TREND OF OUR PRESENT MEDICAL EDUCATION IS ON THE RIGHT TRACK

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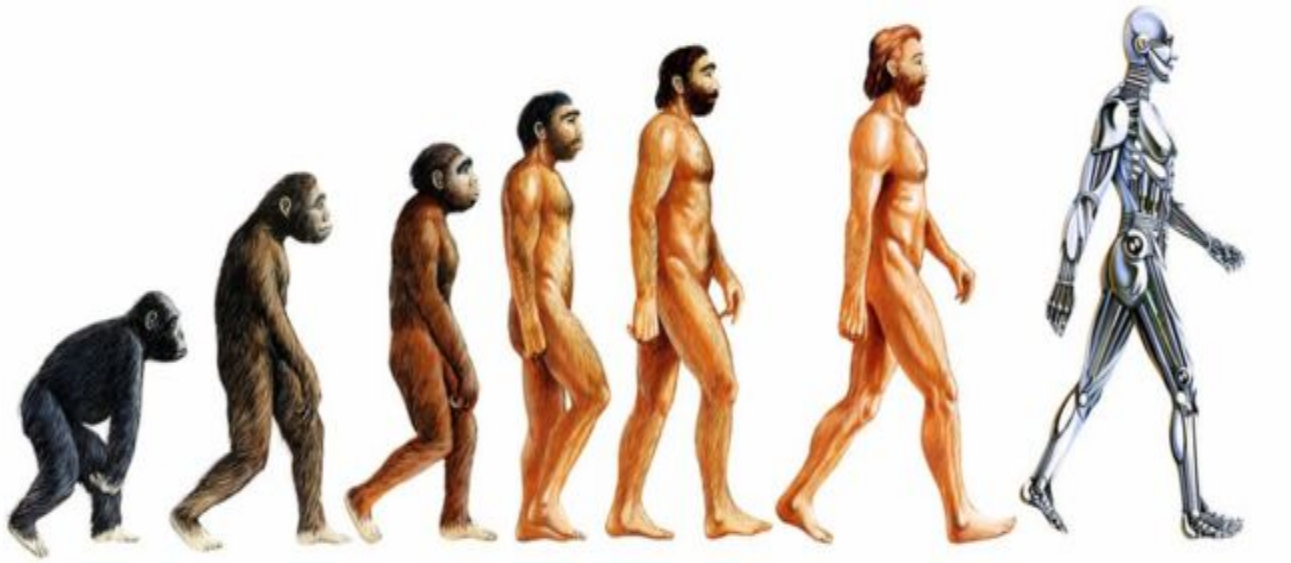
INTRODUCTION

- Medical education and curriculum planning is not a static process, rather a dynamic one.

- The continuous process of gathering knowledge, skill and attitude or, change in behaviour are pre-requisites in medical education.

- The three components of education are knowledge, skill and attitude and these are not static.
- They are ever expanding and changing with recent updates.
- Keeping pace accordingly, the trend of our present medical education is on the right track of change and evolution.

EVOLUTION OF THE SCIENCES



TREND OF UNDER-GRADUATE MEDICAL EDUCATION

- The under-graduate medical curriculum has been updated in a regular fashion to accommodate the advances over the period.
- The conventional MBBS curriculum was replaced by 1982 curriculum and then 1988 curriculum followed suit.
- The 2002, 2012 and the latest 2016 curriculums have been updated according to necessity.

- Detailed discussion regarding the pros and cons of the different under-graduate curriculums of different times have already been discussed.

- It has been quite apparent that the respective trend has proved to be quite effective and successful.

TREND OF THE POST-GRADUATE MEDICAL EDUCATION

- Gradual and necessary steps have been taken to ensure higher quality of medial specialists.
- The admission procedure, course structure and examinations have been modified to make them both supervisor and student friendly.
- Post graduate students currently have a more constructive and favourable environment to learn from.

COMPARISON BETWEEN DIFFERENT POST-GRADUATION SYSTEMS

- If we take a look at the different post-graduate course structures of different times it will be evident that the current trend of education is certainly on the right track.

