In the past few decades, the world has changed more than it has changed in the last century and it continues to change at fast pace. Medical education is no exception and it has seen the greatest change in the past decade. Last few years have made the geographical boundaries irrelevant as far as learning is concerned; there is an unlimited amount of knowledge that is available through the internet and it has changed the way medical education used to be.

The most significant demographic change in the medical profession over the past 10 years is the change in gender proportions, for example, the number of female doctors has risen significantly in the past decade. Male doctors may still outnumber lady doctors but, based on current trends seen in medical college admissions, it may be predicted that they may be outnumbered by women in the future. However, careful observations show that women cluster in a few specialities more than the others. This too is changing and Pakistani women can be seen taking-up posts which were traditionally considered a male domain.

An ever increasing brain drain has been observed especially in the last decade as observed at various national and international forums as the medical workforce has become globalised. This has had a definite impact on Pakistan. There are many reasons for these; some of the most important are scarcity of opportunities, personal and economic reasons, which have caused the greatest efflux of our doctors.

The usefulness of pre-medical curriculum, the medical undergraduate curriculum and how they relate to residency and clinical practice are a topic of spirited debates and discussions throughout the world, although there have been many changes in the medical curricula in the past few years, many of which have been termed as of being cosmetic nature, by medical educationalists. The truth, however, remains that in reality subjects and not the discipline is taught and we have moved albeit little from the 'traditional medical curriculum'.

In the last century, academic environment within medical education has transformed significantly throughout the world. In academic (teaching) hospitals, research has become as important as teaching if not more. A “publish or perish” culture has emerged in Western universities and medical schools and our hospitals and institutes are catching-up with them too. Throughout the world, research productivity has become the standard by which faculty accomplishment is now judged; teaching, caring for patients, and addressing broader public health issues seem to have become less important activities, however, this is now changing in the West. These issues, however, need to be debated in Pakistan.

In the last decade, the world has moved from traditional practice to evidence based medicine (EBM); the challenges in medical education have also grown and we are now faced with numerous new challenges. Medical schools across the world are taking steps to incorporate EBM in undergraduate medical curricula and Asian medical schools are beginning to catch-up with this practice. Thus, it has become important to undertake steps to encourage the EBM at postgraduate level and incorporate it in the undergraduate curriculum in Pakistan. It is encouraging that some Gulf countries have developed 'knowledge translation' departments for this purpose and this can be followed as an example to encourage the practice of EBM.

Quality assurance has been a completely neglected area for theorists, practitioners and policy makers in medical education, in the light of growing number of undergraduate and postgraduate students (and institutes), robust quality assurance policies in medical education can not be overemphasized. This is necessary in order to improve the quality of medical graduates passing each year and will also ensure quality in the provision of services to the patients.

Emerging public health problems and changing population dynamics require the future doctors to show very high competence and leadership skills. What is needed to cultivate the knowledge, skills and values that must be imparted by medical education into better balance and to prepare outstanding physicians for the 21st century? The need for an overhaul of medical curricula at undergraduate and postgraduate is inevitable. It is important that steps should be taken to change the medical curriculum. Such changes, however, are never easy, whereas the practice of medical education needs to be student centred and clinical practice teaching needs to become patient centred; a better integration of the basic sciences and clinical sciences is needed and translational medicine is the way forward.

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And to bring about these changes, both regulatory and voluntary efforts are important. It is important to recognise and adapt the World Federation of Medical Education’s global standards, keeping in view our own cultural requirements and needs. It is also important to mention that we have already shown some dramatic changes in various speciality training curricula at postgraduate level which has been acknowledged in the form of increased recognition of postgraduate degrees administered by CPSP. These degrees have been recognised by world authorities from Europe and the Asia-Pacific as an ever increasing number of our postgraduates get opportunities for further training in their respective specialities, however, a more general and extensive review must be taken to find the solutions to various local problems such as undergraduate medical education and steps should be undertaken to set standards for medical schools throughout the country. We should not wait for an Abraham Flexnor report to update and review our curricula and training programs.

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