

POSTGRADUATE EDUCATION IN KHYBER PAKHTUNKHWA

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Medical education is a continuum comprising undergraduate, postgraduate and continuing medical education. Postgraduate medical education is the phase of medical education in which doctors undertake specialized training after acquisition of their basic medical qualification. This phase of training is usually carried out according to specified regulations and rules as laid down by the concerned institute. The training is designed on the pattern of apprenticeship, meaning that the young doctors work in clinical settings with experienced colleagues and mentors who supervise their work and training¹.

For the postgraduate trainees doctors, (PG's) the training consolidates the competencies developed as medical students and provides them with an opportunity to develop further as active members of a team under the supervision of senior doctors (supervisors). This training experience is crucial to the future professional carrier of doctors. It is the time when doctors learn to integrate knowledge, skills and attitudes and apply learning in supervised practice with feedback and support from supervisors and senior PGs. It is the time when career intensions are finalized. It is also the time PG's doctors become full members of the medical profession and form friendships and relationships which will endure throughout their careers².

Working environment that is conducive to learning is critically important for successful training. Educational environment is an important component of the post graduate medical education. Good clinical teaching environment ensures that teaching and learning is relevant, has active participation by learners, and reflects professional thinking and behaviours. There should be good preparation and planning for both of the structure and content of postgraduate curriculums with emphasis on learning and evaluation of what has happened in the teaching and learning^{3,4}.

In the medical education system of Pakistan, post

graduate medical education is undertaken after completing five years of undergraduate medical education called MBBS (Bachelor of Medicine and Bachelor of Surgery). On successful completion of undergraduate medical education and after one year house job, the doctors are eligible to appear in Part 1 examination of College of Physicians and Surgeons of Pakistan (CPSP). The second phase of medical education starts once the doctors clears Part 1 examination. This phase of medical education normally lasts for four to five years and is undertaken in teaching hospitals on paid positions as trainee medical officer (TMO).

College of Physicians and Surgeons of Pakistan is the main degree awarding body in Pakistan for Post graduate Medical education. It awards Fellowship (FCPS) in 73 specialties and Membership (MCPS) in 22 specialties. The PGs of Fellowship programs of CPSP comprise majority of postgraduate trainees being imparted training in the Public sector teaching hospitals of the country including the province of Khyber Pakhtunkhwa (KP). Besides CPSP, Universities and Post Graduate Institutes of the country grant Diplomas and Master's degrees in Clinical specialties as well. Masters programs (MS and MD) in Clinical subjects and Masters leading to Ph D program have been started in various medical Universities of Pakistan. These programs have limited number of applicants, reason being that these programs are not standardized and have limited recognition in foreign countries in comparison to much established and standardized fellowship program of CPSP.

The trainee in KP are inducted into the fellowship programme of the CPSP by the lone Postgraduate medical Institute (PGMI) attached to Lady Reading Hospital and situated in Hayatabad, Peshawar. They are placed in various public and private sector teaching hospital of the province recognized by CPSP for the Postgraduate training. This induction is done on the basis of their score in professional examinations and availability of slot in the

specialty of their choice. This central induction though having pitfalls has merits as well. After induction, the PGs get themselves registered with the CPSP through approved supervisors via PGMI. From then onward the training is not very organized or structured. The PGMI is only involved with the disbursement of monthly stipend and forwarding the experience certificates and other documents to the CPSP. After placement/induction, the PGs are left at the mercy of individual units and supervisor where training and teaching is of different standard. The duty hours and the work load of these PGs in these hospitals are also different. In addition they have problem of accommodation which hampers their training. In a thesis by Noor It was observed that trainees rated teaching the most important issue followed by accommodation. They also had different level of satisfaction with regard to their training amongst the three major public sector hospital of Peshawar⁵.

This central induction may no longer continue in the same way as before after the enactment of the Khyber Pakhtunkhwa Medical Teaching Institutions Reforms Act, 2015. As per the new law each Medical Teaching Institution is to have its own Dean and an Associate Dean for postgraduate training. He or She will be primarily responsible for the induction and training of PGs in collaboration with the CPSP. Also the timing of the Medical Teaching Institution is going to be changed to 4 pm with possible introduction of Institutional based private practice in the evening. This would mean more time for interaction and supervision of the doctors in training by their supervisors⁶.

Though CPSP has provided most of the teaching unit the competency chart detailing the required skills to be gained by the trainee during the training, most of them don't consult or follow these charts. An appraisal of postgraduate training under the aegis of the Higher Education Commission in 2006-2007 showed problem of supervision, the hospital facilities and non stipendiary slot. Training curricula were often disregarded; training was determined by the patients available. Trainees complained of supervisors of having no time for teaching, supervisor having their private work after 2 pm. The standard of hospital facilities seemed to differ greatly. Some were excellent, some were clearly deficient. Trainees told of problems experienced in their work, of water supplies that failed in the labour wards, of electrical breakdowns. They told of difficulties in having laboratory tests performed after morning hours⁷.

Given the global scenario of shrinking opportunities, greater numbers of doctors now prefer to undertake postgraduate training at home. Therefore some uncertainties about postgraduate training need to be resolved. The advantages of central induction of PGs through a transparent manner are unquestionable. This process ensures uniformity and avoids undue hassle

and inconvenience for both the trainees and the government. The government can allocate fixed slots of TMOs to different specialties and hospitals depending upon the demand, availability of supervisor and workload. This is born by the fact that the same is being practiced in the undergraduate level in the form of Joint Admission Committee of the public sector medical colleges of the province. The trainees' concerns for inadequate supervision due in part to insufficient faculty; the poor condition and maintenance of some teaching hospitals; lack of proper accommodation; difficulties with aspects of College of Physicians and Surgeons processes; and the lack of career paths shall be addressed by the Institutional Associate Dean of PGs training and the concerned Dean.

Opportunities exist for improving learning for doctors in training in KP. In addition to reducing the non clinical problems of the PGs like accommodation and their financial worries it is recommended that all medical teaching/training institutions develop their departments of medical education in order to improve the standards of medical education in the province. There is dire need to train and develop the faculty through the Department of Medical Education and CPSP. This shall in return help in training and grooming of the PGs. The objective of competence and its assessment needs to be developed in the areas of medical knowledge, patient care, practice-based learning, systems-based learning, communication and professionalism⁸. There is need of greater collaboration amongst the various teaching intuitions of the province themselves and with the Khyber Medical University (KMU) and CPSP.

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