**Revisiting the medical curriculum**

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“Pakistani doctors are amongst the best in the world.” This is what Dr Hamayun Chaudhry said back in 2016. He was and remains the CEO and President of the Federation of State Medical Boards (FSMB), the on-profit organisation that represents the 70 state medical boards of the United States and its territories. Dr Chaudhry also noted that Pakistan was at the time the world’s fourth largest supplier of doctors to the US.

Statistics like these, backed by the globally endorsed professional stature of our doctors, such as Dr Sania Nishtar and Dr Adeeb Rizvi among a others, lend iconic value to the brand of doctors that Pakistan has been producing for decades. After all, an immaculate professional repute specifically at the global level is a multifaceted status, requiring more than one criterion to be fulfilled. To maintain the continuum of good standing and the global brand for tomorrow’s Pakistani doctors, the need to keep pace with ever evolving technological advancements, modern educational methodologies and changing community requirements cannot be overemphasised. A doctor’s basic medical education is a dynamic process and one that requires constant evaluation and evolution. At the heart of this lies the curriculum.

The diversity of Pakistan’s medical institutes ranges tremendously; from ones that are 138 years old to those that are being registered as you read these lines. All vary in terms of location, terrain, public-private management and their affiliated communities. While such a variety of institutes enables us to produce doctors who are recognised and accepted internationally — it also brings a myriad of challenges, particularly when it comes to synchronising and standardising training while keeping the individual institutional identity intact. The main tool to achieve this goal is a broad-based, overarching, explicit, well documented curriculum. It must also have the potential to address the most conventional content, reflecting local circumstances, while conforming to all the accrediting needs. On top of all this, it must also be of a calibre to imbibe the most advanced educational standards.

Curriculum designing has itself evolved enormously over the last five decades. In 1961, these debates primarily focused on instructional skills and students learning patterns. Now, however, health institutes and their regulatory bodies prioritise outcome-based and competency-driven curricular designs. Bangladesh is one example which has already shifted to a skills-oriented activity-based curriculum.

We must keep an eye on global paradigms, be aware of the ever-evolving needs of our own communities and reinvent our own professional as well as educational practices. In short, we need to reform and redefine our curriculum for ‘tomorrow’s doctor’

Even in Pakistan, since its inception, the Pakistan Medical Commission (PMC), along with a team of leading intellectuals, has been leading the way to refresh, reform and redefine the curriculum; while considering the competencies and the values for ‘tomorrow’s doctor’. Such endeavours need to trickle down to institutional and departmental levels to realise the ultimate goal of globally accredited curricular designs, educational practices and professional norms. And every individual from the medical fraternity needs to be a part of this process.

Evolving trends, advancing technology, increasing cyber facilities, modern educational practices and changing community needs represent the driving forces required to change the components, approach and design of the curriculum. The social backdrop, affective training and the defined core competencies collectively craft the doctors of the future.

The task ahead has a global backdrop. The Education Commission for Foreign Medical Graduates (ECFMG) has set a strict deadline of 2024. This means that all graduates appearing before the United States Medical Licensing Examination (USMLE) in the same year must have graduated from institutes accredited with a World Federation for Medical Education (WFME)-recognised regulatory authority. Once in effect, this will prove a major game changer for all stakeholders. This is an urgent matter.

Pakistan’s regulatory authorities are cognisant of the situation and are working in the right direction. Although the overarching directives will be issued by the regulatory authorities, still the universities and medical colleges need to draft and design their own instructional pattern and document their own educational practices. The documented components and assessment methods should consider global accreditation requirements and directives of the regulatory authorities, PMC and the Higher Education Commission (HEC).

The most pivotal aspect of curriculum development and design is to define, identify and document the ‘local context’ of our curricular standards and to express it in a ‘globally recognised perspective’. We must incorporate the new paradigms of outcome-based educational practices, student centred programmes, community-based approach and align these with the basic standards of education laid down by WFME. We also have to carry along the heritage of our deep rooted well established existing curricular content. Defining a local context should not only encompass the knowledge base but also incorporate endogenous research, development of core competencies, training of skills and different facets of academia. Maintaining and claiming our own professional, institutional and national identity and interpreting according to the globally standardised paradigm will be the essence of our new curriculum design. At this stage deliberating and documenting our curricular development processes will enable standardisation, methods for re-evaluation, claims to accreditation, audit, uniformity in approach and diversity of our institutions. The ‘balance’ that we should aim for is remaining relevant to the international trends and accreditation standards, and to ensure that our global approach does not get homogenised exclusively by international standards at the cost of detaching from our local context and our own social accountability.

The most dominant rhetoric and most deep set element of medical education has always been the increase in knowledge base. Keeping this fact intact, the alignment of the knowledge base to the emerging community requirements, acquiring the core competencies and following a standardised programme ensures a competent healthcare provider. In addition to this, multiple areas need to be considered and included explicitly into the curriculum by all tiers of stakeholders. A multifaceted approach might include the following but will not be limited to:

\* Re-evaluating our intake criteria and expect beyond a mere cognitive dimension;

\* Redefining the delivery patterns by including blended learning, e-learning, project-based learning (PBL), task-based learning (TBL) and other modern educational techniques;

\* Realigning the path with entrusted professional activities and outcome-based assessment patterns;

\* Redefining our ideology by delivering student centred and community based approach;

\* Including, in the affective grooming of students, components like professionalism, ethical training, leadership, altruistic approach and social accountability;

\* Ensuring competencies and outcomes by structuring the training and assessing areas like skills development, critical thinking, research orientation and lifelong learning tendencies; and finally,

\* Developing explicit and clear standardised documentation matching institutional vision and aligned by the global standards of basic medical education.

Now is the time to keep an eye on global paradigms, be aware of the ever-evolving needs of our own communities and reinvent our own professional as well as educational practices. All the different tiers of medical education framework ranging from the accrediting authorities, universities, medical colleges, individual departments and the students should be a part of the documentation process and put in a collaborative effort to redefine and redesign our curriculum for ‘tomorrow’s doctor’. If we do not urgently undertake these manoeuvres we will have to face the WFME/ECFMG deadline and its implications, which is just around the corner.

Pakistan’s doctor of the future comes with a strong global brand. (S)he is a healthcare professional boasting diverse skill sets, and who has undergone well structured training in compliance with internationally acclaimed standards. Not only that, (s)he enjoys global employability and possesses core competencies — not only to excel professionally— but also to serve scrupulously.

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