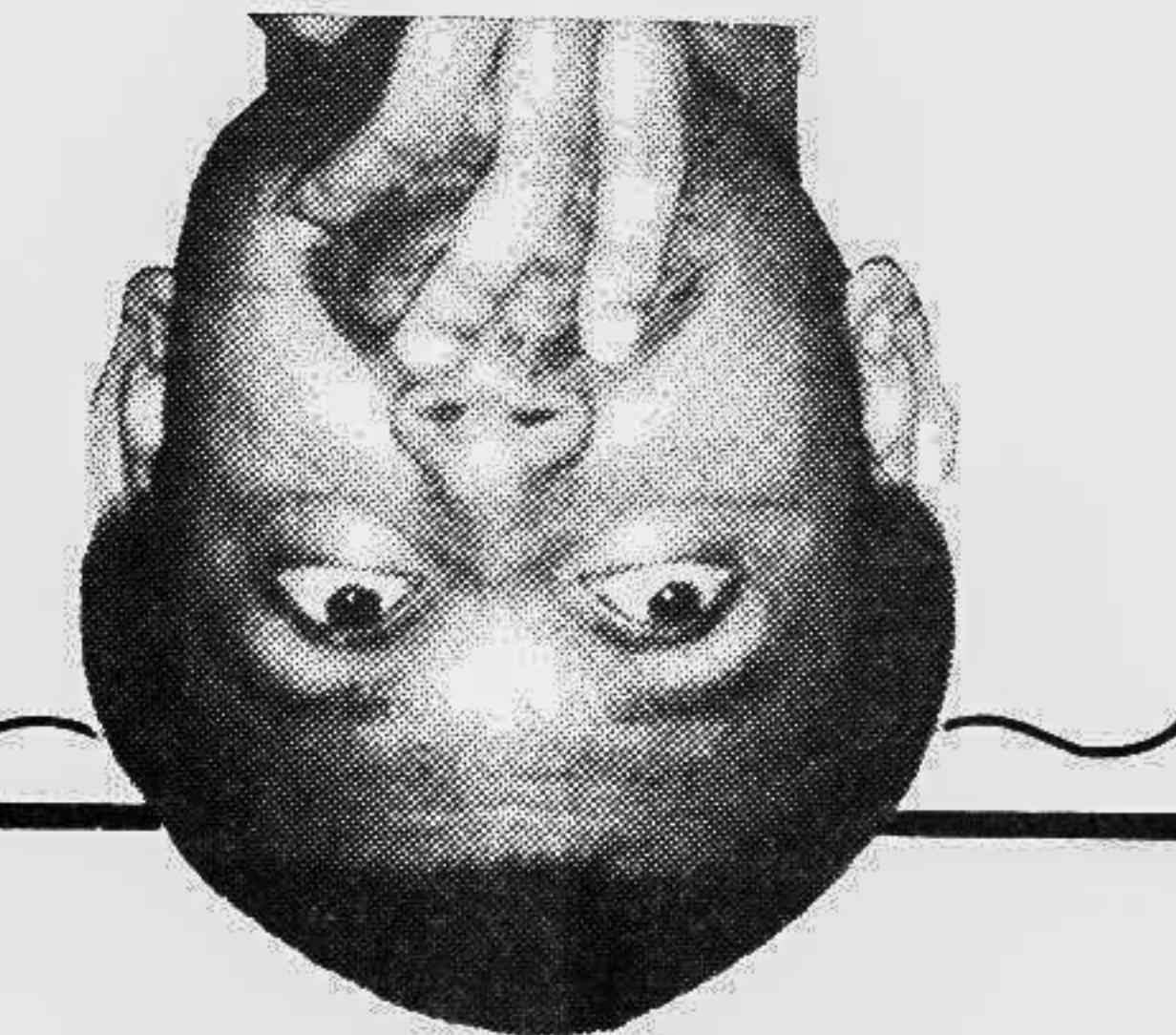


YEP TALK

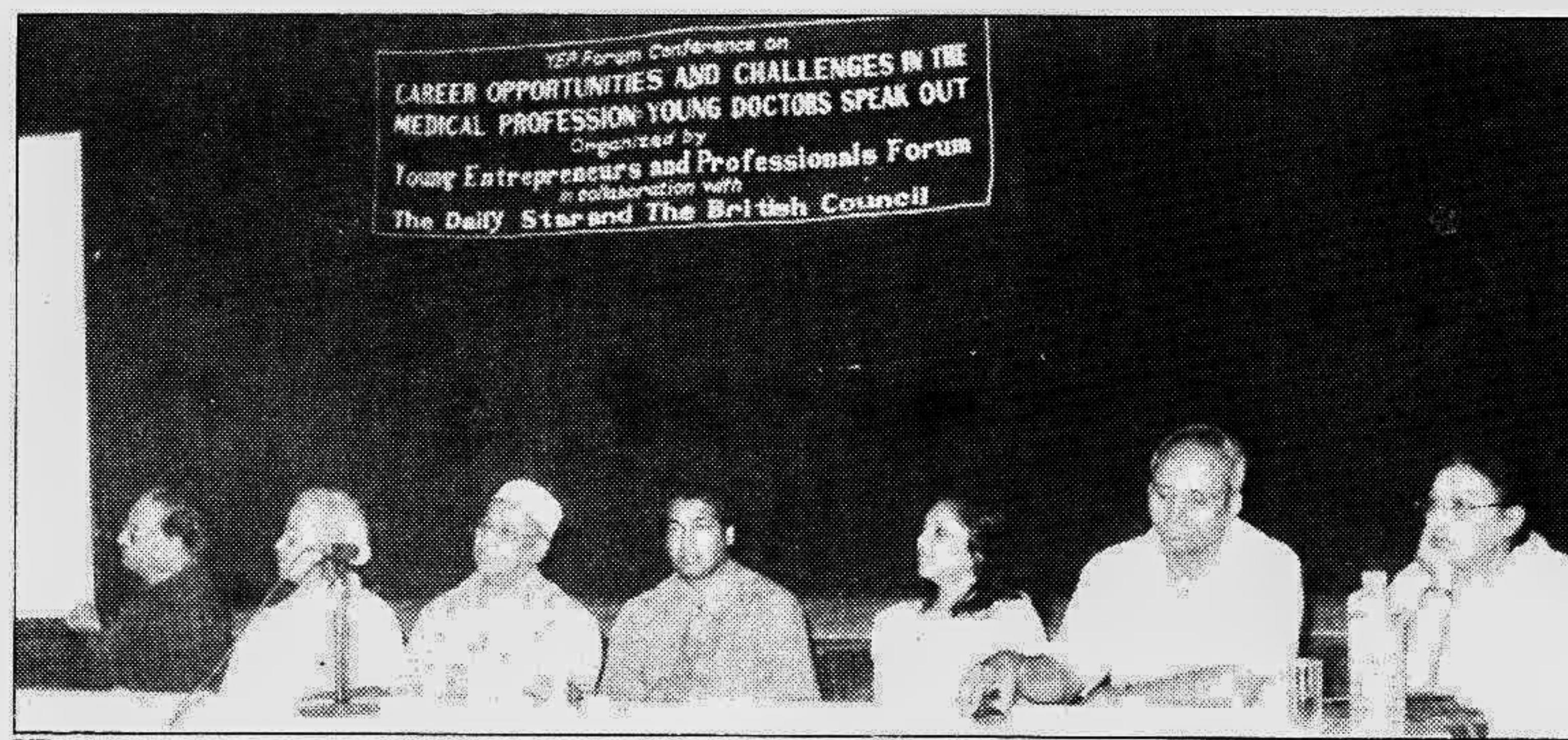


Career Opportunities and Challenges in the Medical Profession: Young Doctors Speak Out

Cry for better Education, Career Opportunity . . .

