

## STRENGTHENING TECHNICAL CAPACITY OF THE REGULATORY AUTHORITY IN PAKISTAN TO BRING REFORMS IN MEDICAL EDUCATION

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The past few decades have witnessed numerous trends in transformation of medical education including the development of educational frameworks, competency-based education, modular and integrated curriculum.<sup>1</sup> The impetus has come from growing public expectations, increasing accountability and educational developments that call for higher sophistication on the part of teachers in health professions.<sup>2</sup> Transformation in medical education is not limited to developed countries only. Health professionals are now perusing competencies in health professions education through seminars, conferences, workshops and postgraduate qualifications. Their interest can be judged by the increasing number of postgraduate programmes in health professions education, worldwide.<sup>3</sup>

Globalization has dramatically influenced medical education and the development of physicians, and the international landscape is likely to become ever more complex. Recognizing the emerging trends in the growth of medical schools and student migration will be critical to direct the evolution of regulatory and quality assurance mechanisms. These trends will also ensure that all physicians receive a high-quality education that will permit the medical education community to meet population health needs and maintain public trust.<sup>4</sup> The emerging educational scenario has raised the demand for professionalization of medical education and the need for strengthening the educational regulations.<sup>5</sup> Exponential increase in the number of health professionals'

education institutions raises growing concerns about the quality of education for both educators and governments.<sup>6</sup> The need for strengthening the regulations for health professionals' education is being emphasized to ensure high quality of health workforce. Regulatory bodies thus play a major role in setting educational regulations. Independent professional or regulatory bodies such as General Medical Council (UK), Australian Medical Council (Australia), Liaison Committee for Medical Education (USA), Sudan Medical Council (Sudan), Pakistan Medical and Dental Council (now Pakistan Medical Commission) are few examples of agencies that regulate education at national level.

Established in 1962, Pakistan Medical and Dental Council (PM&DC) was entrusted with two major tasks; making regulations about medical education and ensuring the implementation of regulations. The council played a crucial role in introducing medical education regulations, however the implementation of regulations was always questionable since PM&DC carried "limited technical capacity" to guide medical and dental colleges on educational issues pertaining to curriculum development, teacher training, assessment methods, and continuing professional development (CPD) of its members.<sup>7</sup> A national CPD system could never take its roots due to weak technical infrastructure at the PM&DC. The need for strengthening the technical capacity of the PM&DC was increasingly realized with exponential growth in the number of medical and dental colleges in Pakistan since early 1990s. The number of medical and dental colleges in Pakistan

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have now exceeded 160.<sup>8</sup>

Any regulatory body should have three major capacities to work effectively; namely, governance and regulatory capacity (to make regulations), technical capacity (to guide institutions to implement regulations efficiently and effectively) and administrative/managerial capacity (to ensure effective implementation of regulations). Mere making of regulations is not enough, ensuring their implementation is equally important. Ensuring implementation requires technical support by a team of medical educationists, working in a well-functioning department of medical education. Failure of PM&DC to steer medical and dental colleges on complex educational issues and support them to improve the quality of medical education was a major contributor to the sad demise of a prestigious institute. There was increasing realization among medical community that PM&DC failed to reform itself to support the increasingly complex educational scenario of the country; as a result, the institute became inefficient to meet the educational needs of the country. Unfortunately, the technical capacity of PM&DC was never built that could support medical colleges on issues related to the quality of education. Although medical colleges had started developing departments of medical education, no such department ever existed in the PM&DC to lead educational development in the country. There was no single medical educationist working in the PM&DC to deal with professional educational issues. Providing technical guidance and planning of educational issues was largely left to ad-hoc committees who were never accountable for their decisions as they always worked in temporary capacity.

A need was therefore felt by the leadership to intervene and review the entire medical education system from a reformist perspective. PM&DC was

eventually abolished and a new regulatory body, named Pakistan Medical Commission (PMC) was promulgated through a Presidential ordinance on 19<sup>th</sup> October 2019.<sup>9</sup> The PMC is essentially a reformed version of PM&DC. The commission vows to address complex educational issues in the country, strengthen regulations, ensure public safety and restore the sanctity of medical education through three major departments, namely Medical & Dental Council, National Medical & Dental Academic Board and National Medical Authority.

Medical and Dental Council consists of nine members (including three lay members and six technical members) nominated by the Prime Minister for a period of three years. National Medical & Dental Academic Board comprises of 19 members nominated by the provinces, public and private universities and from clinical and basic sciences faculty. National Medical Authority constitutes seven members, to be appointed on merit by the Council on four years contractual terms (maximum of two terms). The commission is vested with the authority to lead educational reforms at three levels: establish governance system, strengthen education regulations and ensure the implementation of regulations in medical and dental colleges. The reforms process should thus be considered at three levels, governance reforms, regulatory reforms and structural reforms.

Significant progress has been made in strengthening governance reforms through the restructuring of PM&DC. Regulatory reforms include reviewing old regulations, making them compatible with the complex medical education system and introducing new regulations, as needed. This would probably be a major challenge faced by the governing body. Nineteen members of the Medical & Dental Academic Board will play a significant role in advising and assisting the nine members of the commission on governance and regulatory issues. However, regulations set by the governing body must be translated into actions at the medical and dental colleges' level. For example, the commission decides to change the curriculum from traditional, subject-

based to competency-based, modular, integrated curriculum. The task includes developing framework and guidelines for such curriculum, communicate the guidelines to the medical and dental colleges, identify training needs of the colleges for developing new curricula, provide technical support to the colleges to develop their own curricula and evaluate and monitor the process of implementation of such curriculum. Consider another example, the commission decides to implement continuing professional development system for over 150,000 physicians and dentists in the country. The decision needs governance, regulatory and technical support to translate it from regulation to reality. Does the commission have technical capacity to steer implementation process and guide medical and dental colleges on the desired change? Sadly, the answer is 'no'. In its current form, the technical capacity of the commission remains weak as the department of medical education with a number of expert educationists having postgraduate qualifications in health professions education such as Masters' and PhD,<sup>10</sup> working permanently at the PMC, is missing in the existing structure of the commission.

Medical and dental colleges, whether in public or private sector, are important strategic assets for any country as they play significant role in strengthening health system of the country through providing well trained health workforce. Departments of medical education play crucial role in providing technical support to the medical and dental colleges to plan educational activities. Realizing the need for such departments, in 2008, the PM&DC made it mandatory, that every medical and dental college must have a department of medical education.<sup>11,12</sup> These departments now form essential component of college infrastructure to provide effective and quality educational services.<sup>13</sup> Similarly, a well-functioning department of medical education established at the PMC/PM&DC level is essential to support educational planning and ensure that the strategic decisions made by the governing body of the

commission are translated into reality through a strong nexus of such departments at the college and PMC/PM&DC level.

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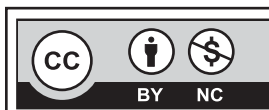
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**CONFLICT OF INTEREST**

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