

Editorial

INTEGRATION OF MEDICAL CURRICULUM, A NEED OR THREAT?

While attending a national Conference on medical curriculum at Islamabad, I witnessed amongst the participants, a sense of being compelled by powerful foreign regulatory bodies to modify present medical curriculum and adopt an integrated medical curriculum in its place. It was being told that our medical graduates, will not be able to get training slots/ residencies in UK /USA after five years if not trained through an integrated medical curriculum.

This is very clear that this kind of pushing attitude is not reflecting a national need for undergoing such an important transformation following other good institutions of the world(1,2)but only a fear of lack of access to the foreign training jobs.

Development of a new curriculum, no doubt is an urgent requirement to bring the teaching /training of our medical graduates, at par with the most developed nations, but let us not forget our own national requirements. Pakistan is a country, where most of the rural/ semi rural population is deprived of even basic medical facilities and qualified, trained doctors are not available for millions of people around. The scarcity of treatment and diagnostic facilities is equally prevalent in all the four provinces of Pakistan. The urgency to update pattern of medical curriculum must be based upon the needs of our community & National consensus.

Punjab, as the biggest province, is still lagging behind in implementations of so called modern reforms .

A patriotic strategy, giving first preference to imparting knowledge of prevalent diseases in the country along with a commitment to serve the poor people of Pakistan , should be adopted for any undergraduate medical training program. The slogan of change should be, to provide good doctors for the community rather than facilitation in movement of doctors for foreign training. Our

curriculum should be based upon an objective to prepare Pakistani doctors, competent enough to manage common medical problems of Pakistani Population, with the available limited, diagnostic therapeutic and management facilities.

We do need a modern medical curriculum to be implemented, but more than that, the medical regulatory bodies and Institutions need to adopt strategies for providing better working environment to the doctors to prevent excessive brain drain. The governments at federal and provincial level be pressurized to allocate more budget for health education and patient care facilities with the establishment of more and more institutions for postgraduate & undergraduate medical educations. There is also a need for the improvement and up gradation of medical teaching/ training facilities in the existing educational institutions.

Prof.Dr.Muhammad Saeed

Dean Faculty OF Medicine,
The University of Faisalabad.

REFERENCES:

1. New curriculum integrates clinical and science education
<http://yalemedicine.yale.edu/spring2013people/reunion/158870>
2. Integration and timing of basic and clinical sciences education.
Bandiera G¹, Boucher A, Neville A, Kuper A, Hodges B.
Med Teach. 2013 May;35(5):381-7.