

Grey Areas in the Recognition and Supervisor-ship of Non-Fellowship Postgraduate Programs in Pakistan

Saba Sohail

The general aim of undergraduate medical education is to produce a competent skilled doctor^{1,2}. Later, specialisation career trajectory is determined by a number of factors including financial factors³⁻⁵. However, acquiring a postgraduate qualification is generally considered to impart better clinical competence and outcomes^{6,7}.

Healthcare postgraduate specialisation programs in Pakistan have too many shades, to the extent of being inhomogeneous. These postgraduate programs used to be clearly divided into the fellowship, memberships diplomas and master's program for clinical medical sciences aimed at producing a specialist clinician; and masters including MS (masters of science), MPhil (masters of philosophy) and PhD (doctor of philosophy) primarily aimed at producing a researcher. Both could ascend to an academic level and commensurate with the level of post-graduation, experience and research in case either decided to follow an academic career. With the rapid growth of medical universities and the requirement by the Higher Education Commission (HEC) Pakistan to produce researchers, too many master's program has been started in the clinical fields as well leading to a number of grey zones basically involving the level of research, equation of degrees and supervisor-ship in the universities' indigenous programs. Moreover, there has been a lot of mix-up between clinical and basic degrees nomenclature particularly in dental sciences.

Department of Postgraduate Studies,
Dow University of Health Sciences.

Correspondance: Dr. Saba Sohail
Department of Postgraduate Studies,
Dow University of Health Sciences.
Email: saba.sohail@duhs.edu.pk
Date of Submission: 23rd July 2018
Date of Acceptance: 27th September 2018

The spectrum ranges over various levels, according to the community needs, the degree seekers' aims and now the latest Pakistan Medical and Dental Council (PMDC) faculty appointment criteria¹. The shortest and the easiest of these are small duration certificate courses of 4-24 weeks duration in various clinical and para-clinical fields to meet a specific need in a certain context such as nutrition, diagnostic ultrasound, reproductive health, epidemiology, e-health etc. Usually there is no entry or exit examination, and certification is based on physical attendance and sometimes on completion of an academic assignment. The main objective is to enhance a particular aspect of practice and hence aim at fine-tuning of what is already being practiced.

The second group is the minor diploma or intermediate membership programs of 1-2 year duration where the institutes may or may not have an entrance examination for selection for training but there is a definite exit examination, and a prescribed curriculum with credit hours distributed to match the needs of the specialty. These are clinical specialty-specific programs. The aim is to produce a clinical specialist practitioner. Hence, research does not hold any sizeable proportion of the curriculum and training, and these degree holders are usually not considered for higher academic posts in the presence of higher qualified consultants¹.

The higher-level programs are those which aim to produce a highly skilled professional who may serve as a clinician or educator or researcher exclusively or wearing all these caps. These programs are pursued by those who either wish to embark upon an academic career or practice as a clinician with superior skills and training. The program objec-

tive clearly states to produce a clinician or researcher and the curriculum design adequately addresses the clinical and research skills. The problem arises when the combination of all the above is required. The clinical skill component is usually clear but the research component is not so clear. The objectives of many of these programs do not match with the research credit hour distribution and the final learning outcome. Fellowship programs whether the first or the second, have a necessary research component which is a partial fulfilment requirement to be either certified or be eligible to appear in a certification program, identified in terms of either a dissertation or study proposal followed by an accepted or published research paper. There might be other research categories identified as audits, case reports or scientific paper presentations which commensurate with the duration of training. Most of these indigenous fellowship programs have been inspired from national and international colleges and hence follow a certain standard to maintain their credibility and value. Fellowship however is considered equivalent to MPhil and the HEC Pakistan does not allow a Fellowship of the College of Physicians and Surgeons Pakistan (FCPS) diploma holder to supervise a PhD candidate and vice versa i.e. CPSP does not allow a PhD to supervise a FCPS candidate⁸.

The local scenario is quite different for the non-FCPS programs which are supposed to be at par with or higher than FCPS. PhD and MPhil are certainly non-clinical practice programs designed to produce a researcher-academician. These programs are usually offered in basic medical sciences. Even if they are offered in clinical fields, licensing and credentialing for clinical practice is usually determined by the clinical practice diploma. For example, a PhD in genetics is more likely to become a professor of biological sciences than practice in a pathological laboratory, and may need to obtain an MCPS in pathology for that purpose. This is due to inherent focus of PhD and MPhil programs on directed concerted research and its defence which forms an essential requirement of their certification, becoming master of one aspect. This is in contrast

with Fellowship of the CPSP⁹ or Royal Colleges or American/European or e.g Diploma in Radiology (EDiR)¹⁰ which require clearing an exit exam covering all the important aspects of speciality oriented clinical practice.

