

## EDITORIAL

### The Predicament of Postgraduate Medical Education in Pakistan

Irfan Ali Mirza

In Pakistan, it is dream of most parents to see their children pursuing medical carrier and doing post-graduation. Primary reason for this desire stems from the assumption that specialisation ensures financial freedom and is largely a status symbol. The desire to do post-graduation and path leading to this objective is full of struggle and obstacles. After doing MBBS, students feel less like the start of a career and more like a tough Journey with degree, ambition and investment they still do not have clear path ahead.

Young medical graduates are most of the times not aware of the problems that may come their way in pursuit of their post-graduation. College of physicians and Surgeons Pakistan (CPSP) with more than 80 specialities and sub-specialities is most sought after postgraduate medical education path in Pakistan. Following hindrances are frequently encountered by young doctors.

#### 1. Bottleneck After Doing FCPS Part 1

The most visible problem is sheer volume. Every year, thousands of doctors clear Fellow of the College of Physicians and Surgeons (FCPS) Part 1 examination conducted by the CPSP. Clearing FCPS Part 1 does not guarantee a training slot. Training positions are limited, supervisor-dependent, and concentrated in a handful of accredited hospitals. This problem was highlighted few years back in a report published in leading newspaper of Pakistan.<sup>1</sup>

Core reason for this is supervisor availability. CPSP policy requires that supervisors hold at least the rank of Assistant Professor and should have five years of post-fellowship experience. In some specialties like orthopaedics, one supervisor often ends up overseeing ten to twelve trainees simultaneously, which is not justifiable.<sup>2,3</sup> Supervisors are also not financially compensated for mentorship either, which is one of the strongest incentives to invest properly in trainees. Lack of incentives for supervisors is likely to affect the quality of training being imparted.

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#### 2. Quality, Design and Process of Training

There is huge variation in the quality, design and process of training in various specialties across different accredited hospitals and institutes. Some hospitals have built strong training program and monitoring mechanisms to oversee the training. While quite a large number of hospitals. Just see this as an opportunity to have cheap labour to manage indoor and outdoor patient workload.

The exit examination of FCPS has unfortunately high failure rates, higher than comparable exams from the Royal Colleges in the United Kingdom (UK).

A recent study carried out in Lahore found that residents attributed their failures to a combination of factors including inadequate supervision, lack of structured training, and the burden of clinical responsibilities that left little time for focused study.<sup>4</sup> Unfortunately exam is also heavily dependent on spot performance on a single day, which adds enormous psychological pressure on trainees who have already spent five years in the program.

#### 3. Monetary Factors

The trainees are often given a modest stipend during their 4-5 years of post-graduation which is difficult for them to support the family specially if they are married. Moreover, the expense of resources material, workshops and the examination fee add further economic burden. A recent report published in daily newspaper Dawn in 2025 highlighted that medical specialties even with double FCPS degrees often cannot find a job in public sector hospitals.<sup>5</sup>

#### 4. Brain Drain

It is not surprising that migration to other countries is the dominant theme in conversations among young Pakistani doctors. About 60 to 95 percent of medical graduates from top Pakistani institutions intend to pursue postgraduate training abroad, primarily in the United States of America (USA) and UK.<sup>6</sup> A study carried out in 2024 on neurosurgery trainees found that 64 percent of those surveyed intended to leave Pakistan for fellowship training abroad.<sup>7</sup> They attribute this to better quality training, financial security, job opportunities, and the simple fact that a residency completed abroad opens doors for more opportunities. This is brain drain in its most

expensive form. The country trains its best doctors at public expense and watches them leave because the system at home unfortunately cannot fulfil their objectives.

### 5. What is the Predicament, Really?

The predicament is not just about pass percentage or of supervisor's ratio. It is about a structural mismatch between the number of doctors Pakistan produces, the quality of training it offers them, and the opportunities available afterwards. Every part of the pipeline has a leak. A global system is thought to be more rewarding for our graduates who opt to move out.

To address this predicament, it would require coordinated actions between Ministry of Health services and regulations, provincial health departments, Pakistan Medical and Dental Council (PMDC) and CPSP. This would require expanding training capacity in a sustainable way compensating supervisors properly, standardising training quality across institutions and aligning the production of specialists with the actual job market. It would also require honest conversations about what doctors are paid and how the public sector retains them.

None of this is easy and none of it is happening at the speed it needs to be. Meanwhile, the most talented young doctors continue to make rational individual decisions that in aggregate hollow out the country's

medical infrastructure. The predicament of postgraduate medical education in Pakistan is, in the end, a predicament about whether the country can offer its doctors a future worth staying for.

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