Organised by Young Entrepreneur and Professional Forum in collaboration with The Daily Star and the British Council.

By Naimul Haq



The majority of the young doctors, working both in private and public sector have expressed their utter disappointment over the issue of lack of policy on employment of graduates. They said that the country lacks guideline on creating opportunity for graduates in performing their professional duties in private as well as public sector.

Young doctors at a conference of Young Entrepreneur and Professional Forum (YEP) last week felt urgent need for a concrete policy on medical education and formulating a clear guideline for career opportunity for them.

They demanded initiatives from the policy makers to formulate guideline for graduates and urged upon them to create opportunities for a better future to take up challenge of nation building.

They said career opportunity is really limited and transparent technology is missing.

They pointed out that the country lacks specific plan on developing career for the young doctors. There is no platform for the young doctors to speak out about their problems where either the government or the civil society would listen to solve their unresolved issues.

Dr Milton of Dhaka Community Hospital, said, "We don't need more specialists, we need community based training to enable ourselves to serve at the grassroots level. I have virtually learnt nothing during my seven years graduation course at the Dhaka Medical College Hospital. But two years training at Vellore in India has changed my ideas and values and that what matters most."

He said, "There is a need for increased recognition for students to spend more time in community setting during their training. It is important for young doctors to spend time in fields to gain factual knowledge."

He said, "Our medical college should focus on community based training. This would definitely encourage doctors to work at thana level later when posted."

Referring to internship Dr Milton said an intern should be placed at a thana health complex at least for three months. This would bring more understanding in the individual about what is happening at villages.

Money making machine, private practice, some restriction on private practice. Limited practice. More time should be given on academic development devote of the institution.

Another speaker, Dr Shakil, said, "Prior to postings at government institutions new recruits are not given orientation training on how to deal with the community, which puts many of us in ridiculous situations."

He said, "The new recruits must be given adequate orientation so that they are equipped with enough knowledge on how to tackle situations at new environment like thana."

Other speakers spoke of discrepancy in medical service, under utilisation of skilled manpower and not placing the right doctor in the right place.

Many of the young doctors demanded that the draft National Health Policy, which determines fates of new doctors, should be made available for public discussion and review.



Professor Nurul Anwar
Director General, Health Services
Ministry of Health and Family Welfare

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Distinguished panel of speakers and my young colleague I would like to express my gratitude to the organizers for inviting me to this very new innovative meeting in which the young doctors have come forward to discuss issues that not only affect themselves, but the profession and the nation as a whole. If you look at the career opportunities for the young doctors, you can just go forward that after being selected for the medical education we understand we select the best students in the country for the medical colleges. And the five years course which de-

this is also shared by people who are responsible for providing patients care in a particular setting so the opportunities for training post are really very limited and now with the situation that majority of doctors remaining out side the health services, there is hardly any scope for offering the training's and there fore

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spite many reforms still remained largely teacher-centered discipline oriented, hospital based and the result is that when the graduates, what they look for the career. It is some of the discipline possibly clinical field which has possibly the largest opportunities for private practice like the one prof. Nazmunnahar or prof. Rashid-E-mahbub and after that years internship or pre-registration training which is unfortunately again highly unstructured and supervised and do not have any evaluation either during or at the end. The result is although best of the young talents who are very rich in knowledge, but haven't have the enough opportunity to develop the skill and opportunities. Well, selecting career therefore, they haven't probably missed one great field of public health in which there are opportunities to look at the entire health pictures of the country and to do something about the future. Unfortunately also we haven't

