

# POSTGRADUATE TRAINING IN NEUROSCIENCES -ROLE OF THE SPECIALTY SOCIETIES

**Junaid Ashraf**

*Principal, Dow Medical College*

*Chairperson, Department of Neurosurgery and Postgraduate Studies, Dow University of Health Sciences, Karachi.*

*Correspondence to: Junaid Ashraf, Chairperson, Department of Neurosurgery and Postgraduate Studies, Dow University of Health Sciences, Karachi. Email: junaid.ashraf@hotmail.com*

Like other areas of medical education, postgraduate training in Pakistan too remains woefully neglected. Most postgraduate programs are envisaged with the primary aim of providing junior level workforce in the hospitals. Creation of human resource and expansion of knowledge base remain secondary objectives. Clinicians are often heard of complaining as to how difficult it has become to run the units because of the shortage of postgraduates, as if the primary responsibility of junior doctors is to provide clinical service alone rather than have their own learning interest before them. Little attention is given to the needs of the postgraduates. Hence the dwindling number of trainees in most specialties. Clinical neurosciences, neurology, neurosurgery and psychiatry are no exceptions. In the past the major sources of postgraduate qualified human resource in these specialties were the centers in the west. Medical graduates after completion of the undergraduate training would receive postgraduate training in the United States and UK. Some of those who came back, not only provided expertise in their respective fields but were also instrumental in starting postgraduate training. By the 90's postgraduate training in all specialties of neurosciences had become established. In the earlier part of the last decade events following September, 2001, were a major reason for reduction in the number of placements that our graduates had in the programs overseas especially in the United States. In the later years although this situation seems to have corrected itself, our own law and order situation has stopped trained personnel from coming back, even for a very short period. Hence the transfer of knowledge from developed areas to the under developed which has been the essence and strength of postgraduate programs, has declined substantially. A large hiatus seems to have appeared in the knowledge base in the western countries and Pakistan, which reflects itself in the standard of postgraduates that are coming out of our programs.

In order to bridge this gap urgent and concrete steps are required. The current postgraduate programs at best are examination based with only a skeletal guideline of training from the College of Physician and Surgeons of Pakistan. Although the examination system is impartial and above any external influence, there is no attempt on the part of the College to oversee the implementation of the guidelines of training or to improve the contents of the curriculum. The College has remained resistant to change in the examination system let alone improve the training process itself. In this situation it has remained for the individual units to develop their training programs in which ever way they feel is the best. This has resulted in variation in standards, some centers producing very good quality postgraduates others at best mediocre.

The Societies of individual specialties like Pakistan Society of Neurology, Pakistan Society of Neurosurgeons and Pakistan Psychiatric Society will have to take charge of the training process if our postgraduate education has to progress. Within the ambit of the examination system of the College, these Societies will have to develop structured training programs in their respective specialties, with clearly defined program objectives and competencies to be achieved. A mechanism to monitor the competencies at regular intervals and to make progress in the programs conditional to achieving these competencies, is essential. In order to make this training more uniform and to provide diverse experience, rotations between different units within the country are mandatory. These rotations provide the variety of experience that is necessary for comprehensive training. Regular skills workshops and seminars between different units will complement these programs especially in the surgical specialties. This training process has to be uniform throughout the country and efforts will have to be made to provide similar training opportunities to all postgraduates. The role of Societies in this regard is pivotal.

The training programs should include not only those which are completely clinical, but some of these programs should also have strong research base, both in basic and clinical neurosciences, areas in which our national contribution is

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seriously deficient. In this regard, medical universities and their research infrastructure can provide the necessary support.

Postgraduate training does not finish by passing the postgraduate examination. It is a lifelong learning process. Post fellowship training in the form of short rotations to centers of excellence elsewhere in the world should also be made available to our trainees and this specifically is the responsibility of individual Societies. They with their contacts and access to these centers of excellence can arrange for the juniors to supplement their education with these attachments. This will not only enrich their own knowledge base but will also provide the basis which is necessary to start subspecialties. With the leverage of their senior members, the Societies can exert enough influence on the government to provide a career structure for the postgraduates after successful completion of training. There is no greater negative feedback to the training process than for the fellow trainees to see those who have completed their training not getting appropriate placements. No amount of restructuring of training is likely to attract postgraduate trainees unless they can see clear prospects of a good career at the end of the training programs.