

Quality Assurance in Medical Education in Pakistan

Bilal Ahmad Sethi¹, Surriya Yasmin², Khawar Anwar³ and Muhammad Usman Anjum⁴

ABSTRACT

Objective: To assess the level of quality assurance in medical education in Pakistan.

Study Design: Observational / Descriptive study.

Place and Duration of Study: The study was carried out at Frontier Medical College, Abbottabad, from January 2016 to March, 2016.

Materials and Methods: No significant research was carried out on this subject earlier in Pakistan. Therefore, an internet search was carried out. Published research (in Pakistan and sub-continent) and documents pertaining to policy were analyzed.

Results: Total no of medical schools had risen to 132 in Pakistan, while the no of medical institutes was 314 in India. There are 52 medical and dental colleges in public sector throughout Pakistan while 82 medical and dental colleges in private sector. This shows that the no of medical institutes is considerably high in private sector than in public sector. In public sector, Punjab had the largest no of medical institutes with 22 (18 medical colleges and 4 dental colleges), Sindh has 13 (9+4), Khyber Pakhtunkhwa (K.P.K) has 10 (8+2), Baluchistan has 2 (1+1) and Azad Jammu & Kashmir (AJK) has 3 (3+0). In private sector, Punjab had the largest no of medical institutes with 40 (28 medical colleges and 12 dental colleges), Sindh has 26 (14+12), Khyber Pakhtunkhwa (K.P.K) has 14 (9+5), Baluchistan has 1 (1+0) and Azad Jammu & Kashmir (AJK) has 1 (1+0). The no of students admitted to medical programs in Pakistan and India in 2014 was 11250 and 35783 respectively. The maximum no of students, about 6250, were in Punjab, followed by 2850 students in Sindh, 1550 in K.P.K, 400 in AJK and 200 in Baluchistan. Conclusion: Quality assurance plays a pivotal role in medical health education. There is a need to establish stringent policy guidelines for accreditation standards. This will help improve level of medical education in Pakistan. It will also ensure that medical graduates will receive good education and public will get highest standards of healthcare services from well-educated doctors.

Key Words: medical education, quality assurance, Pakistan

Citation of article: Sethi BA, Yasmin S, Anwar K, Anjum MU. Quality Assurance in Medical Education in Pakistan. Med Forum 2016;27(4):5-7.

INTRODUCTION

Medicine is a noble profession. People put faith and trust in doctors. Therefore, it becomes very important for a doctor to keep this faith and not let go of this trust. This can only be done by attaining competence in the field and following ethical standards. Level of medical education plays a pivotal role in attaining the excellence in the field. But, socioeconomic factors have affected medical education to a great deal. Therefore, it is very important to maintain the highest quality standards of medical education being imparted to the medical students¹. Only then, it will be possible to deliver standardized health services to the masses. This can

only be done by quality assurance which will help us understand whether the medical education is fulfilling its goals and object².

There are many different ways of defining quality. Quality is a characteristic or a property. In medical education, quality can be defined as is fulfilling the required standards or criteria as specified in the policy guidelines or as laid down by accreditation institutions^{1, 2}. Here, quality means the degree to which medical education given at medical colleges meet the targets or goals specified in the guidelines. Closer they are to each other, higher will be the quality and vice versa². Quality assurance is the process of achieving quality in the product or services and it is a preventive measure. Quality assurance is a system of monitoring and evaluation that ensures that the pre-established standards are met and the product will be error-free and suitable for use³. World Federation for Medical Education (WFME) has stressed the role of quality assurance in medical education⁴. Medical knowledge is growing rapidly and the technology is changing. Information technology is used more and more in the medical profession³. And the only way to keep up with these changes is assuring quality in medical education. There is a rapid increase in the number of medical institutes in recent years^{1, 5, 6}. Many of these new

¹. Department of Paediatrics, North West School of Medicine, Peshawar

². Department of Gynecology / Biochemistry³ / Pathology⁴, Frontier Medical & Dental College, Abbottabad

Correspondence: Dr. Muhammad Usman Anjum
Assistant Professor, Department of Pathology, Frontier
Medical & Dental College, Abbottabad, Pakistan.

Contact No.: 0335-5112339

E-mail: Duke.of.ripon@gmail.com

Received: January 01, 2016; Accepted: February 28, 2016

colleges are now operated by private sector. Therefore, it is the need of time to regulate medical education and establish accreditation guidelines to maintain highest levels of quality in medical education so that competent and professional medical personals will be available to provide healthcare services. Therefore, we have conducted this study to assess the level of quality assurance in medical education in Pakistan.