been able to create a cadre of academicians who have devoted themselves to the development of academic life with research possibilities and innovative ideas. Therefore to start with the young graduates have in front of them a narrow field of professionals opportunities to choose from and that period most of the doctors all most 95% of the young graduates have an opportunity to join the health service, but unfortunately for the last few years the picture has completely changed and now with the declining opportunities in the health services the young graduates are in trouble, seeking employment in private sectors and looking for career opportunities to have an admission in some of the post graduate courses. Even in the post graduate course we have problems that any particular disciplines offers so many opportunities starting from a diploma course, a master course, an MD course or MS courses or perhaps a fellowship offered by the college of physicians and surgeons. With this large number of courses offered by the post graduate institutes, the choice or guidance for the choice is very limited and in order to do that the graduates would need an opportunity for additional training that would qualify them for the post graduate courses. That training used to be provided within the health services for the doctors who are in the health services.

What is the need? I will there fore suggest that we need to look at our curriculum so that public health issues get the priorities. We need to revise our internship programs.

Dr Nazmun Nahar
Head of Paediatrics of Dhaka Medical College said, "Method of teaching needs to be improved and at the same time the time span of MBBS courses should be reduced to four and a half years for the sake of career opportunity of the graduates."

She said, "In most cases, it was noticed that five years MBBS course took more than six or in some cases seven years seriously hampering career opportunity for an individual."

Dr Nahar spoke of rewarding doctors for serving the humanity. "The doctors are hardly rewarded for their contributions in the society. They are always blamed for unhygienic condition in hospitals. Why should they be blamed for this? It is the responsibility of the hospital authority not doctors. The misunderstanding must go."

She also said that there should be a mechanism for ensuring accountability on the part of the doctors.

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of the doctors I should have fallen sick, so please accept my apologies. I am suffering from some sort of a throat infection, that's why I was late in coming and I will beg your indulgence to leave after a few minutes. I am running quite a high temperature.

I am glad to follow Dr Nazmunnahar to speak. She raised two very important points I think. One point she said every thing that goes wrong in the hospital or somewhere fault is the doctors. That was one point. The blame is always in the doctor's side. The other is

Are not rewarded. There are instances when a doctor gives his or her own blood to a patient and that doctor is never rewarded. Now I would like to respond these issues by another instance she quoted. You know she was telling us that some of her students came and told her that there was something wrong with the examination process and that their teaching methods were wrong and then she advised those students to go to the principal. I would like to pick it up from here. Why did she advise them to go to the principal? Why can't she go to the principal? In other words, a student tells the teacher, the teacher can go to the principal. I am not blaming her. What I am saying is that this communication between the top of the institution and the students

There was a need for rethinking of training, building career opportunity for the young doctors but said one must understand that the state had limited resources. It is not the government alone that is responsible for building career opportunity for young doctors and improving medical education, the private sectors also had a role.

It is also shared by people who are responsible for providing patients care in a particular setting so the opportunities for training post are really very limited and now with the situation that majority of doctors remaining out side the health services, there is hardly any scope for offering the training's and there fore

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are lacking in many of our organizations. I think the students were frank with her and if the students said that we are afraid to go to the principal it is not very unusual for students to be afraid of the principal, but it is not usual that the teacher should be afraid of the principal. So I think instead of advising the students to go to the principal she could have had a discussion with other doctors and said, look here! This is what the students are saying. So why don't we go to the principal and say something. Again, please Dr. Nazmunnahar don't take it as a criticism. I am just suggesting alternatives, because in each of our lives, in each of our professions I think we are shrugging responsibility. It is not only in case of doctors, whatever goes wrong in the newspaper, it is the fault of the journalists. Whatever goes wrong in the court of law, it is the fault of the lawyers, because what happens is it is around a profession, it is around the doctors that the whole medical profession is built. A hospital is built around the doctors. It is not built around the pathologists or the ex-ray specialist or the accountant. Yes, they are very important part, but to the public mind it is the doctor. We don't make much distinction between a pathologist and an anesthesiologist and all the specialization. For us the whole spectrum is doctor and we feel that doctor is one profession which is steeped in a very deep sense of morality, because you are dealing with human beings, no other profession deals with human being as intensely as the doctors, so on the one hand your job is intensely intricate and also on the other hand the expectation of the public is ignoramus, almost endless and that, my dear doctors, is the challenge of your profession. Unfortunately it is my view that Bangladesh is poor country, totally in the service of the

