MEDICAL UNIVERSITY

INSTITUTE OF POSTGRADUATE MEDICINE
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INSTITUTE OF POSTGRADUATE MEDICINE
— NEW PREMISES AT SHAHBAGH

HOTEL WAS TAKEN OVER ON 14. 6. 71.

INSTITUTE STARTED FUNCTIONING HERE ON 20. 6. 71.

Contents

EDITORIAL

The concept of a Medical University is not new. Indeed it is now more than a decade since this has been talked of and the need felt in various quarters for the establishment of such a university. An interesting and illuminating report on the subject from one of the senior most members of the medical profession published in the present volume will surely help in tracing out the trend of thought during the recent past.

The establishment of such higher institutions of professional education as the Engineering and Agricultural Universities has undoubtedly given a fresh fillip to the idea of establishing a similar university for Medical Science. Admittedly, the age old but out moded notion about the organisational structure of medical education could not be dispelled overnight.

Fortunately the situation has now improved. Undoubtedly the wind is now blowing in the right direction. The formation of a committee by the Health Department, Govt. of East Pakistan, bears ample testimony to the fact that the authority is determined to establish a Medical University. We do hope time is not far off when a Medical University, just like other professional universities, will come into being, ushering a new era in the history of our medical education.

The main objective of organising a seminar on 'A MEDICAL UNIVERSITY' was to discuss about the various aspects of the proposal. We feel that the participants did their best and the seminar was a success.

The purpose underlying the compilation of this volume is two fold—to have a permanent document about our thoughts and ideas and to make them readily available to all who are interested.

We sincerely hope that the day is not far off when it will be possible for us to put our thoughts and ideas into practice.

Address by the Chief Guest :

Dr. Nurul Islam, Ladies and Gentlemen.

I am delighted to be present here at the symposium on the establishment of a Medical University in this Province. I presume that this honour of inaugurating this symposium has been bestowed on me because I have acquired some experience in starting a new University namely the East Pakistan University of Engineering and Technology. I have given some thought to your problem and would like to state a number of ways in which autonomy can be offered to the Medical Colleges.

In 1959, the Commission on National Education recommended the establishment of separate Universities for Agriculture and Engineering to release education in these areas at University level from the control of Government Departments. The Commission observed that as Departmental officers are busy people with heavy responsibilities, they do not have time to attend to the needs of educational institutions.

Teaching as well as Research should be two of the prime functions of a Medical College. These functions can be best carried out only in an autonomous institution. From this consideration there is as much justification for setting up a Medical University as there is for the establishment of a University of Engineering or that of Agriculture.

Although an Engineering University and an Agricultural University were set up in East Pakistan on the recommendation of the Commission on National Education, Engineering Colleges which were subsequently established in the province formed adjuncts of a Government Department through a Directorate. The new colleges were not even affiliated to the E. P. U. E. T.

In this context it may be worth while to consider the function of the proposed Medical University in East Pakistan particularly in relation to the Medical Colleges, eight of which are already existing with many more likely to be established in the near future. These institutions are likely to be distributed throughout the province to provide through their hospitals, medical care fairly uniformly to the entire population.

This catering of medical care to patients through their hospitals, is looked upon as a very important function of a Medical College administration and its staff including most teachers. This gives an extra-ordinary dimension to the responsibilities of a Medical College, the like of which does not exist in other institutions. The extension services of other institutions, Universities or Colleges are insignificant compared to the magnitude of medical care offered by Medical Colleges. In our conditions with limited resources it is difficult to foresee the establishment in the near future of a large number of hospitals outside, Medical Colleges to meet needs of the sick of the community so as to leave the Medical Colleges with small teaching hospitals. In planning the future of the Medical Colleges we have to visualise them as each remaining burdened with a large hospital filled to its full capacity with patients.