COURSE UNDER BCPS (FELLOWSHIP BASED)

FORMER STRUCTURE	CURRENT STUCTURE
Part 1 examination included written, viva and practical.	MCQ and SBA based question paper in part 1.
Negative marking present in part 1 exam.	No negative marking in part 1 exam.
6 month course during part 1.	No course required for part 1.

FORMER STRUTURE

- Short training period.
- Less structured course curriculum and examination.
- Less supervisor and student friendly system.

CURRENT STRUCURE

- Training period of four years/three years+1 year course.
- Well structured course curriculum and examination.
- More supervisor and student friendly system.

FEATURES OF THE COURSE:

- Eligibility: BMDC registration, 1 year internship and 45 days post internship completion.
- No entrance examination.
- No tuition fees.
- Supervised course structure.
- 6 monthly progress report assessed.

- Log book maintained.
- Training is acceptable from any BCPS recognized institution.
- Dissertation required.
- More clinical exposure.
- Viva and clinical examinations are well structured and equal questions for every student.

- No chance of error of tendency.
- Introduction of broader outlook towards examinees.
- Limited number of attempts for the examinees of part 2 examination.

COURSE UNDER BSMMU /UNIVERSITY BASED

NON-RESIDENCY	RESIDENCY
Institutionalized admission exam.	Central admission exam.
Three parts: I, II, thesis part.	Two phases: phase A and B.
Basic sciences included in course curriculum.	Not included in course curriculum.

NON-RESIDENSY	RESIDENCY
Less structured course curriculum and examination.	Well structured course curriculum and examination.
Less supervisor and student friendly system.	More supervisor and student friendly system.

FEATURES OF THE COURSE

- Eligibility: BMDC registration, 1 year internship and 365 days post internship completion.
- Entrance examination present.
- Tuition fees required.
- Highly supervised and well structured course.
- Log book maintained.
- Training is acceptable from only the selected institution for the respective candidate.

- Thesis required.
- Plan for introduction of more structured questionnaire in viva and practical examinations.
- Non-government candidates receive honorarium.
- Limited number of attempts and age restriction present.

COMPARISON WITH FOREIGN MEDICAL EDUCATION TRENDS

MRCP, UK

- Eligibility: BMDC registration and 1 year internship completion, which is equivalent to ‘Foundation year 1’ training.
- Phases: MRCP part 1, part 2 and PACES
- No admission examination.
- No tuition fees.

- No thesis/ dissertation required.
- 2 years training (‘Core training 1 and 2’) required before PACES.
- Examination is MCQ (SBA) and of clinical format.
- No negative marking.
- All the training posts are paid posts with full salary.

- Limited number of attempts. Candidates must complete all 3 parts within 7 years of passing MRCP 1.
- Registration is relatively expensive and PACES seats are limited.
- After completion of MRCP, physicians are considered for specialization where they enter ‘Specialty training’ for 3 years.

MD/DNB, INDIA

MD PROGRAMME:

- Varies in different states.
- Eligibility: MBBS and 1 year internship. At least 55% marks in aggregate must be obtained in all the MBBS professional examinations.
- MD under AIIMS requires 3 years.
- Entrance examination present.
- Physicians receive full salary.

DIPLOMATE OF NATIONAL BOARD (DNB):

- Awarded by an autonomous body, the National Board of Examinations, India.
- It is IMC controlled.
- Examinations of one state are conducted by another state.
- Pass rate is 10%.

SUMMARY

- Change in medical education trends is the demand of time.
- Keeping pace with the advancing time and world we have adapted a system that welcomes this trend.
- Though slow, the current changing situation of the medical education program has set new limits of success and progression.

- We are learning to leave aside our orthodox beliefs and attitude to embrace the new.
- We have now become more liberal and are welcoming multi-dimensional approach for the sake of our own benefit in the medical sector.
- And this has all been possible thanks to the current trend of medical education which is paving the pathway for a better future.

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