

The Journey of Postgraduate Education in Pakistan

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At the time of the creation of Pakistan, there were only a few medical colleges that too mostly in crisis as most faculty and students migrated to India after the partition. In the 1950s, several new medical colleges were created to meet the requirements of training doctors in the country as there was a growing need for specialists in various medical fields. Later, MS and MD programs were started by a handful of universities, but their training standards were not up to the mark.

Major development regarding post-graduate education took place in 1962 when the College of Physicians and Surgeons (CPSP) in Karachi, was established.¹ The College introduced fellowships in various specialties; however, the number of trainees remained very low. In the 1970s, newer medical colleges were created to meet ever increasing demand for doctors. This resulted in the creation of limited teaching posts as well as training slots in most institutes. As the passing percentage of the CPSP fellowship program was low, a small number of postgraduate trainees and specialists were being trained locally. Most teaching posts in the country were occupied by western trained doctors and most students preferred going abroad, especially to the United Kingdom for training.

In the 1990s, major changes were introduced at CPSP, including the introduction of the MCQ pattern for primary exams and later replacing viva with OSPE. This objectivity in assessment resulted in a higher pass percentage, and more locally produced specialists were now available. Brain drains from Pakistan still was a pressing issue as recruitment drives of specialists for the Middle East increased and a number of doctors joined their health services.

However, at the start of the twenty-first century, due to islamophobia, several doctors started returning from western countries. Most academic units were

now headed by CPSP fellows and International trained specialists. As a result, proper teaching units were established with regular FCPS and MCPS training programs being conducted. Due to the saturation of big cities, more specialists started to move to rural facilities in Pakistan thus improving access to health care. Locally, a number of private colleges mushroomed as regulatory requirements were relaxed owing to the need of producing more doctors both at undergraduate and postgraduate levels. However, the brain drain continued as many joined the positions in the United Kingdom especially in the mid-2000s, as the working hours for doctors were reduced by their National Health Services.

Major changes took place in the last decade in postgraduate education in Pakistan. Newer Medical Universities were established, and they started Master of Surgery (MS) and Doctor of Medicine (MD) programs.² Mostly their curricula were modifications of the CPSP fellowship program. At the same time, CPSP started a regular online part 1 induction exam, and the number of entrants into the fellowship program started to increase.

Previously, after clearing the Part 1 exam, induction of trainees was done as per the recommendations of supervisors. This resulted in most trainees preferring more developed cities for training and some complained of bias in selection. To address these issues, a Central Induction Policy was introduced in Punjab, which gave a major preference to doctors working in rural health services. Seats were equally divided between CPSP and MS/MD candidates.

Still, unfortunately, with a few exceptions, the standard of training has deteriorated. Although CPSP is following a structured schedule of all training workshops for part 2 trainees, but much is desired regarding their quality. Online monitoring and dissertation writing was made compulsory, but issues

of fake entries and paid research projects still need to be addressed. Due to the increased induction, the number of trainees per supervisor is also very high resulting in compromises in training. For the young graduates, there are extreme difficulties in seeking training slots. At present for a single training slot, at least twenty candidates are waiting. This has created a lot of resentment among our young doctors.³

It is the need of the hour to upgrade the postgraduate medical curriculum in our country and bring it in accordance with international standards, ensuring the participation of all stakeholders. Nowadays, training programs in most developed countries are competency-based, putting less emphasis on the formal exam. Also, aptitude testing should be made compulsory before selecting a candidate for any specialty to ensure proper training. And lastly, the number of candidates who passed in FCPS part 1 exam should be in accordance with the number of seats available in the country for post-graduation in that discipline.

References

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