A number or alternative arrangements can be considered for the academic and administrative control of the Medical Colleges : firstly they may all be reorganised as separate autonomous institutions receiving grants directly from the Government to meet their recurring as well as development expenditure. They will have to get powers as are now being given to Universities to admit students to offer courses and grant degrees to their students. These autonomous institutions which will be large in number but relatively small in terms of students enrollment may not be called Universities but may be designated as Medical Institutes each having its own academic and executive councils like a University.

The second model that may be considered is that of one big autonomous institution which may be called the Medical Univer-

sity in-corporating in its campus; the campuses of all the existing Medical Colleges. This University will receive grants to meet recurring expenses as well as allocations for the development of existing institutions and establishments of new institutions. The different constituent colleges of this University though located as different sites and different districts will be guided by the same statutes and ordinances framed the Academic and Executive Councils of the Universiiy.

The third alternative will be to make the Medical Colleges autonomous in all respects other than academic. Each College will receive grant directly from Government and be placed under a Governing Body with full powers as well as resposibilities for administration and maintenance including appointment of staff. The colleges will all be affiliated to a Medical University which may have limited teaching responsibility preferably at the post graduate level.

The fourth model would be to establish a Medical University in a new campus or to upgrade one of the existing colleges to a University and to affiliate to this University all of the Medical Colleges retaining their administrative control for maintenance and development with the the the Health Department through the Health Directorate as has been done in case of East Pakistan Agricultural College in relation to the Agriculture Department.

The fifth model would be to convert one of the Medical Colleges to a unitary teaching University without any affiliating responsibility and to continue the other medical colleges as Government institutions affiliated to the general regional University as at present. This is being followed in the case of the Engineering University and Engineering Colleges in the Province.

The last two models which appear to be arbitrary arrangements made by the Government are contrary to the recommendation of

the Commission on National Education. In planning a better organisation for all the medical colleges, it would be ridiculous to alleviate the conditions of only one institution by converting it to a University leaving the others in their existing disadvantageous position. Our choice should therefore be made from the remaining three models.

The first model which would make every medical college a fully autonomous institution has most merits. Although the institutions will not have the designation of a University, they may be given full autonomy through appropriate Acts or Ordinances. They may be called Medical Institutes with a Director or Rector as the Chief executive officer for each Institute. Like Universities, each Institute will have a syndicate and and academic council to carry out similar functions as in Universities.

The second model aiming to bring all the medical institutions under a unified control has its appeal for those who feel that a central control will lead to a uniform standard of achievement. However, unified control does not necessarily lead to uniformity of standard of academic achievement in all the institutions : not all Government Secondary Schools under a Secondary Education Board have attained even nearly same degree of achivement. Academic progress in medical college will depend on its plant facilities, qualities of its teachers and calibre of its students A unifrom distribution of these three elements hardly ever takes place through a central organisation. Besides, to saddle a University with the responsibility of running eight medical colleges a large hospital, would be to seriously jeopardise its academic functions. Many more medical colleges are likely to be established in future and with the continually increasing responsibilities, the University will take the role of a Government Directorate or Department giving continually increasing emphasis on administration, Teaching and Research will tend to be neglected.

The third model would enable uniform academic rules and also perhaps same examination question papers for all the medical colleges through one affilating University for all the colleges. Here again a rigid uniformity is hardly desirable in as much as it will remove healthy competition between the institutions in evolving curricular improvments, better teaching methods and examination procedures. Even in independent institutions a fair degree of uniformity in assessment of students performance can be achieved through appointment of external examiners for both theoretical and practical examinations as at present.

From above considerations it appears most desirable to reorganise each of the medical colleges as a completely autonomous Institute. Although such an Institute should have all the freedom of working as a University, it does not need nor it should copy the structural pattern of any existing University technical or non-technical whose functions are rather different. As for example there will be very little use for establising Faculties in a Medical Institute in as much as all proposals from the Boards of Studies can proceed directly to the Academic Council without the intervention of Faculties. Because of allied and independent nature of subjects to be taught in Medical Institute, grouping of these subjects in Faculties will hardly serve any useful purpose. Similarly the creation of a post of a Controller of Examinations will not be justified by the amount of work in connection with examinations. On the other hand an efficient machinery has to be organised within the University frame work for smooth running of the attached hospital. The Executive Council may be required to delegate wide powers to the Superintendent of the hospital who should get advice from a small Hospital Committee to be constituted by the Executive Council according to rules prescribed in the first statutes of the Institute. These details will have to be gone into very carefully by persons with long experience of running a Medical College and attached hospital.