The situation is even more confused for the clinical master-level programs. These programs are indigenous to universities and hence their duration and curriculum and supervisions vary across the institutes. Problem gets compounded when the supervisors for these degrees do not possess the same degree particularly of a lesser duration as most of these programs have a time bound level. A degree may be of different duration i.e. 2-4 years and that would change the level of the degree as per PMDC criteria. The equation of these degrees by various bodies such as PMDC, HEC and CPSP is also at variance with HEC not recognising FCPS as equal to PhD, marking it equal to MPhil (traditionally reserved for basic sciences only) and PMDC and CPSP not recognising PhD in clinical disciplines (again traditionally reserved for basic sciences only). This has caused much confusion among the clinical academicians who wish to be recognised as clinical research scientists too and have therefore obtained a PhD in addition to the fellowship. The recent announcement from PMDC of re-evaluation of institutes recognised for FCPS training since old and have produced the finest clinical specialists of the country has further added to the state of uncertainty among the trainees as well as those dealing with the administration and management of postgraduate medical education.

Pakistan has been long known as a seat of high quality health care education and training at both the undergraduate and the postgraduate level attracting hordes of foreign and national students, and second-generation Pakistani expatriates alike. It is high time that the office bearers at the relevant statutory bodies sit together with the administrators of medical universities and reach a consensus to clear the grey areas to make the profession the ultimate beneficiary.

References

- 1- Recognized additional medical and dental post-graduate qualifications [Online]. Islamabad: Pakistan Medical & Dental Council; 2017. Available from: <http://www.pmdc.org.pk/LinkClick.aspx?fileticket=6r3%2fEk6onRs%3d&tabid=341&mid=969>. Accessed on September 4, 2018.
- 2- Raina SK, Kumar R, Kumar D, Chauhan R, Raina S, Chander V, et al. Game change in Indian Health Care System through reforms in medical education curriculum focusing on primary care-Recommendations of a joint working group. *J Family Med Prim Care* 2018;7:489-94. [DOI: 10.4103/jfmpc.jfmpc_92_18].
- 3- Chang A, Fernandez H, Cayea D, Chheda S, Paniagua M, Eckstrom E, et al. Complexity in graduate medical education: a collaborative education agenda for internal medicine and geriatric medicine. *J Gen Intern Med* 2014;29:940-6. [DOI: 10.1007/s11606-013-2752-2].
- 4- Imahara SD, Scott JR, Neligan PC. Career plans of graduating plastic surgery trainees in 2009: the impact of an uncertain economic climate. *Plast Reconstr Surg* 2009;124:2173-8. [DOI: 10.1097/PRS.0b013e3181bcf5e7].
- 5- DeLong MR, Hughes DB, Tandon VJ, Choi BD, Zenn MR. Factors influencing fellowship selection, career trajectory, and academic productivity among plastic surgeons. *Plast Reconstr Surg* 2014;133:730-6. [DOI: 10.1097/01.prs.0000438043.98762.51].
- 6- Sharp LK, Bashook PG, Lipsky MS, Horowitz SD, Miller SH. Specialty board certification and clinical outcomes: the missing link. *Acad Med* 2002;77:534-42.
- 7- Jordan J, Hwang M, Coates WC. Academic career preparation for residents - are we on the right track? Prevalence of specialized tracks in emergency medicine training programs. *BMC Med Educ* 2018;18:184. [DOI: 10.1186/s12909-018-1288-x].
- 8- Aziz S, Khan M. Fundamentals required for foundation of a noteworthy PhD in biomedical sciences from Pakistan. *J Pak Med Assoc.* 2018;68:919-25.
- 9- Fellowship of the College of Physicians and Surgeons - FCPS [Online]. Karachi: College of Physicians and Surgeons Pakistan. Available from: <https://www.cpsp.edu.pk/fcps>. Accessed on September 24, 2018.
- 10- EDiR: Certification of excellence [online]. Barcelona the European Board of Radiology. Available from: <https://www.myebr.org/edir/certification-of-excellence>. Accessed on September 24, 2018.