



# Medical Education And Training In Bangladesh

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**I**N a sense, Bangladesh, has one of the best heritage in medical education and training in the sub-continent. It spreads over 150 years, when the Calcutta Medical College was established. The first ever Medical School in British India was the Mitford Hospital, a fullfledged hospital-now the teaching hospital for the Sir Salimullah Medical College which was established in 1858. Not less than three medical schools were established in 1920s.

However, during the pre-and post-Second World War period, while there was rapid growth in most of the places in India, East Bengal-almost co-terminus with Bangladesh, had hardly any development. The Dhaka Medical College was established in 1946 and the Sylhet Medical School in 1948. The neglect was most manifest during the period when the wing of East Pakistan had nothing but a quasi-colonial administration from Karachi and then Rawalpindi/Islamabad. The sole achievement was a medical school in 1951 in Rajshahi. Even the only Medical College in Dhaka suffered discrimination in every respect. It was only in late fifties that Chittagong and Rajshahi were upgraded to Medical Colleges. The degrees of the Dhaka Medical College got recognition from the GMC (General Medical Council of Great Britain) in 1958.

It took us more than three decades to establish and quantify the degree of neglect during post-partition era. The Dhaka Medical College started producing graduates since 1951, but the Pakistan Medical Council did not recommend its recognition by GMC until 1958. During the last two years, while struggling for the retrospective recognition of the degree from Dhaka Medical College by the GMC, by meticulous research, I could prove that the graduates produced during the period of 1951 to 1958 were at par with any other medical graduates from other Commonwealth countries, including the then West Pakistan. The attainment of high standard of clinical competence and academic excellence by graduates from these periods convinced the GMC to act favourable in their decision. In early sixties, Mymensingh and Sylhet were upgraded from schools to Medical Colleges. While the first ever Institution in Medical College was established in 1968 in Barisal, followed by Rangpur in 1972. However, during the seventies, i.e. post-liberation period, it was a mixed tale of high powered systemic

forward planning, at the same time, utter neglect and default by the part of the administration in the field of international recognition.

During the 1971, the GMC suspended the recognition of the degrees from the Dhaka Medical College in 1972. The system of mutual recognition of degrees from Commonwealth countries was governed by the 1956 British Medical Act.

When Pakistan left Commonwealth in 1972, Bangladesh being former East Pakistan, by statute and definition was not a territory to enjoy Commonwealth status, though Bangladesh was a member of the Commonwealth. It was neither pointed out by the Bangladesh government, nor British government was asked to amend the Medical Act 1956.

However, Bangladesh after its bloody birth and the sufferings and by being one of the poorest country, attracted lots of international aid agencies. The medical education and training was no exception.

In 1972, a team of WHO experts visited Bangladesh and reported on the situation on the basis of their recommendation. Dr. Z. Sestak, a WHO shortterm consultant visited Bangladesh during the period of December, 1972 and January, 1973 and reported extensively which was followed up by Dr. J.S. Guleria another short-term WHO consultant in 1975 followed by a long-term visit for six months, August, 1977 to February, 1978.

On the basis of specific recommendation of Dr. Guleria, the Bangladesh Government established the National Committee for Medical Education in 1980, under the Chairmanship of the Minister for Health and Population Control. It is a very high powered body, involving all the three Deans of faculty of Medicine of the three universities, President of the college, of Physicians and Surgeons, Dean of Post Graduate Medicine and Research, President of Bangladesh Medical Council, Bangladesh Medical Association, Director NIPSOM and four leading medical educationists. Their strategic planning for five year period and recommendations are every comprehensive.

According to their recommendations, the Bangladesh Medical Council harmonised the MB BS examina-

tions in all the three universities serving all the eight Medical Colleges.

Now the examinations are held in preset days. And considering other aspects one can assume a great deal of real improvement has taken place in the under-graduate medical education. The system is likely to persist, as the students unions were one of the parties in establishing these changes.

Currently, the yearly medical student intake runs at 1,400 which is rather very low in any standard, yet the authorities are struggling to increase the student hospital bed ratio and student teacher ratio. Though there had been some improvement, academically a long way, however, still to go. The course and syllabus are to be made more relevant to the need of the society.

Post Graduate Education and Training. Though the number of post-graduate institutions and rapid growth may come under criticism from some corners, particularly the British experts visiting Bangladesh in 1981 and 1982, the efforts are to be welcomed.

Besides the four leading Institutions, Institute of Post-Graduate Medicine and Research (IPGM&R), Bangladesh College of Physicians and Surgeons, National Institute of Preventive and Social Medicine (NIP-SOM) and the Bangladesh Institute of Research and Rehabilitation in Diabetes, there are several other post graduate institutions of ophthalmology, child health, psychiatry, cardiology, etc. The Mohakhali Health Institute complex has the impressive list of several institutes; they are:

Institute of Epidemiology and Disease control, Institute of Public Health Nutrition, Paramedical Institute, College of Nursing, Public Health Laboratories, International Centre for Health Research (formerly, and the Cholera Research Centre).

The areas of Development. Nobody should feel complacent in any sense from the impressive lists of the institutions and development so far. In every single report, it was highlighted that there are acute shortage of even the basic equipment, book, periodicals, audio-visual aids and so on. And this is where the Bangladesh doctors abroad could be of considerable help.

It is estimated there are about 1,200-1,400 Bangladeshi doctors residing abroad, of which there are about 600 of them in the U.K. Nearly 500 of them are in established career positions. If mobilised, their material help, motivation and contribution in post-graduate clinical fields could be of considerable help to the medical education and training in Bangladesh.

Without any exception, all of them share a sense of debt to their Alam Matar.

First, in terms of material help, we individually or collectively, can contribute to stock the libraries with text books and periodicals. The best way is to pay the subscriptions for the journals, periodicals and books. To select the particular institution would not pose to be any difficulty. All the libraries of every institute, whether under-graduate or post-graduate or any specialised ones, are in dire need of these materials.

Secondly, by organising to collect funds for basic equipment, e.g. audio-visual, other teaching aids, instruments, etc. There again the need is enormous and a continuing one. Selection of recipient institutions could be selected on geographical basis or on the basis of chosen speciality.

While organising these channels, possibilities could be explored for 'adoption of beds' individual student or even subjects will arrange with commemoration.

Thirdly, the doctors, who have attained a high degree of clinical competence and skill in various disciplines and the ones who have achieved professional and academic excellence, can contribute in the field of their particular speciality with their exalted knowledge of latest development in their particular patch of medicine.

The last proposal is envisaged to be implanted during the period substantially long vacation in Bangladesh, which is a not so uncommon phenomenon. And better by organising it through the respective postgraduate institution well ahead in time.

Needless to say, to implement any one of these proposals, we need a body to liaise with the counterpart in Bangladesh and possible North America and to organise amongst the doctors in the U.K. The cause could be best served, in my opinion, by a small group of experienced and skillful people, working autonomously if not independently of any organisation or government.