Ladies and gentlemen— I thank you very much firstly for inviting me to this gathering and secondly for the patient hearing. With these words I inaugurate this symposium.

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PRESENT SYSTEM OF MEDICAL EDUCATION INCLUDING ITS RELATIONSHIP WITH THE UNIVERSITY

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With the winding up of the Medical Schools for licentiate course some nine years ago, there remained only one system of undergraduate medical education in East Pakistan—a course leading to the degree of M.B.,B.S. conferred by the concerned University.

The M.B.,B.S. course is conducted in the Medical Colleges, the number of which at present is eight. Out of this, one College (Sir Salimullah Medical College) is exclusively meant for a condensed M.B., B.S. course for the licentiate doctors.

The eight Medical Colleges are under the territorial jurisdiction of three Universities. The University of Dacca has four Medical Colleges under its jurisdiction, Chittagong and Rajshahi Universities having two each.

There are three institutions for postgraduate medical education in East Pakistan, all located at Dacca.

1. The Institute of Postgraduate Medicine and Research.
2. The Institute of Diseases of the Chest and Hospital.
3. The School of Tropical Medicine.

These institutes offer postgraduate degree, diploma and fellowship courses leading to M.Phil., F.C.P.S. and other diplomas. As far as the degrees and diplomas are concerned these three institutions come under the University of Dacca. Besides these

postgraduate institutes, some of these Medical Colleges, particularly the Dacca Medical College and the Rajshahi Medical College can arrange to enrol postgraduate students for certain degree and diploma courses.

Medical education in East Pakistan—both undergraduate and postgraduate, is mainly a business of the Government, as the staff is recruited and almost the entire financial support come from the Goverment. Naturally the medical institutes are under a tight beaurocratic control. This is indeed an unique situation as medical education in most of the countries of the world is a direct responsibility of the University, the staff being recruited by the University. The role of the Government being one of making grants to the University according to its requirements.

The link between the medical institutes and the University in East Pakistan is the Faculty of Medicine which prepares the syllabus for various courses, frames rules and regulations for various examination leading to degrees or diplomas which are subsequently approved by the Academic Council and the Syndicate of the respective University. The Faculty of Medicine has very little scope for showing ingenuity, originality or experimentation as they have to prepare the syllabi and conduct the examinations strictly according to the instructions laid down by the Pakistan Medical Council. University through its Faculty of Medicine merely rubber-stamps the policies of the Pakistan Medical Council and in the ultimate analysis responsible for only holding the examinations and conferring the degrees and diplomas.

It is obvious from the above that the medical education in East Pakistan is under the control of a trio—the Government, the University and the Pakistan Medical Council. This is indeed a most unsatisfactory situation and the result is a Medical Education of poor standard, and uninspired community of teachers, and an education which is often out of tune of the needs of the society. Today's medical institutes have a three-fold task—the training of the physician, the seeking of new knowledge and the caring for the sick. It follows that the quality of this education and research

determines the standard of medical care the public will receive. It is for the learned members of the profession to decide whether, those objectives are obtainable in our medical institutions and medical education

An under-developed country like ours cannot afford to gamble with our medical education and therefore the health care of the people. It is also needless to change systems too often giving everytime a bad name to the system than the men behind the system. The present system of medical education in advanced countries has not been developed in a day or a year, but came through an evolutionary process—a perfection which has been achieved through centuries of error and trial. We in this country can safely adopt such a well-tried system with necessary adjustments according to our culture, economy and environment.

