



Welcome



CME on
Reforms in Medical Education Sector of
Bangladesh:
Dealing Areas and Forces Driving Reforms

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Session Outline

- Introduction
- Historical background
- Current landscape
- Dealing areas
- Challenges in medical education
- Forces driving reforms

- Shared challenges and goals
- Lessons from the pandemic
- Global best practices
- Proposed reforms
- Conclusion

Introduction

- Medical education is essential for a skilled healthcare workforce
- Current systems require modernization to meet global standards
- Challenges exist in quality, equity and infrastructure gaps
- Reforms focus on undergraduate and postgraduate medical education
- Government and private institutions play critical reform roles
- Students, teachers, policymakers and public expectations drive reforms

Historical Background

- Early 1900s: Mitford Medical School founded in Dhaka
- Post-independence focus on healthcare workforce development and training
- FIMC Project introduced community-oriented curriculum in 1988
- Established competency-based learning and integrated field training programs
- International collaboration enhanced faculty training and infrastructure development
- Sustainability issues impacted long-term outcomes of implemented reforms
- Lessons highlight the need for systemic, continuous curriculum evaluation



Current Landscape

- Over 112 medical colleges include government, private and armed forces institutions
- Regulatory oversight provided by BMDC, DGHS, DGME and Ministry of ME & FW
- Faculty shortages and discipline based curricula affect educational quality nationwide
- WFME/WHO accreditation of medical colleges commenced in 2024
- Budget constraints and infrastructure gaps challenge skill-based training programs
- Emphasized need for curriculum updates to ensure global healthcare competency.

Dealing Areas

Undergraduate education



Postgraduate education



Government Institutions



IHT/MATS



CME/CPD



Non-government Institutions



Dealing Areas: Undergraduate Education

- Curricula lacks **competency-based** and **active learning approaches**
- **Insufficient clinical exposure** impacts **hands-on skill** development
- **Technology-driven tools** and **digital resources** need wider integration
- **Disparities** between government and private institutions remain significant
- **WFME/WHO accreditation** is at stake, the process initiated at 2024



Dealing Areas: Postgraduate Education and Training

- Limited research opportunities and funding restrict academic growth
- Disparities in access to advanced specialization programs persist
- Structured skill-focused training programs needed for clinical excellence
- Collaboration with global frameworks essential for program improvement
- Faculty development critical for enhancing postgraduate education quality.



Dealing Areas: Government Institutions

- Government medical colleges produce the majority of healthcare professionals
- Limited resources hinder teaching, research and clinical training effectiveness
- Urgent need for faculty recruitment and structured training programs
- Standardized curriculum required for consistency across all government institutions
- Focus needed on expanding facilities and addressing rural healthcare disparities.



Dealing Areas: Non-government Institutions

- Private medical colleges expanded rapidly to meet growing demand
- Contribute significantly to healthcare, but quality concerns remain
- Weak regulation negatively impacts governance and educational standards
- High tuition fees restrict access for deserving students
- Stronger policies and partnerships needed to improve training and equity.



Dealing Areas: CME/CPD

- CME/CPD programs are underutilized and lack nationwide standardization
 - Upazila and rural healthcare professionals have limited access to ongoing training opportunities
 - Poor infrastructure and funding hinder effective professional development
- Stronger emphasis is needed on modernizing CME/CPD to ensure healthcare competency.