MATERIALS AND METHODS

This observational / descriptive study. was carried out at Frontier Medical College, Abbottabad, from January to March; 2016. An internet search was carried out to find articles published on the subject of quality assurance in medical education as well as medical training. Published research (in Pakistan and sub-continent) and documents pertaining to policy were reviewed. Internet search engines like Google and Yahoo were used for this purpose. The search terms used were, “quality assurance”, “quality”, “medical education”, “basic medical sciences”, “quality control”, etc. The articles were carefully reviewed for their relevance on the said subject. Microsoft Excel (2007) was used to organize and analyze data.

RESULTS

Careful analysis of the published literature showed quite intriguing results. It was found out that the total no of medical schools had risen to 132 in Pakistan, while the no of medical institutes was 314 in India. There are 52 medical and dental colleges in public sector throughout Pakistan while 82 medical and dental colleges in private sector^{7, 8} as shown in Table 1 and Figure 1 & 2. This shows that the no of medical institutes is considerably high in private sector than in public sector and there was a rapid increase in the institutions imparting medical and dental education throughout the country.

Table No.1: No of medical colleges and no of students enrolled each year in Pakistan and India

Country	No of Medical Colleges	No of Students Enrolled Each Year
Pakistan	132	11250
India	314	35783

Province-wise distribution of medical and dental institutes is shown in Figure 1 & 2. In public sector, Punjab had the largest no of medical institutes with 22 (18 medical colleges and 4 dental colleges), Sindh has 13 (9+4), Khyber Pakhtunkhwa (K.P.K) has 10 (8+2), Baluchistan has 2 (1+1) and Azad Jammu & Kashmir (AJK) has 3 (3+0) as shown in Figure 1.

In private sector, Punjab had the largest no of medical institutes with 40 (28 medical colleges and 12 dental colleges), Sindh has 26 (14+12), Khyber Pakhtunkhwa (K.P.K) has 14 (9+5), Baluchistan has 1 (1+0) and

Azad Jammu & Kashmir (AJK) has 1 (1+0) as shown in Figure 2.

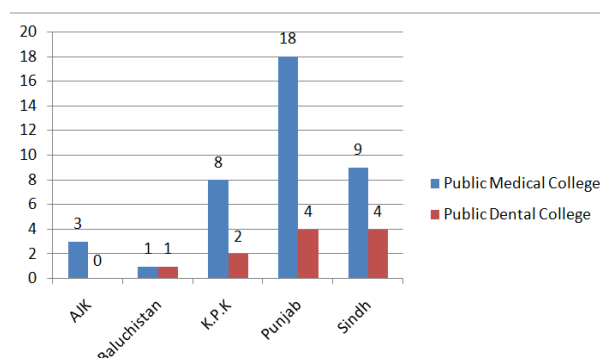


Figure No.1: No of public sector medical and dental colleges in Pakistan

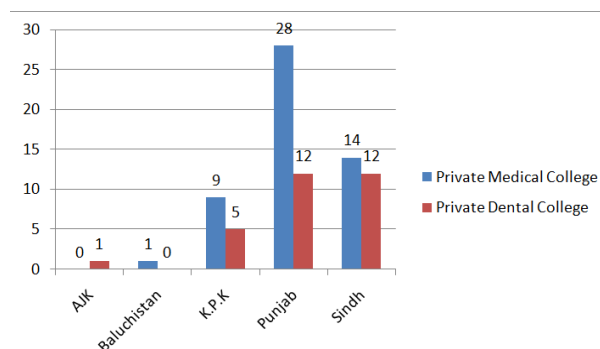


Figure No.2: No of private sector medical and dental colleges in Pakistan

The no of students who were securing admission in these institutes has increased dramatically. As shown in Table 1, the no of students admitted to medical programs in Pakistan and India in 2014 was 11250 and 35783 respectively. Province wise distribution of students admitted to medical institutes is shown in Figure 3. The maximum no of students, about 6250, were in Punjab, followed by 2850 students in Sindh, 1550 in K.P.K, 400 in AJK and 200 in Baluchistan.

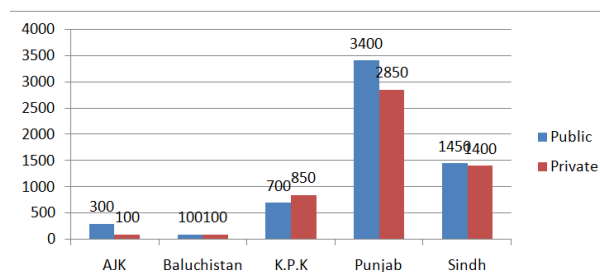


Figure 3. Province wise distribution of no of students enrolled in medical colleges in Pakistan each year

DISCUSSION

Quality assurance is very important to maintain the standard of medical education and ensure the competence of the medical and dental students.