In view of the existing circumstances prevailing in the field of our medical education, opinion is gradually crystallising that all the ills will be over if a Medical University is established. I have no doubt that a Medical University will be able to improve the situation considerably, but the question that remains is whether this will be in a position to give a sound and all-round medical education that we all aspire for. It is true that our present system of Government —run medical colleges has few parallels in the world. Similarly a Medical University solely and wholely created for the medical education w ll have few parallels in any part of the world. That means we are running from one end of the spectrum to another. I leave the question open for debate by the learned members of the profession and for reaching a sound conclusion.

DRAWBACKS IN THE PRESENT SYSTEM OF MEDICAL EDUCATION AND ADMINISTRATION

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Summary

The existing system of the administrative organisation of Medical Institutions and Hospitals of our country is a legacy of the Colonial policy of British set up a century ago.

Differentiation in administration and management between teaching and non-teaching Hospitals are urgently felt. Triangular control by University Government and Pakistan Medical Council has created confusion in teaching institutions. Over all expansion, development is not possible under existing system.

An autonomous independent organisation in the name of "Medical University" is the answer.

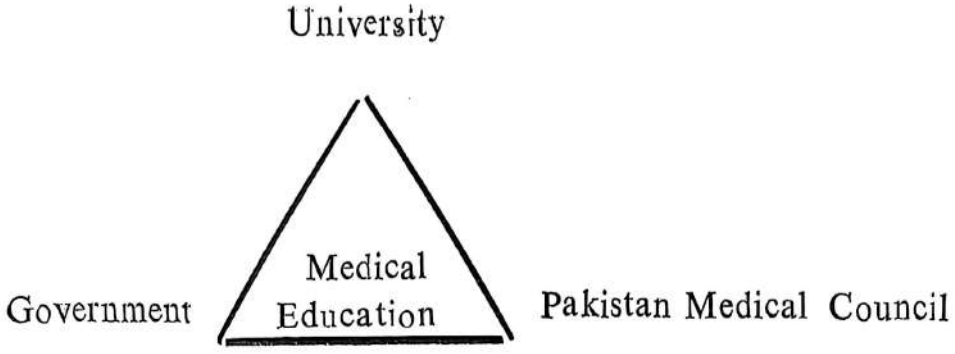
The existing system of adminisrative organisation of Medical Institutions and Hospitals of our country is a legacy of the Colonial Policy of the British, which was set up over a century ago. Since then even in U. K. changes in conformity of the needs of the country and development in Medical Science have taken place but unfortunately, there has been practically no change in the administrative set up in our Country.

The sole aim of any Health Service in the Country is to secure sound mind in a sound body. To achieve this, different countries have adopted different systems. In some country, the Health problems are absolutely individual, in some it is the responsibility of the Government, whereas in others, it is the responsibility of the Government and the Individual as well. In our country, the Health problems are both in the public sector as well as in private sectors ; whereas in U.K. it is predominently in the public sector and in U.S.A.—predominently in the private sector. Our Health problems may be compared favourably with that of U.K. But in U.K.—for administrative purpose, they have already set up two kinds of Hospitals—(a) Teaching and (b) Non-Teaching. The hospitals attached to Teaching Iastitutions provide preclinical as well as clinical facilities for the Undergraduate and Postgraduate students. These are administered by a Board of Governors. The Non-Teaching Hospital of which there are more than 3000, are administered by Regional Hospital Boards. The day-to-day administration and management is delegated to the Hospital Management Committees. However, close working association is fostered between the regional Hospital Board and the Board of Governors of the Teaching Hospitals, under the general guidance of the Ministry of Health. Though both of these Boards have autonomous status, they are responsible for planning and development, co-ordinations of work, specialist services and general supervision. In U.K. the Medical profession has a great say in policy matter but in our Country the whole policy is formulated without much say from the profession.

