Enhancing Postgraduate Medical Education: Upscaling and Recognition of Pakistan's Training

Dear Editor,

We write to propose ways to enhance the recognition of Pakistani physicians and surgeons working abroad, especially in the Middle East.

Doctors obtaining their basic medical qualifications and training from Pakistan makeup a sizeable proportion of the physician workforce in almost every corner of the world. Approximately 15,000 physicians from Pakistan work in the United States. In the United Kingdom, Pakistani physicians form the second most common non-UK national physician population (3.3%).[1] Middle Eastern countries rely heavily on expatriate doctors from Pakistan to meet their healthcare demands.[2] Pakistani physicians are highly sought-after and have achieved significant career growth, especially in North America and the UK. Most Pakistani physicians working in North America and the UK in leading positions obtained their postgraduate certification and training in those countries. A smaller number, who received their postgraduate certification and training in Pakistan, were also able to achieve leading positions in these countries.

However, situation is somewhat different in the Middle East and African countries. Although, there is a significant presence of Pakistani physicians, the vast majority work at the junior or middle level with little chance to progress. Of those few who hold senior and leading positions, the vast majority obtained their postgraduate certification and training in North America and the UK.

The College of Physicians and Surgeons of Pakistan (CPSP) is the only body in the country offering postgraduate speciality and subspeciality training in a range of disciplines through training at accredited institutes. Over the years, the CPSP has built commendable specialised indigenous training programs by formulating a criterion of skill sets and the core curriculum for each speciality and sub speciality. However, despite the high demand for sub speciality consultants in Middle Eastern and African countries, qualifications obtained from the CPSP do not automatically qualify physicians to work as consultants in most institutions and countries. The reason for this dichotomy remains speculative. Whether training methods and processes in Pakistan need a review or whether it is a question of recognition by the institutes abroad. Having worked in Middle Eastern and African countries for almost two decades and having had the chance to discuss and interact with different stakeholders, including the junior physicians, we suggest that both the training in Pakistan and recognition of the training and qualification abroad need to be addressed.

In this context, we suggest a multi-pronged approach. As a first step, the scope of our curricula may need to be reviewed, revised, and enhanced.[3] More emphasis needs to be put on emerging concepts in global health, such as community health, prevention, screening and early detection, survivorship, quality management, patient safety, bioethics, legal and regulatory issues, palliative care, and holistic care.[4] Emphasis on attributes such as communication skills and linguistic needs, collaboration, critical thinking, managerial skills, life-long learning, and professionalism need to be highlighted. Inclusion of the modern models of management of health systems, such as pharmaco-economics, pharmacogenomics, and training in telemedicine, artificial intelligence, and robotics should be considered.[5] The quality of supervised research during training may need to be revisited to establish external peer review criteria and publication of papers in the journals with high impact factors. Methods of assessing acquired knowledge, skills, and targeted competencies should be aligned with internationally accepted standards, objectively weighed for each component, and made continuous rather than a single instance.

Table I: Summary of suggested recommendations.

Internal
Curricula revision
Include up-to-date body of knowledge.
Include an components of ethics and global aspects of healthcare.
Peer-reviewed quality research.
Real-time assessment of clinical skills and procedural skills.
Inclusion of acquisition of communication and language skills.
Standardisation of the accredited training institutions
Standardisation of facility requirements and maintenance of the standards.
Faculty calibre and number.
Continuous evidence of faculty engagement in the related speciality.
Faculty development.
Methods of assessment
Continuous with objective recognition of each component.
Post qualification engagement
Interaction, engagement, and feedback.
Financial:
Financial support for fellows through fundraising and interinstitutional contribution.
Funding for faculty development.
Engagement of wider stakeholders, political, philanthropy, industry, and external.
Endowment funds.
Soft loans for postgraduate fellows to pursue international scholarship.
Political engagement
Policy guidance and legislation
Faculty incentivisation.
Unified programme recognition.
Protection of trainees' employment and prioritisation.
Funding for faculty development.
External
Accreditation of programmes
Peer review.
A strategic alliance
Post-postgraduate qualification.
Visiting fellowship.
Mentorship.
Research scholarships.
Collaborative research and publications.
Faculty exchange.
Trainee exchange.
Examination collaboration.

