

EDITORIAL

PMDC TRYING TO BUILD ROME IN A DAY

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Decisions of the dissolved Pakistan Medical & Dental Council (PMDC) Executive Committee had provoked a sense of insecurity and apprehension among doctors in Pakistan. General practitioners were worried to complete certain number of CME/Training hours, especially the doctors of the remote areas who would have to travel long distances and to spend a lot of time and money. They would also have to leave their patients unattended during the CME activities. Medical students were under the onus of taking another (Exit) examination following the completion of MBBS course and the house job to get complete registration, wondering that either they graduated from some foreign medical school or the PMDC has self-acquired the role of an examining body. This was an open mistrust on our medical colleges, medical universities, and the whole medical education system. These decisions are reverted by the new Management Committee of PMDC. Another controversial decision which yet needs to be corrected is allowing clinical postgraduate degree holders to teach basic science subjects. This decision is liable to 'officially' promote quackery in medical education. Under the prevailing situation and the controversies arising, there is possibly no need of a Central PMDC as the health has now become a provincial subject.

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Decisions of the dissolved Pakistan Medical & Dental Council (PMDC) Executive Committee were as if they were trying to build Rome in a day. Those decisions provoked a sense of insecurity and apprehension among all sections of the doctor community. General practitioners, specialist doctors, basic medical science teachers, medical students etc., all were edgy and uneasy.¹ Pakistan Medical and Dental Council (PMDC) is a constitutional and independent body that was run by an Executive Committee. Executive Committee of PMDC had eight members, out of whom three, including President, were from Sind; two from KPK; one each from Punjab, Balochistan and Islamabad. What a fair representation that was of the administrative units of Pakistan! It should have been proportional membership from all provinces and one additional member from Azad Jammu and Kashmir.

In a decision, Executive Committee had imposed a condition on doctors to complete certain number of CME/Training hours to update knowledge for renewal of registration to practice. This decision came as a surprise for doctors as no specified system to conduct CME Training was in place. Only universities in few big cities were allowed to conduct the CME activities. No one in the Executive Committee ever bothered to think about doctors working in remote areas of the country who were compelled to travel long distances and to spend lot of time and money to complete these CME hours. They would also have to leave their patients unattended during the CME activities. A good decision implemented in a bad way because of inadequate brainstorming and preparation. CME/CDE halls are still not complete even in PMDC, Islamabad office. PMDC should allow recognized professional bodies of doctors to conduct CME

activities because they have the capacity to approach the far flung areas of the country. PMDC should also arrange online CME activities for doctors working in remote areas of the country.

Another wrong decision of PMDC Executive Committee required every medical student to take another (Exit) examination following the completion of the MBBS course and house job for complete registration and License to Practice. This showed a clear distrust on the medical colleges and the examining medical universities of the country and casted shadows of doubt on the whole medical education system. This would have spoiled the present credibility of our medical institutions among the international community. It showed that PMDC Executive Committee was adopting the role of an examining body instead of a regulatory body. These decisions are now reverted by the new Management Committee of PMDC.

Establishing new medical colleges in Pakistan has now become an industry, i.e., a for-profit business. This revolution was brought about by the then PMDC which had allowed mushroom growth of these institutions. The practice is still going on. This has resulted in an acute shortage of medical teachers² especially the basic medical science teachers who were always a neglected section of doctors. Demand of basic medical science teachers increased and they became a precious lot. When this 'commodity' became costly, the 'industrialists' (the owners of medical colleges) searched for the cheaper 'commodity' for their 'industry' and so came the decision of 'allowing clinical degree holders to teach basic science subjects'. Holders of FCPS medicine can teach Physiology, Biochemistry and Pharmacology; holders of FCPS Surgery can teach the subject of Anatomy. Specialist in Histopathology

can teach Forensic Medicine. Was this the mandate of Executive Committee of PMDC to allow teachers of one medical subject to teach the other medical subject? This is nothing but officially promoting 'quackery' in medical education which is totally unacceptable. This will really ruin the standard of medical education and profession in Pakistan. In an era of fast growing knowledge, when the scientific knowledge is doubling in a few years, this type of decision is astonishing. This decision came from a committee in which there is virtually no representation of basic medical science teachers. This decision still needs attention of the PMDC Management Committee.

It is worthwhile to note that supervision of postgraduate medical education is also the responsibility of PMDC. This is the only way to increase production of basic medical science teachers. Then, why PMDC is not following the right path to fulfil the demand of basic medical science teachers? Why it is pursuing a wrong and absurd solution of allowing clinical degree holders to teach basic science subjects? Why the focus of attention of PMDC is only on the undergraduate medical institutions and not the postgraduate institutions? It is a million dollar question. The answer lies in the whole process of recognition and registration of undergraduate institutions and the 'industry approach' to establishing a medical college. PMDC has now become a billionaire organization. It takes money out of the pockets of the doctors and gives them, in return, a paper called registration. Besides this, verification and re-verification of a document or a published article is charged for. What a business!

PMDC has full data of all doctors, specialists, medical teachers as well as the medical institutions in Pakistan, both undergraduate and postgraduate. It should publish its data about the deficiency of doctors in the country and how many new medical colleges are needed in the country to fulfil this deficiency? Will it publish its data about how many medical doctors with postgraduate qualification in each basic medical science subject are present in Pakistan? How many are required to replenish the present deficiency? What is the medical teachers producing capacity of our postgraduate medical institutions? How many basic medical science teachers were produced in the last ten years? Why did the deficiency of basic medical science teachers occur? Who is responsible for this deficiency? In how many years the deficiency of Basic Medical Science teachers

can be rectified? This data is essential to establish claim of PMDC about deficiency of basic medical science teachers. This will be a logical decision that as long as this deficiency is fulfilled, the moratorium on establishing new medical colleges should continue.

In Pakistani medical colleges, there was a transition from **basic science teachers** to **basic medical science teachers** and we are possibly heading towards another transition from basic medical science teachers to purely **clinical science teachers**. But remember, Rome was not built in a day. Before strangulating the basic medical science teachers economically, arrange some alternative for their bread and butter. Continuous and gradual changes are more likely to be accepted than those which come as a surprise.

It is being demanded by the doctors that PMDC must be brought under some form of supervision and control with more stringent performance evaluation measures.⁴ After these disputed decisions of PMDC and the resultant frustration in the medical community, there is now a debate in medical circles about the existence of a central PMDC as the health has now become a provincial subject.⁵ No doubt, the central PMDC was formed in 1962 by dissolving the provincial medical and dental councils. What will be the loss if the legislation reforms the provincial level Medical and Dental Councils? The Federal Government can effectively oversee and guide these provincial bodies through Ministry of National Health Services Regulation and Coordination (NHSR&C). Alternatively, there should be proportional representation of professional medical organizations or associations in the PMDC by amending the PMDC Ordinance 1962 Section 3(1) replacing representation of 'Registered Medical Practitioners' and 'Registered Dental Practitioners.'

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