

CPSP, JOB WELL DONE, KEEP IT UP STILL MILES TO GO

It has been over more than twenty years that I have been involved in postgraduate medical education of the young doctors who aspire to become specialist. I am so thrilled to see College Of Physicians and Surgeons (CPSP) flourish and the institution over years has spread its tentacles from offering only basic postgraduate medical education to options spreading over more than sixty specialties. Nevertheless I do feel tempted to write about the on ground innovations that need to be inculcated after consultations on the suitable forums. This should in essence improve the standards of the medical training.

CPSP has been successful in establishing its own bench mark in the postgraduate medical standards which remains at par with the international practices across the globe. Success has always got the potential to breed many enemies and it is relatively easy to reach the top but holding tight at the top remains a daunting task. Obviously when someone is encroaching on the playing turf of others then one should remain ready for getting punched in the soft belly. Many international besides local players in the postgraduate medical education don't like the success of CPSP. Not surprisingly CPSP has come under multiple pronged attacks and I am fully in agreement with the fact that it has stood fast so far. I fear that such things will be more on offer in the times to come. To maintain the forward thrust and keep firing through all the cylinders CPSP has to work harder and be more and more proactive. This calls for a proactive approach addressing all potential lacunas.

I really felt elated while listening to one of the presentations during the CPSP Golden jubilee celebrations that the numbers of specialist doctors in Pakistan have increased from 07 in 1947 to more than 25000 in 2012. I admit that I remain proud of the achievements but at the same time I feel it also asks for more responsibility and need to revamp the Postgraduate Medical Education in the country.

Highest possible standards of postgraduate training and evaluation remain imperative. This can be achieved by promoting CME in the supervisors and

making sure that minimum continuous medical education (CMEs) are done on quarterly basis regularly. Some training supervisors are very keen, others are not that enthusiastic. Mere attending various conferences by themselves brings no improvement in their supervisory roles. Individualized CME requirements for the trainers and the trainees in line with the needs can be devised by the Research Training and Monitoring Cell (RTMC) of CPSP. All this should be followed very religiously and hospitals or the individuals including both the trainers and the trainees should comply with it. Failure to do so should be dealt strictly even leading to derecognition of the respective departments. Supervisors should be sponsored for the CME and skill learning, workshops overseas and should be encouraged to bring back the experience for further passing among the trainees. Exchange programs with various international institutions of the world can also be arranged. I know it sounds difficult to start with but once a system is devised it should be a smooth ride.

The supervision of the training also is an area of deep concern. Having been myself a supervisor in Medicine for the last 20 years, trainees complain of supervisors of having no time for them. Supervisors are involved in not only Postgraduate training but they have to cater for the needs of the house officers besides huge administrative responsibilities. This multifaceted role consumes most of the time and leads to inability of the trainees to meet their supervisors to discuss their training needs besides research and dissertations requirements. The employer, be it the government or a private firm has his financial concerns and I believe the trainees suffer. There is need for hiring more dedicated faculty to pin down this short fall. This calls for a national review of staffing of teaching hospitals and CPSP has to take a lead in this process.

The standards of hospital facilities over the country seem to differ greatly. Some are excellent, some are clearly deficient. On paper all seem to be providing the minimum set by the CPSP but the reality seems bitter because it doesn't happen as such. CPSP

needs to keep a very strict benchmark with regard to the training facilities and it should be followed religiously. It should ensure regular review of them and if any deficiency is observed should be rectified immediately. I am afraid the system of confidential feedback from the trainees introduced few years ago has failed to achieve this target. Trainees tell me that they have tried writing in the past to CPSP but nothing has happened. The fact of the matter is that there is no feedback to the trainees neither they see any change what so ever.

The pass percentage in FCPS examinations has improved a bit which is a healthy sign. This needs to be further improved because any training system which has a very high failure rate is not good. It has many and serious implications as well. The College should not feel happy that the repeaters ensure them more money which they can use for further development,

improvement of the college but it also has the side effect of frustration and depression afflicting the postgraduates who keep on appearing in the exam again and again without any success. Above all it also changes their personality affecting their attitude towards students and patients alike. The time has come to revisit this important aspect and I think those who have been assigned the responsibility of examination need to address it.

Insha Allah in times to come CPSP will improve further and I hope those at the helm of affairs will read few of the concerns pointed out.

Prof. Mohammad Humayun

Professor of Medicine,
Khyber Medical College, Peshawar.
E-mail: drhumayun10@yahoo.com

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