With these few words, Ladies & Gentlemen, and with an apology to you all, let us now face the difficulties that we are having in the running of our Medical Institutions with attached hospitals. At present, Medical Institutions are under the Triangular Control of :— 1. University

2. Government

3. Pakistan Medical Council



There is extreme degree of lack of co-ordination between these three agencies. With an apology to the University, we can say without fear of contradiction, that the Medical Faculty has been extraneously grafted to the Body of the University which has practically no responsibility towards the betterment of Medical Education excepting holding of Examinations, and issuing certificates. Government being the sole financier legitimately claim to be the sole authority of controlling Medical Institions and Hospitals. Pakistan Medical Council, by virtue of its power of recognising the medical qualification for registration purpose is of greatest importance to the individual concerned. Practically it gives the pass-port of earning bread to the medical man. As a result of this triangular control, and each of which is very vital, the effect is confusion.

Circumstances are sometimes created as to produce contradictory effects on individual issue or problem. This can be examplified by :—P.M.C may find an institution suitable for admission of 'X number of students, whereas depending on local demands, the Govt. decide to admit X+Y number of students. University being the Examining body holds examinations and declare 'Z' number of students as medical graduates. But, P.M.C. may withhold recognition of degree and refrain from issuing Certificate of Registration to these Medical Graduates. Thus ulimately in this triangular fight, it is the medicos who suffer.

Faculty of Medicine under the University as it exists to-day, gets step-motherly treatment from the University. Its represen-

tation in Academic Council, and other statutory bodies are so poor, that they have got little say in the matters of the University. Besides, the University should have the following obligations to any faculty under its control.

i) The teachers under the faculties should be members of the University staff.

ii) The University ought to have the authority to control, appoint teachers as per need.

iii) It should be responsible for the welfare of staff and students.

iv) It should promote the Medical Education at the Under-graduate and as well as at Post-graduate level.

v) To create facilities for doing research works.

vi) Should arrange for exchange of teachers and fellows at international level and arrange to impart up-to-date knowledge of Scientific development among its teachers.

vii) To see that the Degrees and Diplomas conferred by it are given due recognition at home and abroad—at present Medical Degrees are recognised at institutional basis and not at University level.

viii) There is no criteria-laid down by the University for admission of students in different Medical Institutions. On the contrary-some principles have been laid down by Govt. which are not above criticism.

In veiw of the above duties and responsibilities of the University let us make a dispassionate survey of the above factors and see how far the University has fulfilled its obligations towards medical education in this country.—The Answer will certainly be in the **Negative !**

Even in the field of general education there is co-ordination between the University and Govt. through the liason of respective Directors. The Director of Public Instruction is

intimately associated with the adminstration of the University. He is an ex-officio member of the highest body of the Universlty i.e. Syndicate—The finance committee of the University is incomplete without D.P.I. or Director of Technical Education. But in Medical Education there is no Co-ordination and link between the Govt. and University as the things stand at present.

It is really a tragedy for medical education that the Director of Health Services having control over all medical institutions is not given due importance in co-ordinating the activities between in the University and the Govt.

We cannot even think of Director of Health Services, becoming member of the syndicate,—Academic Council or Finance Committee. The only—though very delicate and feeble link-that one may point out is that a Principal of a Medical College may become a Dean of Faculty of Medicine. But the Principal of medical institution as the system exists at present, need not be a teacher. One cannot think of Executive Engineer or Superintending Engineer becoming the Vice Principal or Principal of an Engineering College but a Civil surgeon or a Deputy Director of Health Services has no bar in becoming Vice-Principals or Principals of Medical Institutions and thus becoming Dean of Faculty of Medicine. Our faculty is the only example throughout the whole world where non-academicians have repeatedly honoured the chairs of Dean.This is a big contrast with other faculties of the University. As it stands now, medical teachers remain Medical but never Teachers. This has amply been reflected in the recommendations of the pay Commissions report for Teachers. In this recommendation, pay scale of all categories of teachers in the country have been revised with the sole exception of medical teachers.