rich. In Bangladesh whatever little medical services are available, it is available only for the rich. I think if there are quality doctors, if there are quality medical facilities the rich can afford it, the poor totally go ignored. So, I would like to today's discussion to focus not on the faults of the doctors, not on what they don't do, but how we can do better, because there are too much of blaming that goes on in Bangladesh, too much of who is not doing what instead of a positive thinking.

Even until now I have induced in criticism but from now on I would like to go to the more positive and here again I pick up on Dr Nazmunnahar's one point that good acts of the doctors are not rewarded. Let me make a concrete proposal if the doctors good deeds are not rewarded I think the part of the fault lies in the doctors profession also that they have not been perhaps sufficiently highlighted. The Bangladesh Medical Association perhaps could have introduced some sort of a best practices, code of ethics and rewarded doctors every year or some sort of mechanism and I as a journalist I make a proposal that you doctors tell us when a doctor is doing a really an exceptional job and we promise to publicize it in a way that particular doctor is rewarded and also the whole image of the profession of doctors is highlighted and heightened because there is no denying the fact that a society cannot do without doctors and it is also self defeating to blame the doctors all the time without giving them facilities without giving them opportunities and special without rewarding them for good action.

We must demand more from them to address the problems of the young doctors regarding the issues raised in the conference.

Professor Muzaherul Huq
Director, Centre for Medical Education, Institute of Public Health, Ministry of Health and Family Welfare

Director of Centre for Medical Education Prof Muzaherul Haq said, "A

drastic change in medical education curriculum has to come first. The Medical education should be evidence based besides being need based. The health directorate should also be given more authority on policy decision."

We agree that the doctors need to be rewarded for their outstanding contributions. In this regard we all have a role to highlight 'good deed'. The Bangladesh Medical Association, BMA, also has a role to reward the doctors."



Professor Rashid-E-Mahbub
President, Bangladesh Medical Association (Prof of surgery at the BSMMU)

The BMA President Dr Rashid-E-Mahbub said, "All doctors do not have scope to become a specialists, which I believe is a dream of all young doctors. Only limited numbers of them have scope to specialise in their respective fields. So others, deprived of the opportunity, should develop themselves as good general practitioners."



Dr Brigadier (retd) K Shahjahan Hafiz
National Program Officer, World Health Organization (WHO)

Other major issue during the conference was quality of medical education. Many of the young doctors raised their voice over the quality of medical education in the country.

They said that the quality of medical teaching at all colleges had deteriorated alarmingly. People were losing confidence on the doctors and preferred to seek treatment in the neighbouring countries which was quite an embarrassing situation.



Dr Naila Zaman Khan
Bangladesh Institute of Child Health, Professor of Paediatric Neurology Development

Dr Naila Zaman Khan of Bangladesh Institute of Child Health and also Professor of Paediatric Neurology Development said, "We have to further democratise bodies like BMA and Bangladesh Private Medical Practitioners Association. We must demand more from them to address the problems of the young doctors regarding the issues raised in the conference, if they fail to voice on the half of the young doctors at the right time and at the right place there are loads of other forums to voice about the issues."



Prof Mirza Mazharul Islam
Chief Consultant Surgery, BIRDEM

Some of the speakers criticised the existing curative biased medical curriculum and suggested for curriculum review. They said there was hardly any attention on up-dating teaching methods and improving techniques by introducing information technology and introducing computer based education system.

They also said that the existing training of medical education lacked evaluation. "Without assessing students' performance, at least once a year, how could the authority ensure quality?" Regarding quality assurance the medical colleges hardly put their minds into the issue.

Gauzi Mahmud, of North South University moderated the conference.