

## EDITORIAL

### *Towards Competency Based Undergraduate Curriculum In Pakistan*

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Knowledge in the biomedical field has grown exponentially, and is likely to keep on growing exponentially. Not only has the quantum of knowledge in the traditional subjects grown, but completely new subjects have been added in biomedical science. Thus, it is impossible for any one person to know everything about a subject. Hence, the need towards specialization has emerged in narrower and narrower sub-specialities. This situation has created a dilemma for those planning the undergraduate MBBS curriculum. Since it is impossible to know everything, teaching everything is also impossible.

The critical question is 'what should be included in the five year MBBS curriculum?' Or if we frame the same question differently and ask 'what should be excluded from the undergraduate curriculum?' Subject specialists of both basic and clinical sciences view the curriculum from their speciality point of view, and always tend to demand more time for their respective speciality. If the advices of subject specialists are taken then even five years of MBBS education are not sufficient to gain mastery over one of the undergraduate subjects, what to say about all of them. We need to remember that after graduation, the MBBS graduate will have innumerable options for specialization. So, what the MBBS should aim to cover in five years is which actually forms the 'core' that is applicable to all specialities.

One way of approaching this dilemma is to decide what is 'relevant' to the needs of the fresh graduate. In other words, 'what should the fresh graduates be able to do?' Once we agree on that, then we can decide what factual knowledge, skills and attitudes an MBBS graduate needs to function as a physician with the desired competencies. This curricular concept is known as competency-based curriculum and its focus is preparing physicians for societal and patient needs<sup>1-4</sup>. Presently, students spend most time on memorizing innumerable facts which are likely to become outdated by the time they graduate, and thus graduates will find themselves inadequately prepared to practice in a fast changing clinical environment.

If 'relevance' is the key word in deciding what should be included in MBBS curriculum, then the competencies need to be discussed in a much wider forum, involving all the stakeholders, and not just the faculty of medical

institutes. If we tend to rely only on subject specialists recommendations, the curriculum will be too focused on the individual specialist chosen field. Ultimately, the graduates are expected to manage the health services of the country, and therefore the managers of health services should be one of the key stakeholders to advise the curriculum planners on the desired competencies of an MBBS graduate. However, faculty engagement is central for the achievement of the desired competencies.

Our present subject-hospital based curriculum is what we in Pakistan inherited in 1947 from British India, which in turn was based on the British curriculum model. The General Medical Council (GMC) has since then totally revised the rules and regulations of its undergraduate program, and now has defined the competencies that a graduate should acquire on completion of their medical studies. The GMC document 'Tomorrow's Doctors'<sup>5</sup> emphasizes among other attributes such as good clinical care, the scientific basis of practice, relationships with patients, working with colleagues and professional values. The GMC document does not mention subjects, number of hours or number of marks for each examining subject. Moreover, how the medical colleges train and assess students, for the desired competencies is left to the individual colleges. The main concern of GMC is that the graduates acquire the defined competencies, and are prepared to pursue their further training.

In Pakistan's context, the first step towards change to competency-based curriculum is to recognize that there is a need for change. Unless we address the status quo mindset which resists change, no progress can be made towards preparing medical undergraduates for societal needs. The subject-hospital based curriculum, the Flexnerian<sup>6</sup> curriculum model designed a hundred years ago, was most appropriate to the needs of the first half of the twentieth century when there were just physicians and no specialists, and the tertiary care hospital did not exist for patient care. We now have to plan for the prevailing environment, and the present needs of Pakistan. Today's tertiary care hospitals equipped with high-tech equipment, and practicing specialists, subspecialists are best suited for training of postgraduates in different specialities. The role of tertiary care centers in undergraduate education has become marginal, and we need to explore other primary or secondary health facilities as well for medical students' training. Now is the time to rethink towards training undergraduates with competencies to serve patients and communities.

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