

PMC vs. PMDC Fiasco: A Legislative Chaos or an Effort for Quality Improvement?

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IMPORTANCE Rapid population growth and resulting economic crisis are posing challenges to maintaining and improving the quality of medical education in Pakistan. The health profession is governed and regulated by a single body in Pakistan since 1962, Pakistan Medical and Dental Council PMDC, which was transformed into Pakistan Medical Commission in 2020. Medical education and training are continuously evolving; several changes have to be incorporated at the undergraduate and postgraduate levels to keep pace with the world. PMC has introduced various changes in the running of the commission and educational regulation, which have been appreciated by some and criticized by others on the grounds of a non-inclusive change process. With recent political changes and the reversal of the PMDC act, there is enormous anxiety about the future of the body and its operational and policy-making processes. This is an opinion regarding this whole fiasco and how it would impact the future of the body and regulation of the healthcare system in Pakistan.

Keywords: Pakistan Medical Commission (PMC), Pakistan Medical and Dental Council (PMDC), National Licensing Examination (NLE), Medical and Dental Colleges Admissions Test (MDCAT)

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Perspective

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Rapid population growth and resulting economic crisis are posing challenges to maintaining and improving healthcare quality and education in this realm. The knowledge and clinical skills of Pakistani doctors are at stake if important steps are not taken to sustain this challenge in medical education and quality healthcare provision. The health profession is governed by a single body in Pakistan since 1962. Pakistan Medical and Dental Council (PMDC) was established as a legislative body in 1962 by Pakistan Medical Council Ordinance and since then three amendments were passed till 2020. Medical education and training are continuously evolving, and several changes were incorporated at an undergraduate and postgraduate level all over the world. However, PMDC could not keep pace with worldwide changes in healthcare education to incorporate these changes in curricula in the last few decades. Pakistan Medical Commission (PMC) was established on September 24th, 2020 for not only regulatory purposes but also to improve the standard and quality of medical and dental education and practice in Pakistan¹. PMC act incorporated a few changes and rules in existing curricula to raise the quality of medical and dental education and practice in Pakistan as per international standards.

PMC was a triumvirate, the Medical and Dental Council (MDC) was the apex body with National Medical & Dental Academic Board (NMDAB) and National Health Authority (NHA) working under its supervision. MDC of PMC consisted of nine members. Of these nine members, three were members of civil society including a philanthropist, a legal professional, and an accountant. Lay members were introduced in the council in conformity with other countries to protect public rights. The council meetings to be held every three months had the criteria of a minimum of six members forming a quorum². The majority of health professionals expressed their concerns regarding the addition of non-medical professionals to the council. They feared the authority that MDC had over NMDAB and NHA was in hands of irrelevant people. However, the addition of non-medical professionals to the council was deemed in conformity with other countries to protect public rights and monitor progress.

With an objective to standardize medical graduate entry, PMC announced to conduct a single medical and dental colleges admissions test (MDCAT) annually for admission in undergraduate programs in all provinces of Pakistan. The passing percentage of MDCAT was increased to 65%^{2,3}. Private colleges were authorized to postulate their criteria

of admission one year prior to admission. All public and private institutes recognized by PMC were responsible for providing paid internships to all graduates having provisional licenses for a period of 1 year. Conducting a single admission test was a step required for the standardization and centralization of health education. PMC raised eligibility criteria for medical and dental college entry tests. However, this change in criteria was introduced abruptly in a dictatorial fashion without taking the stakeholders on board effectively. Several students had to take a gap year to improve their marks. The health department of Sindh province and many private institutes had significant concerns over this change management.

PMC also introduced the National licensing examination (NLE) as a mandatory requirement for obtaining a full license. All local and foreign graduates were required to pass NLE after completing their internship to acquire the full license. All GPs were required to pass NLE at the time of license renewal every five years. NLE was announced to be held twice a year with no limit on the number of attempts^{2,4}. NLE had a theory and a skill assessment portion; both of these portions are already part of the final year assessment. Hence, it was proposed by the majority of health professionals that improving existing assessment standards can reduce the hustle of giving an additional exam. Moreover, the pattern of exams was not consistent with the existing 5 year-long curriculum and their modes of assessment. Many argued that significant changes within the curriculum were necessary for the alignment of taught curriculum and modes of assessment at institutions, universities, and national levels.

NLE may have reduced quackery over the years, which has plagued the reputation of the medical profession in Pakistan. It could have encouraged doctors to keep themselves up to date regarding current medical issues and technological advancements. Each year 20 to 30 thousand students apply to foreign medical colleges. Foreign students usually receive their degrees internships without adequate practical skill training due to limited resources. PMC conducted NLE for foreign students to evaluate their academic and practical skills. Approximately 2,344 students appeared in NLE and only 424 cleared the exam. This low passing percentage clearly indicated the low quality of teaching and clinical training of foreign graduates. In Pakistan, the health system is already burdened by quackery and the addition of incompetent foreign graduates necessitates strict scrutiny.

PMC implemented a digital system that expedites all the processes, thereby, benefiting doctors and stakeholders. PMC empowered MDC to inquire about cases of medical negligence and malpractice.

New ideas were suddenly introduced and implemented. The biggest issue was rapid legislation and regulation of the body processes without taking the stakeholders on board. Following the establishment of PMC, the first step taken by the Ministry of National Health Services (NHS) was sealing off PMDC and taking custody of all records. Fresh recruitment of PMC included new appointees and some former PMDC staff members. This resulted in backlash from political and professional stakeholders.

With a change in Govt, the system is again in limbo and chaos. National Assembly passed the PMDC bill on 8th June 2022. PMDC bill is passed taking into view the long-standing demand of doctors to improve PMDC performance and abolish NLE. In contrary to the policies and governance of PMC certain amendments can be seen in the PMDC bill. The Council of PMDC will have a majority of health professionals. The council meetings to be held every three months have the criterion of a minimum of twenty-four members forming a quorum. In this bill, doctors are given representation for monitoring and giving feedback regarding the performance of PMDC. A periodic review will be done to address concerns regarding its performance⁵. In the new PMDC bill, doctors are given a majority in the council.

PMDC has announced to annually conduct a separate MDCAT in each province for admission in both public and private undergraduate programs. MDCAT of each province will be valid all over the country for three years. However, a standardized and centralized assessment at the country level is a dire need for improvement in medical education. Criteria of admission to both public and private undergraduate programs will be regulated by PMDC. It will be mandatory for all foreign graduates to pass National Registration Examination (NRE) for acquiring full registration, while local graduates will be granted full registration following completion of their internship without passing NRE⁵.

The change in the name of the commission or council does not benefit the overall objectives of the body. An abrupt change in legislation and policies doesn't benefit the health profession. This political trend should be discouraged and all of the changes should be made rationally taking all stakeholders on board to avoid future problems. The

change management in PMC or PMDC should be well-thought and should be executed in such a way that it does not produce confusion, anxiety, and chaos among the stakeholders. Regular quality assurance of the governing body and incorporation of changes in curricula according to global standards can help advance towards betterment and

progress of the health professionals in Pakistan. Changes in the regulatory body should be solely based on quality improvement and politics must not influence the change process.

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