



## Editorial

# THE MEDICAL CURRICULUM: ARE WE MOVING IN RIGHT DIRECTION...

The World Federation of Medical Education has notified that medical graduates coming out in 2023 must have gone through the modern teaching strategies. Being a member of the federation, the PMDC is bound to implement its instructions. Moreover, non-implementation entails closing the doors of foreign employment on Pakistani doctors after eight years.

The existing health care across the country is facing the burden of multiple diseases, uneven distribution of care, and evergrowing cost of quality health care and above all shortage of skilled human resources. Human resources are the most important component of any system. They need to be numerically adequate, equitably distributed and appropriately skilled. Their motivation is the most important tool for the achievement of organizational goals and future prospects. Today we can see the ratio of boys and girls as 1:3 or 4 for admission in medical colleges. Medical education should be based on a proper curriculum which should be adequate, appropriate and up to date with qualities of evaluation criteria and skill development embedded in them. The choice of career path by students depends upon their interest and clarity of vision for their future. This unfortunately is the area missing in the medical curriculum and needs to be addressed. The MBBS and BDS curricula were last revised some 10 years ago and regulatory bodies now need to develop one which "meets not only national requirements but also international requirements".

Today the focus of development of curriculum for an effective and efficient medical (MBBS) doctor has shifted to the more clinical vs. basic subjects. This is named sometimes as modular, semester or community based curriculum. But the hard reality is that only few universities or medical colleges are fulfilling the requirement of modular or spiral curriculum. No doubt, there are areas of improvement within annual system but they are for the **improvement** not to be compromised by the subject individuality and validity. At the end of the year, are we aiming to have all the clinicians and no basic doctors/ teachers? This is going to create a big gap or insufficiency for future of the curriculum. Here the question arises that are we trying to cut the necessity of basic subjects? And where is the equity? Present exercises of modular system induction in the medical curriculum, no doubt is the necessity of health education curriculum. But the teachers and students when asked and interviewed, all of them seem to be lost. The modular curriculum has in it embedded many gaps that need to be revisited. Above all the subject validity in these are lost some subjects are so compromised that they will never be studied by students. The ideal 5 or 7 star doctor is now going to be an imagination.

The evaluation system has many errors. The final transcript gives you modular results and you can not judge the subject competency of student. Even if this is all right, what about the percentage and percentile distribution of subjects. Over all in 5 years how do you evaluate the subjects studied and passed? The practical aspects or skill development for young doctors has been compromised and there are CBL's (clinical based learning) sessions, which are not fulfilling the criteria.

As reported by a leading newspaper "The Medical Teachers Association (MTA) has called the integrated modular system, introduced by the Pakistan Medical and Dental Council (PMDC) recently, a technique by private colleges to control medical education".

The Medical Teachers' Association (MTA), the Young Doctors' Association (YDA) and the Pakistan Medical Association (PMA) have already rejected the modular system of medical teaching. They said it would wreck medical education nationwide.

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The current modular system is still a draft and never was approved by PMDC. Now is the time that PMDC and HEC should take a serious note of this situation and work for a curriculum which is effective, efficient, equitable, adequate and acceptable by all.

Also, there is need for more fundamental and comparative research to be done and reported in journals about cognitive & psychomotor performance of students coming out from both systems in this country.

REFERENCES:

1. Flexner A. Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the advancement of Teaching, 1910. Bulletin No. 4, New York City: The Carnegie Foundation for the Advancement of Teaching
2. Mostafa M. El-Nagggar, Hussein A, Mohamed AS, Hamdy D, Waleed AM. Developing an integrated organ/system curriculum with community-orientation for a new medical college in Jazan, Saudi Arabia. J Family Community Med 2007; 14(3): 127-36.
3. Sandila MP, Siddiqui NA, Bawa MT, Huda N. An integrated curriculum for MBBS. J Pak Med Assoc 2001; 51(2): 60-3.
4. Gemmell HA. Comparison of teaching orthopedics using an integrated case-based curriculum and a conventional curriculum: a preliminary study. ClinChiropr 2007; 10: 36-42.
5. Margetson DB. Learning: current knowledge and the future. Med Teacher 2001;23;102-7

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