

Editorial**MEDICAL EDUCATION IN FAR EASTERN NEPAL: EVOLUTION, INNOVATIONS, AND CHALLENGES*****Dinesh Kumar Thapa***Department of Neurosurgery, B&C Medical College Teaching Hospital, Birtamode, Jhapa***Submitted: 6th-January-2025, Revised: 12th-March- 2025, Accepted: 7th-April-2025****INTRODUCTION**

Eastern Nepal has emerged as a pivotal region in the advancement of medical education, marked by the establishment of key institutions like B.P. Koirala Institute of Health Sciences (BPKIHS), Nobel Medical College and Birat Medical College in Eastern Nepal and the rise of B&C Medical College (B&CMC) in far eastern Nepal. Formerly mentioned institutions have contributed significantly in producing qualified healthcare professionals. However, challenges persist, including faculty shortages, resource constraints, and the need for continuous curricular reforms. This paper explores the historical development, curricular innovations, emerging institutions, and the integration of global health research into medical education in Eastern Nepal, referencing key literature in the field. Medical education in Nepal has undergone substantial transformation since its inception. Eastern Nepal, in particular, has become a hub for medical training, contributing significantly to the nation's health workforce. Understanding the region's educational landscape offers insights into its successes and areas necessitating improvement.

Historical Overview of Medical Education in Eastern Nepal and Establishment and Rise of B&C Medical College Teaching Hospital

The formal development of medical education in Nepal began with the establishment of the Institute of Medicine (IoM) under Tribhuvan University in 1972, aiming to address the shortage of health professionals. As demand increased, BPKIHS was established on Jan 18, 1993, and upgraded as an autonomous Health Sciences University on Oct 28, 1998, in Dharan of Eastern Nepal with Nepal-India co-operation, as an autonomous Medical and Health Sciences University with a community-oriented approach, decentralizing medical education from the Kathmandu valley¹. Later on, Nobel Medical College Teaching Hospital (P) Ltd. founded in 2004 and Birat Medical College (BMC) established in 2014, both affiliated institute of Kathmandu University further strengthen the medical education in the region.

Established in 2012 in memory of the founders' parents, the late Mr. Bhagwan Giri and the late Mrs. Chandramaya Giri, B & C Medical College Teaching Hospital (B&CMCTH) stands as the first acute tertiary care hospital in Birtamode, Jhapa, in far eastern Nepal. Founded with a mission to become a leading healthcare provider not only in the region but across the subcontinent, B&CMCTH is committed in delivering high-quality



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medical services while meeting the foundational standards required for recognition as a medical college. The Letter of Intent (LoI) for establishing the medical college teaching hospital was granted by government of Nepal in 2012. However, various challenges including political influences and nationwide medical education reform movements, delayed the project's progress for several years, resulting in significant financial and infrastructural setbacks for B&CMC. Despite these hurdles, the institution ultimately secured affiliation with Kathmandu University in 2024 following a landmark verdict by the Supreme Court of Nepal, officially becoming the youngest medical college in the country. It has emerged as a significant player in Eastern Nepal's medical education landscape.

Currently, the institution aims to offer undergraduate medical and allied health sciences programs, equipped with modern infrastructure and a tertiary-level hospital with state of art technology. Despite being a relatively new institution, the college has rapidly emerged as one of the region's busiest medical facilities, offering students extensive hands-on clinical experience. In its inaugural Bachelor of Medicine and Bachelor of Surgery (MBBS) intake, B&CMC successfully enrolled all 50 seats allocated by the Medical Education Commission (MEC), comprising 26 female and 24 male students. In accordance with government policy, full scholarships were awarded to 10% of students—five in total. Notably, 14 of the enrolled students are from international backgrounds. The college has not only expanded opportunities for local and regional students to pursue medical education within their home country, but also contributes to the national economy by attracting international students. Additionally, its presence has stimulated economic growth and infrastructure development in the surrounding area. However, as with other private medical colleges in Nepal, its growth necessitates careful monitoring of academic standards, ethical governance, and public trust to ensure quality medical training in upcoming days.

Curricular Innovations: Emphasis on Problem-Based Learning (PBL)

Eastern Nepal's medical institutions have adopted Problem-Based Learning (PBL) to enhance student-centered learning through real-world problem-solving. Originally conceptualized at McMaster University in Canada, PBL has been implemented in institutions like BPKIHS and Kathmandu University School of Medical Sciences (KUSMS), tailored to fit

local contexts and resources and B&C Medical College (B&CMC) conducts regular PBLs to enhance the medical education⁶.

Challenges in Maintaining Educational Standards

Despite progress, Eastern Nepal faces persistent challenges in maintaining high standards in medical education. Baral et al. emphasized that irregular faculty recruitment, insufficient monitoring of teaching quality, and lack of accountability have compromised educational outcomes³. These issues are exacerbated by infrastructure constraints and inadequate policy support. Furthermore, the rapid expansion of private medical colleges across the Nepal has raised concerns about the dilution of academic standards. Magar et al pointed out that the commercialization of medical education threatens the core values of the profession, advocating for reforms in regulatory mechanisms and the strengthening of quality assurance systems⁴.

Need for Reform and Policy Intervention

Comprehensive reforms are vital to effectively address the ongoing challenges in medical education. A key recommendation is to strengthen centralized accreditation and regulatory bodies such as the Medical Education Commission (MEC) and the Nepal Medical Council (NMC), ensuring their autonomy and insulating them from political interference. Also, promoting regular faculty training and curriculum reviews, strengthening community-based learning and rural health placements, enhancing investment in educational infrastructure, and enforcing ethical and governance standards in both public and private medical colleges are recommended.

CONCLUSION

Medical education in Eastern Nepal has made commendable progress through the development of key institutions and the adoption of innovative pedagogical methods such as PBL. The emergence of B&C Medical College Teaching Hospital adds to the region's capacity to educate and deploy competent health professionals for nation and international as well. Integrating latest global health researches, like the ASPIRIN trial findings, into the curriculum can further enhance the quality of medical education. However, quality assurance, equitable access, and shortage of competitive faculties remain critical issues. Systemic reforms, guided by strong policy and oversight, are imperative to ensure that the medical education system continues to meet the healthcare needs of the nation effectively.

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