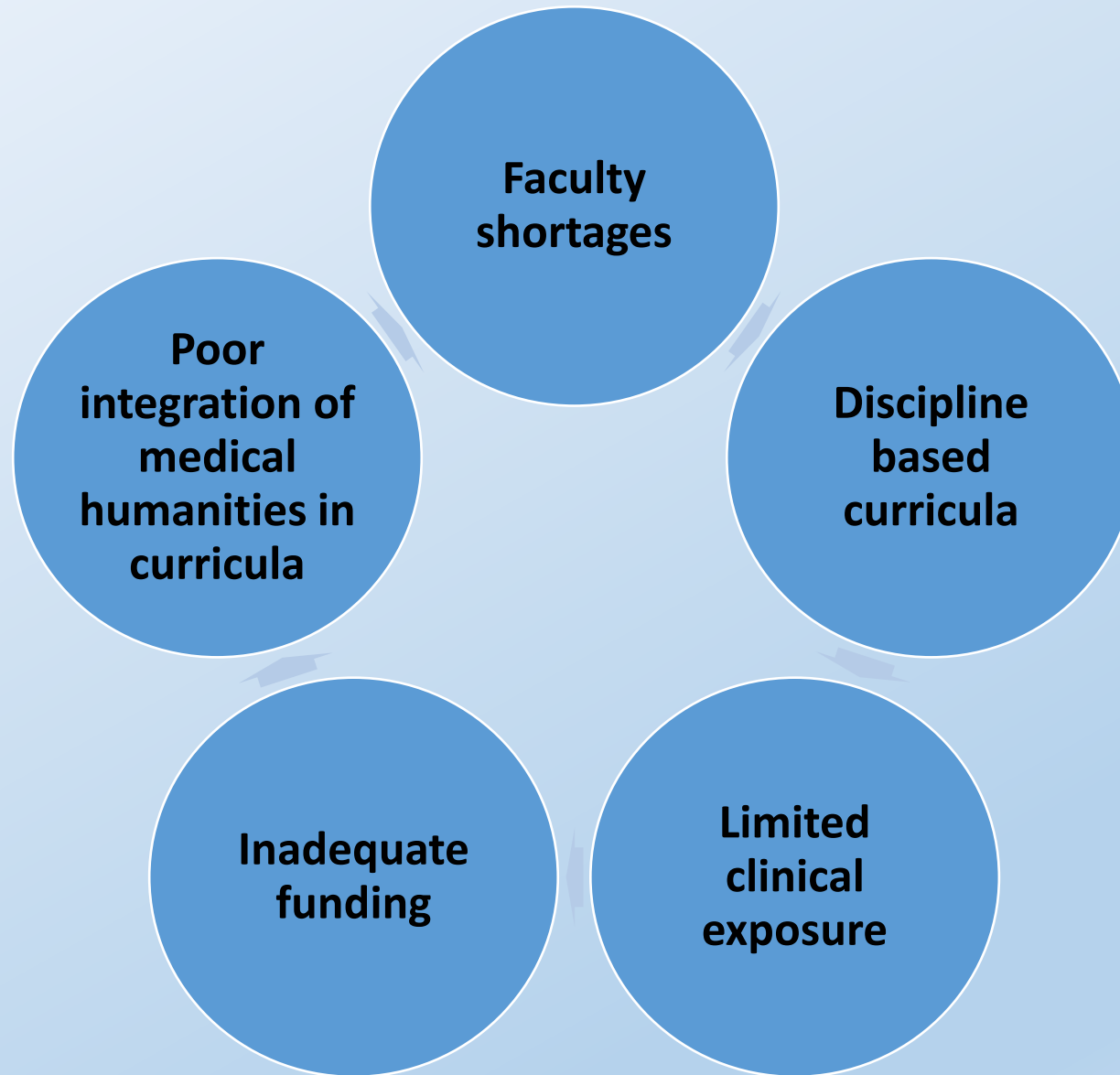


Dealing Areas: IHT/MATS

- Insufficient resources hinder allied healthcare training
- Faculty shortages and lack of structured training programs
- Limited integration of modern technology in teaching methodologies
- Regional disparities in access to quality IHT/MATS institutions
- Need for upgraded facilities and programs aligned with global standards.



Challenges in Medical Education



Forces Driving Reforms



**Medical
students**

**Medical
teachers**

**Regulatory
bodies**

**Public
expectations**

Forces Driving Reformation: Medical Students

- Advocate for skill-based, technology-driven education systems in medical training
- Call for curricula aligned with global healthcare needs
- Demand better integration of clinical exposure and hands-on opportunities
- Emphasize innovative teaching methods using digital tools
- Prioritize mental health and wellness for medical students
- access to international learning resources.



Forces Driving Reformation: Medical Teachers

- Lead efforts in curriculum innovation and modernization
- Advocate for competency-based, community-oriented learning approaches
- Require structured programs for professional development and training
- Support interdisciplinary approaches for holistic healthcare education
- Seek recognition and resources to enhance teaching effectiveness.



Forces Driving Reformation: Regulatory Bodies

- Ensure consistent standards across institutions and curricula
- Monitor institutional quality through strong governance and oversight
- Address systemic disparities in resource allocation and distribution
- Develop and enforce clear policies for quality assurance
- Monitor institutional educational audit
- Promote faculty development and establish continuous curriculum evaluation mechanisms.



Forces Driving Reformation: Public expectations



- Demand competent healthcare professionals providing affordable but quality care
- Expect equitable access to healthcare services, especially in underserved regions
- Call for accountability and transparency in medical education and healthcare delivery
- Anticipate adoption of technology to improve cost-effective healthcare outcomes.

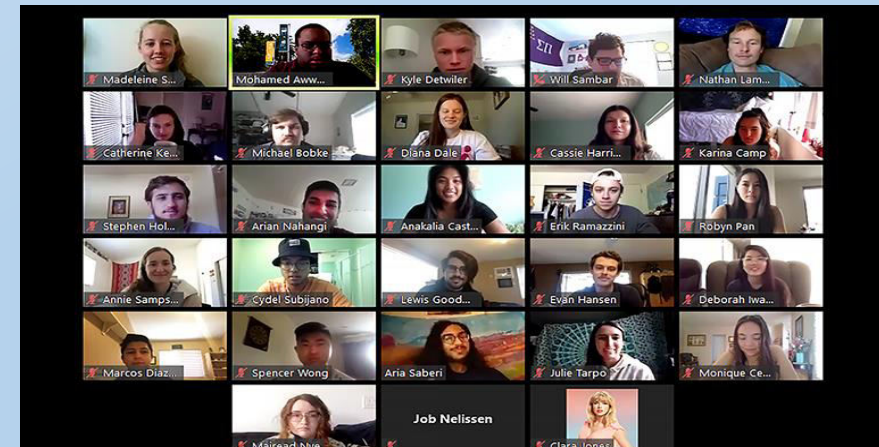
Shared Challenges and Goals

- Students seek globally competitive, skill-focused medical education systems
- Teachers require resources and structured professional development opportunities
- Regulatory bodies must ensure equity in resource distribution
- WFME/WHO accreditation in 2024 drives curriculum updates for global standards
- Sustainable reforms needed to address infrastructure and governance gaps.



