement of all stakeholders in bringing about a positive change in healthcare system is a valid statement by the author. However, when we talk of stakeholders' community, to which a medical graduate or specialist will serve, is completely missed out in all dialogues and discussions. It is high time that adequate representation of the community members is ensured in forums where important decisions are made and this must have both patient’s and carer’s voice.

Finally, the contemporary trends in the medical education worldwide must be carefully examined and new innovations in teaching and assessment must be applied with caution and evaluated rigorously before conclusions are arrived on their efficacy within local scenario.

REFERENCES

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