Different standards and policy prescriptions are used to evaluate and accredit medical institutes in different countries. But, these procedures vary from one country to another. For example, it is General Medical Council (GMC) which is responsible for establishing and maintaining these standards in United Kingdom. GMC is responsible for maintaining quality in medical institutes in UK and for that purpose, it monitors and visits these institutes³. Similarly, Pakistan Medical and Dental Council (PMDC) is a statutory body which is empowered by our government to perform the same duties in Pakistan. It is the responsibility of PMDC to regulate and maintain the highest standards of medical education in Pakistan.

Medical education has to be updated regularly to cope up with latest developments and improvements in the field of medicine. Not only this but to equip young doctors with the necessary skills and knowledge to fulfill the needs of society, to keep themselves updated with the latest scientific discoveries and to be trained in new technologies and latest health care systems³. This will ensure competence among young graduates. Competence is a lifelong process of learning. It is the ability to condition one's abilities to face and perform in real-world situations. It depends upon content- and context-specific factors like taking history, clinical reasoning and knowing the epidemiology of diseases respectively⁹⁻¹¹.

Our study has shown that the no of medical colleges had dramatically increased to 132 in Pakistan. About 52 medical and dental colleges were in public sector while 82 medical and dental colleges were in private sector. This increase was considerable in private sector. As per regional distribution of public sector institutes, Punjab had the largest no of medical institutes with 22 (18 medical colleges and 4 dental colleges), Sindh has 13 (9+4), Khyber Pakhtunkhwa (K.P.K) has 10 (8+2), Baluchistan has 2 (1+1) and Azad Jammu & Kashmir (AJK) has 3 (3+0). Similarly, in private sector, Punjab had the largest no of medical institutes, 40 (28 medical colleges and 12 dental colleges), followed by Sindh, 26 (14+12), and Khyber Pakhtunkhwa (K.P.K), 14 (9+5). Baluchistan and Azad Jammu & Kashmir (AJK) each had only one medical college. Similarly, the maximum no of students were enrolled in Punjab, followed by Sindh, K.P.K, AJK and Baluchistan. This reveals a pattern that the areas having a high population density had the highest no of medical and dental institutes and subsequently, the highest number of medical students enrolled in these medical and dental colleges. This shows that the no of medical institutes, both medical and dental, as well as the no of admitted students is increasing rapidly. This translates into the fact that quality control and quality assurance policies should be implemented in their letter and spirit to ensure the

highest level of medical and dental education. This could be implemented by updating the policy guidelines and accreditation rules regularly and conducting periodic visits and inspections to ensure adherence. Meanwhile, the medical institutes should apply latest assessment strategies to ensure competence of their graduates⁹.

CONCLUSION

Quality assurance plays a pivotal role in medical health education. There is a need to establish stringent policy guidelines for accreditation standards. This will help improve level of medical education in Pakistan. It will also ensure that medical graduates will receive good education and public will get highest standards of healthcare services from well-educated doctors.

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Joshi M. Quality assurance in medical education. *Ind J Pharmacol* 2012;44(3):285-7.
2. Omigbodun AO. Quality Assurance in Medical Education: the Nigerian Context. *Nigerian Med J* 2010;51(2):70-6.
3. Talukder M. Quality Control in Medical Education: Global and Bangladesh Perspectives. *Bangladesh J Med Biochem* 2010;3(1):3-5.
4. World Health Organization. WHO Guidelines for Quality Assurance of Basic Medical Education in the Western Pacific Region World Health Organization, Western Pacific Regional Office, (WHO/WPRO). 2001.
5. Bansal P, Supe A. Training of medical teachers in India: Need for change. *Ind J Med Sci* 2007;61(8): 478-84.
6. Rezaeian M, Jalili Z, Nakhaee N, Shirazi JJ, Jafari AR. Necessity of Accreditation Standards for Quality Assurance of Medical Basic Sciences. *Iran J Pub Health* 2013;42(Supple1):147-54.
7. <http://pmdc.org.pk/MedicalandDentalColleges/tabid/333/Default.aspx>.
8. Waghmare L, Srivastava T, Tankhiwale SR, Quazi Z. Quality Assurance of Medical Education in India :Perspectives and Recommendations *Global J Res Analysis* 2014;3(1):3-4.
9. Epstein R. Assessment in medical education. *New Engl J Med* 2007;356(4):387-96.
10. Klass D. Reevaluation of clinical competency. *Am J Physical Medicine & Rehabilitation / Association of Academic Physiatrists* 2000;79(5):481-6.
11. Leach DC. Competence is a habit. *JAMA* 2002; 287(2):243-4.