At the same time as the curriculum is enhanced, we may also need to review and enhance the competency and skills of our trainers and supervisors in the CPSP-accredited training institutions. The trainers and supervisors may also be asked to provide valuable feedback. Furthermore, the criteria for accrediting an institution may need to be thoroughly revised, with the inclusion of essential requirements, such as having a minimum number of qualified faculty, necessary human resources, policies, processes and procedures to provide safe, and evidence-based healthcare. External peer review by recognised international training bodies, such as the Accreditation Council for Graduate Medical Education International (ACGMEI) may be useful.[6]

In addition, the healthcare systems of accredited hospitals may need to be upgraded to that of the contemporary medical practice, such as having a robust hospital information system (HIS), electronic patient records (EPR), laboratory management system (LMS), radiology management system (LIS, RIS, and PACS) to cite a few examples. Competency in using these systems would help the Pakistani physicians seeking employment in the Middle East and Africa.

In parallel to upscaling our postgraduate and sub-speciality programmes, we should also consolidate our achievements abroad by reaching out to the countries that lack proper postgraduate medical training infrastructure, such as in some parts of Sub-Saharan Africa.[7] These programmes have a lot to learn from the established programmes, such as those of the CPSP. The college can branch out and become a vocal, collective geo-force with a wider presence, and add to the weightage of their recognition.

Finally, for the qualified workforce's growth, forming a powerful action alliance with parties having the same common goal may be yet another step in enhancing the visibility and recognition of postgraduate qualifications of the CPSP worldwide. Alliances can be forged not only for programme recognition but also for cooperation beyond postgraduate qualifications. These goals could be achieved through visiting fellowships, mentorships, research scholarships, collaborative researches, observer ships, and credit time recognition. In achieving these objectives, a larger collaboration with stakeholders, such as the respective governments, non-governmental organisations, educational societies, financial institutions, and others would be essential. Table I summarises our thoughts and suggestions that may play a role to the advantage of Pakistani physicians in integrating with a global health workforce.

COMPETING INTEREST:
The authors declared no conflict of interest.

AUTHORS' CONTRIBUTION:
AJS: Concept, content, and write-up.
IB: Final write-up and content.
Both authors approved the final version of the manuscript to be published.

REFERENCES

1. OECD Health Statistics 2023 - OECD [Internet]. [cited 2024 Jan 18]. Available from: http://www.oecd.org/els/health-systems/health-data.htm.
2. Katoue MG, Cerda AA, Garcia LY, Jakovljevic M. Healthcare system development in the Middle East and North Africa region: Challenges, endeavors, and prospective opportunities. *Front Public Health* 2022; **10**:1045739. doi: 10.3389/fpubh.2022.1045739.
3. Patel M. Changes to postgraduate medical education in the 21st century. *Clin Med (Lond)* 2016; **16(4)**:311-4. doi: 10.7861/clinmedicine.16-4-311.
4. Kligler B, Pinto Zipp G, Rocchetti C, Secic M, Ihde ES. The impact of integrating environmental health into medical school curricula: A survey-based study. *BMC Med Educ* 2021; **21(1)**:40. doi: 10.1186/s12909-020-02458-x.
5. Agha-Mir-Salim L, Mosch L, Klopfenstein SAI, Wunderlich MM, Frey N, Poncette AS, *et al*. Artificial intelligence competencies in postgraduate medical training in Germany. *Stud Health Technol Inform* 2022; **294**:805-6. doi: 10.3233/SHTI220589.
6. Metcalfe MJ, Farrant M, Farrant J. Peer review practicalities in clinical medicine. *Adv Med Educ Pract* 2010; **1**:49-52. doi: 10.2147/AMEP.S14279.
7. Parvin-Nejad FP, Hoffman GS, Padmanaban V, Nwomeh BC, Mshelbwala PM, Benneh AY, *et al*. Surgical subspecialists in West Africa: Workforce size, training opportunities, and contributing factors. *Surgery* 2021; **170(2)**:478-84. doi: 10.1016/j.surg.2021.04.018.

Asim Jamal Shaikh and Ikram Burney

Department of Medical Oncology, Sultan Qaboos Comprehensive Cancer Care and Research Centre, Muscat, Oman

Correspondence to: Dr. Asim Jamal Shaikh, Department of Medical Oncology, Sultan Qaboos Comprehensive Cancer Care and Research Centre, Muscat, Oman
E-mail: asim.jamal@outlook.com

Received: August 17, 2023; Revised: January 20, 2024; Accepted: April 29, 2024
DOI: https://doi.org/10.29271/jcpsp.2024.07.860