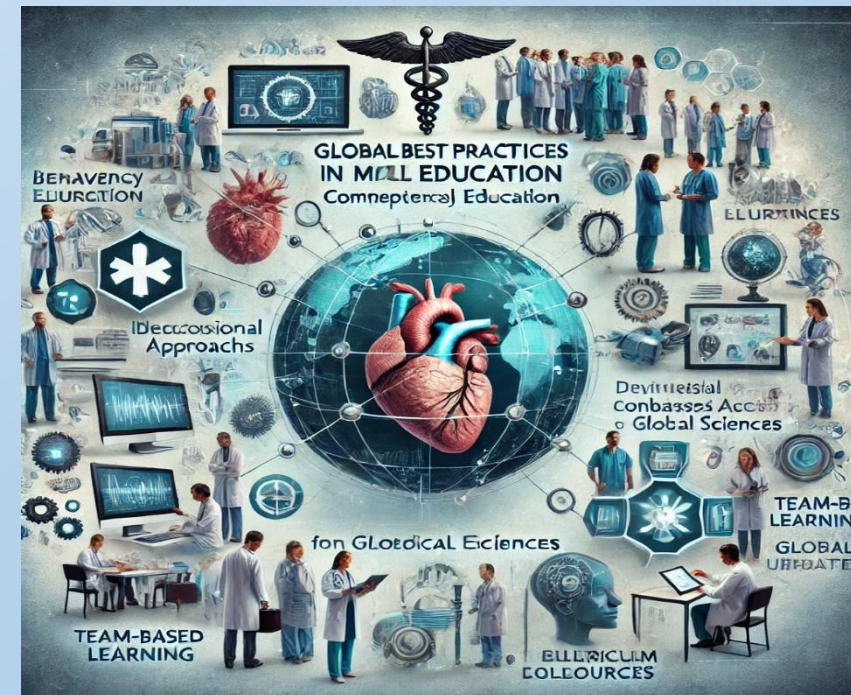
Lessons from the Pandemic

- Digital education adoption highlighted flexibility in medical training methods
- Exposed inefficiencies in faculty readiness and infrastructure adaptability
- Increased focus on integrating telemedicine into student clinical training
- Crisis underscored importance of mental health support for students
- Demonstrated potential of remote learning to bridge training gaps
- Emphasized preparedness for future global health emergencies and crises.



Global Best Practices

- **Competency-based education** emphasizes skill proficiency and clinical excellence
- **Interdisciplinary approaches** integrate behavioral, social and medical sciences
- Digital tools enhance access to **global resources** and training methods
- **Team-based learning** fosters collaboration in solving clinical challenges
- Regular **curriculum updates** ensure alignment with global healthcare trends.



Proposed Reforms

- **Strengthen BMDC and DGHS/DGME roles** in policy and governance
- Establish **national centers for faculty training and development** (e.g.: Institution of Medical Education)
- Enhance clinical exposure with **internships and community-based training**
- **Standardize postgraduate programs** to align with global frameworks
- **Revamp the curricula** to focus on modern, community-oriented healthcare delivery and to meet WHO/WFME criteria.

Proposed Reforms contd...

Curriculum Change: Competency and Skill-Based Focus



- Transition to competency-based curriculum addressing healthcare system demands
- Emphasize skill-based training for clinical and practical excellence
- Integrate community-oriented learning and interdisciplinary science modules
- Leverage technology-driven tools like simulations for enhanced learning
- Regularly review curricula to align with global education standards.

Proposed Reforms contd...

Role of Stakeholders

- **Institutions:** Governance, transparency and educational audit
- **Regulatory bodies:** Policy formulation and monitoring
- **Teachers:** Curriculum updates and better pedagogy
- **Students:** Participation in decision-making processes
- **Parents:** Support students' learning and advocate for educational improvements.
- **NGOs:** Collaboration for funding and innovation



Conclusion

- Reforms are essential to modernize Bangladesh's medical education system
- WFME/WHO accreditation in 2024 emphasizes the need for standardization
- Curriculum updates must align with global standards for healthcare competency
- Students and teachers play pivotal roles in driving innovation
- Collaboration among stakeholders is crucial for sustainable improvements
- Technology and partnerships are key to advancing education and training outcomes.

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THANK YOU