THE CASE OF A NATIONAL EXIT EXAM FOR MEDICAL DOCTORS

Asif Ali^{1,2}, Yasar Mehmood Yousafzai^{1,2}

Dr. Dr.Asif Ali Assistant Professor ¹Institute of Basic Medical Sciences, Khyber Medial University, Peshawar. ²University of Glasgow, UK E-mail: draliasif7@gmail.com

This article may be cited as: Ali A, Yousafzai YM. The case of a national exit exam for medical doctors. Adv Basic Med Sci. 2018;2(2): 48-49

The number of medical degree awarding institutions is ever increasing. According to Pakistan Medical and Dental Council (PMDC) website, there are 55 public sector and 101 private sector medical and dental colleges (PMDC.org.pk). Each year, thousands of students from dozens of public and private sector medical colleges graduate. In addition, Pakistani students enrolled in foreign countries such as China, Afghanistan, Russia, Kazakhstan and Cuba graduate and join the workforce. This expansion in the number of recognized medical colleges is great news for the country where the population to doctor ratio has been dismal - 1 doctor per 1000 population as in comparison with UK with 2.8 doctors per 1000 population (data.worldbank.org). However, this has posed significant challenges. Despite significant regulations by PMDC, the quality of doctors being produced in Pakistan leaves a lot to be desired. Here we examine the causes of this diversity in quality of doctors and propose ways this can be improved.

A number of factors contribute to the variation in the quality of new medical professionals. Firstly, the differences in infrastructure, location, fees and prestige result in admission of students from particular educational background and talent in particular medical college. For instance, high achieving students get admission in more prestigious medical colleges than low scoring students. Secondly, the number of students in class varies between different medical colleges. Liaguat University of Medical and Health Sciences enrols more than 300 students in one class whereas KMU Institute of Medical Sciences enrols 100 students per class. This implies that the level of personal attention to individual medical students vary between medical colleges. Thirdly, the teaching methods vary between different medical colleges. Many medical colleges, especially public-sector institutions, still teach using conventional didactic teaching methods. On the other

hand, newer private medical colleges use more modern techniques such as problem-based learning (PBL), small group discussions (SGD) and 3D computer models. Fourthly, different assessment methods are used across different medical colleges which do not always ensure students achieve the intended exit outcomes. Finally, and perhaps the most important, hospitals attached to various medical colleges differ in infrastructure, number of beds, catchment population and the level of medical interventions performed. All these differences result in a spectrum of medical graduates ranging from competent and compassionate doctors to those prone to making grave mistakes in medical practice.

PMDC has taken multiple steps to standardize medical education in this country. These include defining the desired qualities of doctors, having a uniform core curriculum, a uniform fee policy for medical colleges, and periodical inspection of medical colleges to ensure they maintain the minimum infrastructure and facilities for students. This is however not enough to ensure that fresh graduates achieve the minimum knowledge, skills and aptitudes required to practice in Pakistan. All these steps are directed either towards standardized admission criteria or that the curriculum taught includes all the relevant component. There is no way of ensuring the doctors graduate with the minimum level of knowledge and skills required to practice successfully. Therefore, a standardized exit exam for all the medical graduates of the country is needed. Such an exam would assess the knowledge and practice of disease in Pakistani culture and context. This could be a two- or threestep examination as a necessary step towards licencing. In this examination, competencies to adequately examine, diagnose, investigate and treat a patient can be included. PMDC has already been conducting a National Examination Board (NEB) examination for a long time. Therefore, the council



has the capacity to conduct a standardized exit examination. An expansion of the scope of this exam is needed. This idea is not novel as India has also decided to implement a 'National Exit Exam (NEXT). According to Mr Philip Evans, a veteran medical educationist, a national exit exam will play a significant role in upgrading the quality of the average medical graduate of Pakistan (personal communication).

