

■ Editorial

Can expansion or strengthening of the existing medical schools be compensated with the opening up of new medical schools in the country?

A P Gautam, B P Koirala Institute of Health Sciences, Dharan

Background

About 18 years ago, in 1993 the then His Majesty's Government of Nepal came out of the comfort boundary of Kathmandu Valley and decided to establish a medical school in the eastern region- BP Koirala Institute of Health Sciences (BPKIHS). The Institute came up as a new breed of medical education in the country. It organized several meetings, workshops and seminars to chart its curriculum document before making of a Primary Care physician dedicated to the community. The important one was "Seminar on medical education for 21st century" held in December 1993. The seminar paved a way in charting vision, mission and goals of the Institute. Then in April-May 1994 a workshop developed the MBBS Phase-I curriculum, and finally, the workshop held in October-November 1995 developed the MBBS Phase-II curriculum. These workshops produced a first version of the MBBS curriculum comprising of phase-I and phase-II learning instructions. A massive exercise was done in both the workshops in preparing the curriculum involving medical education leaders and health administrators from Nepal, India and WHO.

The founders of the institute initially has set its goals as "to improve the

health of the people of the eastern region of Nepal, where the Institute is located and to strengthen the health services in the region".¹ The Institute achieved university status with the amendment of its Act in October 1998. With this amendment Institute realized broader and national level responsibilities towards the people, and expressed its vision and mission as below.

BPKIHS has been visualized as²

- a self-governing, self-reliant International Health Sciences University attracting students and teachers from all over the world to its constantly innovative educational programmes.
- a national center for providing quality health services both, tertiary as well as primary, and developing replicable and sustainable models of integrated health systems sensitive to the needs of both, individuals and the community living in urban as well as rural areas.
- a prestigious center for biomedical and health system research, and as a center of excellence for tropical and infectious diseases.
- a complete health development project through its teaching districts which will catalyze an environment-friendly human development initiative resulting in enhancement in the quality of life of the people of Nepal and, those working in BPKIHS to ensure a high level of commitment to excellence and dedication to service.

"The main mission of BPKIHS is to improve the health status of the people of Nepal by providing holistic health care through training of compassionate, caring, communicative and socially accountable health workforce acting as agents of change and through advancement in research and innovation in service as well as education to ensure healthy individuals and families by collaborating with all stakeholders."²

The BPKIHS stresses that in terms of achieving the educational goals of the institute both the present curricula and future educational programmes are to be "need-based, integrated, community-oriented and partially problem solving in line with innovative medical education programmes epitomized in the Edinburgh Declaration of

Address for correspondence:
Mr Akshaya P Gautam
Assistant Professor, Department of Health Professions
Education
BP Koirala Institute of Health Sciences, Dharan
Email: akshayagautam@yahoo.com

1988.”³ These are the basic tenets on which BPKIHS curricula are based.

In the past 18 years the Institute has significantly contributed in the health service and health professions education sectors. By the end of 2010, 1814 health professionals (medical, dental, nursing and allied health sciences) have been dedicated to the nation.⁴ Six districts in the eastern region have been embedded in its teaching learning program-termed as ‘teaching districts’ through which community-based health service delivery and community-based health professions education have become possible.

The country has experienced a lot of changes in economical and political milieu in the past 18 years. Medical schools are established, health systems are not supported; health workforce is trained, rural-area serving attitudes are destroyed.

However, the BPKIHS, only health science university outside Kathmandu Valley has many challenges and issues which need to be dealt at the national level. Indeed, the issues that we have now are predominantly affecting all medical schools in Nepal. On one hand opening up of new medical schools is continuing and on the other the shortage of teaching faculty in most of the specialty is threatening quality of medical education. An unhealthy competition among the medical schools in dragging already scarce teaching faculty members has further worsened the quality of education and growth of the academic institutions.

In this changed context, national health leaders and competent regulatory bodies should timely address these issues.

Issues

- Is national vision on Health and population congruent with the institutional vision?
- How public and private medical schools can work in unitedly and contribute to the national cause?

- Is expansion or strengthening of the existing medical schools compensated with the opening up of new medical schools in the country?
- How many medical schools does Nepal need and why?
- Can teaching hospital services be made available in the communities where medical schools are located?
- Is there a need to discuss and debate core issues in medical education to ensure that the future doctors of the BPKIHS are best prepared to meet the health care needs of the country?
- Is it right time to think of creating a new roadmap for educating future generations of medical doctors?
- Can we see new horizons in medical education?
- Is knowing medicine enough to be a good doctor?
- How to balance affordability of medical education with the cost of production?
- Is undergraduate medical curriculum in practice fostering rural-area serving attitude?

Leaders in medical education at the national level and regional level along with national health administrators and national regulatory bodies have to meet objectively and formulate strategies to cope with these issues. The outcome thus achieved would help define appropriate future directions which may guide the public funded medical schools like BPKIHS in charting new guidelines to move ahead in the future pathways.

References

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