

Trend of Present Medical Education is on the
In opposition of
right track.

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Undergraduate Medical Education of Bangladesh:

At present, 96 Medical Colleges-

- ❖ 30 - Public sector
- ❖ 60- Private sector
- ❖ 06- Semi public (Armed Forces Medical colleges)

About 9000 students are admitted each year.

BMDC: Authorized Regulatory Body

Bangladesh Medical and Dental Council (BMDC)
provides *definite prerequisites* to establish proper
environment of Medical Education.

Goal of the Medical College Project

- ▶ 1. Community based Education of undergraduates
- ▶ 2. integrated MCH/FP training
- ▶ 3. Adequate teaching staffs
- ▶ 4. Logistic support
- ▶ 5. Resource development

[Ref: Medical college project supported by WHO and IDA, 1992]

Undergraduate Teaching

Current Scenario ...

Lack of Community based education and training

- ▶ Undergraduate education is still-
 - Lecture based
 - Teacher-centered
 - Examination driven
 - Institute-oriented
- ▶ Field training - limited to a few days excursion tour.

Lack of Community based education and training cont.

- ▶ Competency-based internship training
- ▶ Field-site training
- ▶ Urban demonstration programme

- still not implemented due to non-functioning national bodies.

[Ref- MAA Majumder(2003)Bangladesh Medical Journal;32:37-39.]

Curriculum: Backdated

- ▶ A huge bulk of information within 5 years curriculum
 - should be changed to **problem based learning(PBL)**.
[Faiz MA(2007).JCMCTA;18(2):1-3].
- ▶ Breaking the rigid clinical, pre clinical and departmental boundary
 - time demanding.
- ▶ Best- evidence-based medical education - still not practiced.
[MAA Majumder(2003). Bangladesh Medical Journal;32:37-39]

Inadequate Teaching Staffs:

- ❖ Vacant posts in the department of Medicine in 21 public Medical Colleges:

-Professors- 05 posts

-Associate Professors- 13 posts

[Ref: Update information from MOHFW, 7th December, 2016]

- ❖ What about 09 new Public Medical Colleges??

Inadequate Teaching staffs cont.

- ❖ Mid level teachers (Register, Indoor Medical Officer):
lacking in both public and private sectors.
- ❖ Resident Physician post:
vacant in many private Medical Colleges.

[Ref: Biswas S et al (2015);JOM 16(1):5-9.]

Student: Unit- Not maintained

- ❖ Student to Unit Ratio

 - less in private sector (2.3 unit: 100 students)

 - {BMDC Rule- 3-4 units for each 100 students}

- ❖ Poor maintenance of academic calendar

 - [Ref: Biswas S et al.(2015);JOM 16(1):5-9]

Integrated teaching: Infrequent

Held on yearly basis in-

- 50% of public Medical college
- 35% of private Medical Colleges.

[BMDC Rule- It should be held monthly]

[Ref: Biswas S et al.(2015);JOM 16(1):5-9]

Inadequate Logistic Support:

- ▶ Lacking of Student support services and physical facilities - in both public and private sectors.
- ▶ Scarcity of office Secretary in public sector.
- ▶ Lack of transport Vehicle for the students.

[Biswas S et al.(2015);16(2):5-9]

Non existence of Ward-side minilab:

- ▶ Dedicated Ward side minilab is none in public sector.

[Biswas S et al (2015);JOM 16(1):5-9]

Quality Assurance ??

- ▶ No planning about providing uniform quality assurance in medical education in both the private and public sectors.

Is everything OK???

Thank You

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