

## Strengthening medical education in Pakistan: the crucial role of structured mentorship programs in medical and dental colleges



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entorship, the guidance and support provided by senior and experienced individuals to junior or less-experienced colleagues through the sharing of knowledge and expertise, is a well-established concept. The history of mentoring can be traced back to as early as 1848. Over time, it has evolved and is now widely integrated into academic institutions as a cornerstone of medical education in developed countries.2 In contrast, lowand middle-income countries (LMICs), including those in South Asia, have been slower to adopt formal mentoring systems. This gap contributes to underprepared healthcare professionals, reduced quality of care, and worsening health outcomes in already strained health systems.3

However, global academic exchanges with developed countries and exposure to international training models have sparked renewed interest in mentorship within LMICs.4 Scientists and educators are incorporating mentoring into their institutions and professional development frameworks. In South Asia, despite facing challenges like limited resources, cultural conservatism, and complex gender and socio-political dynamics, there is an increasing drive for educational reform.5 The region's distinctive blend of cultures, languages, religions, and sociopolitical conditions adds both richness and complexity to this transformation. With strategic adaptation of global best practices, countries like Pakistan have the potential to advance and institutionalize structured mentoring in medical education. Within South Asia. Pakistan reflects many of these broader trends while also exhibiting its own unique opportunities and obstacles.

Currently, Pakistan hosts a total of 185 medical and dental colleges, comprising 48 public and 76 private medical colleges and 18 public and 43 private

dental colleges.<sup>6</sup> In Pakistan, mentoring programs are functioning in various undergraduate and postgraduate Institutes of Punjab, Sindh and Khyber Pakhtunkhwa provinces of Pakistan. 7-12 Recently, Khyber Medical University has launched mentorship initiatives across all its constituent and affiliated medical colleges in Khyber Pakhtunkhwa. Pakistani medical institutions such as Aga Khan University and others with structured mentoring programs have demonstrated significant potential in fostering students' personal and professional growth. These programs have received highly positive feedback, with students reporting enhanced confidence, communication skills, and professionalism. Mentors also reported personal intellectual growth and a sense of fulfillment in guiding their mentees. 8,5 However, to truly assess the effectiveness of these programs, there is a need for longitudinal studies measuring outcomes such as academic performance, career progression, and mentee satisfaction.

Despite their recognized benefits, structured mentoring initiatives in Pakistan face systemic and institutional barriers that undermine their sustainability.<sup>8-10</sup> At the institutional level, many lack structured frameworks and robust evaluation mechanisms. Faculty often remain underprepared for effective mentoring, especially in research, despite initial training, and are further discouraged by the absence of development programs or incentives. Mentees encounter obstacles such as the non-availability of trained mentors, confidentiality concerns, and poorly scheduled or impersonal sessions, leading to disengagement. Mentoring committees themselves frequently operate without clear job descriptions, sufficient training, or proper communication channels. Additionally, disparities in students' educational backgrounds, particularly between

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rote-based and concept-based systems, hamper critical engagement, especially in research. These challenges are further exacerbated by systemic issues prevalent in LMICs, such as inadequate institutional support and resource constraints. 7,9,13-15

Addressing the persistent challenges in mentoring requires a coordinated, strategic response at the national level. As medical education in Pakistan continues to evolve, encompassing both undergraduate and postgraduate training, there is an urgent need to strengthen support systems for students and faculty alike. To achieve this, all medical universities, working in collaboration with national education and regulatory bodies such as the Pakistan Medical & Dental Council and the Higher Education Commission, should jointly develop a structured, nationwide mentoring framework. This initiative must prioritize institutional commitment, with clearly defined policies, roles, and responsibilities. Key components should include comprehensive faculty capacity building, incentives for mentor participation, and targeted training in communication and mentoring dynamics. Effective programs must ensure personalized mentor-mentee pairing, uphold confidentiality, and incorporate structured portfolios to document developmental progress. Regular monitoring and evaluation will be crucial to maintain quality and sustainability. Furthermore, integrating mentorship with research opportunities and career guidance will enhance its relevance. Drawing on successful institutional models and fostering interinstitutional collaboration will be vital for scaling and institutionalizing effective mentorship practices across Pakistan's medical education system.

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## **CONFLICT OF INTEREST**

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