TOPIC:

“Trend of our present medical education is on the right track”

Opposition-

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Bangladesh is going ahead
Bangladeshi flag is waving high

Bangladesh is a big surprise to the rest of the world despite worldwide economic recession.

- Middle income country by 2021.
- GDP Growth Rate > 7%
- Per capita income 1088 $.
- BB Reserve exceeds 31 billion $.
- Purchase capacity of people increased.
- Health awareness and health care demand is increasing.

Our health sector is developing at a faster pace

According to the UNDP report 2015 & planning commission report, September 2015, health sector related MDG goal 4,5,6 have been achieved or nearly achieved by 2015. We are well ahead than our neighboring countries.

Bangladesh ratified SDG. Health sector has to play a pivotal role to achieve SDG goal no 3 & 4.

It would be challenging to achieve target by 2030

Are we prepared to take the responsibilities??

Is our medical education system is in the right track to take the challenges??

Undergraduate Medical Education

Quality of medical education, performance of medical students and graduates and provision of effective health care are interrelated.

- Pass mark in admission tests is only 40!
- Newer medical colleges with inadequate infrastructure
- Inadequate teachers, specially in basic subjects.
- Deputation of many clinician to basic subjects.
- Scarcity of qualified teachers in private medical colleges.

We always concerned about physicians performance and the care

- Hardly we think about the quality of medical education.
- Medical education is given low priority in the political agenda of the government.

Post graduate education

- Too many post graduation courses
- Less exposure to parent subject in sub specialty courses.
- Post graduate degrees are not unified.
- Post graduation examination procedures have not been standardized.
- Extreme low budget allocation for research.

- Our medical education inherits colonial education system, which is rather lecture-based, teacher-centered, examination and hospital-oriented.

  - Incompatible mission and vision of medical education
  - Defective curriculum planning
  - Defective student admission policy
  - Inadequate exposure to clinical training
  - Traditional and subjective assessment system

- Our medical education policy should be revised as need-based, student centered and evidence based.
- Under graduate and post graduate course curriculum should be updated and standardized.
- Strong political commitment & administrative initiatives along with devotion of our teachers are essential.

It is high time for our honorable policy makers to re-think about our medical education system to solve this disparities to ensure a world standard education system that would enable us to take the health responsibility of our 160 million people, so that we can build a healthy, wealthy, brave nation & maintain our pride to say together --------

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জ্বলে পুড়ে মরে ছারখার
তবু মাথা নোয়াবার নয়।

THANK YOU