As we have already pointed out that Govt. is the sole financier of Medical Institution and Hospitals, it becomes obligatory on the part of Govt. to give priority to certain things over others on popular demands. Popular demands are usually made for direct

benefits. The indirect benefits always have a secondary importence. Medical Institutions have two components :—teaching and Hospital. Naturally the popular demands are centered round the Hospital, facilities and not upon Teaching aspect. As a result Teaching always gets step-motherly treatment. Sometimes things are done as a prestige value. An institute which can cater the needs of say 50 students is made to admit 100 or so. This is done without looking into the details of the facilities that can be afforded to the students. This not only lowers the standard of teaching but also tells upon discipline amongst the students. Due to dearth of adequate number of Teachers, and teaching facilities—proper attention cannot be given to the students who naturally engage themselves in extra-curricular activities which may not be desirable either for the institution or for the country.

Teachers

The teachers of medical colleges are appointed by the Govt. through P.S.C. on the Basis of criteria laid down by P.M.C, At present there are too many sub-cadres amongst the teachers in Medical Institutions. Ad-hoc appointments, though discouraged are frequently made, creating a sense of frustration amongst the teachers. The criteria laid down by P.M.C. is not uniformly and rigidly followed throughout the country. Associate Professors in Medical Colleges in East Pakistan have been working as independent clinicians and are enjoying the same status as Associate Professors of Universities Vis-a-vis Professors of respective departments. But P.M.C. does not recognise these Associate Professors in their face value and have downgraded them to the status of Assistant Professors. In West Pakistan the functions of Assistant Professors are sub-ordinated and directly guided by the Professors.

At present medical teachers are appointed on the basis of

academic or professional qualification and particular time period he has covered after acquiring the qualification—which is named or called experience. In this connection let me quote one of my teachers "A man may do a wrong thing for 20 years and call it experience whereas another man doing the same thing in a correct manner for 5 years will be called less experienced." I feel performance in academic career as well as the right type of experience should be the criteria for appointment of teachers.

There are about 8 Medical Colleges and a net work of medical and paramedical organisations throughout the country. At the time of independence we had only one medical college and that too in its infancy, and limited Hospital facilities in the country. Even at that time for all practical purposes there were two controlling authorities :

A) Surgeon General.

B) Director of Public Health.

The former dealing with Teaching and Non-teaching Hospitals and the later dealing entirely with preventive medicines, paramedical and similar other aspects.

Work load has increased manifolds. People have become more hospital minded. Larger number of Medical and Para-medical Institutions have been established, the whole country has been connected by a net work of Hospitals—but unfortunately rational changes have not taken place in the adminstration of Health problem of the country. It will not be far from truth to say that Budgetary Provision of D.M.C.H. alone at present is almost equal to Budgetary Provision of the Health service as a whole in 1947, and as such it can reasonably claim the status of an independent organisation.

This indicates the gigantic problem that one has to face in adminstrative control of the Medical Institutions and Health Services of the province as a whole. DHS has to look after all the teaching institutions, Para medical Institutes, and Post graduate Institutions, in addition to all the non-teaching Hospitals, Rural

Health Centres. He is virtually the head of Nursing administration. Besides, the country faces throughout the whole year ravages of Epidemics in one form or other e.g. cholera, small pox etc. which draws almost the entire attention of the directorate during the Epidemic period. We are sure DHS will not disagree with us if we say that burden of work is so much upon the Director, that it is impossible to maintain the tempo of efficiency for a long period without affecting his physical well being.

It is high time that management of these organisations are de-centralized. For over all improvement and better administration Medical, Para-medical and all other teaching institutions should be completely separated from general Health administration and entrusted with an independent organisation.

Teaching Institutions, and its attached Hospitals, Para medical, Nursing and Postgraduate Medical Institutions are too vast an organisation for control, efficient management and development.

As such these institutions if to be run in an efficient way, should be seperated from General Health Service and should be under an organisation which will be autonomous and all funds for expenditure, for research, for expansion, for development will be at the disposal of this organisation.

Such an organisation, call it a Medical University, or any thing else, does not matter—but must have full responsiblity in for mulating and implementing its policy. It should be an executive as well as an administrative body. Through different committees e. g. Finance, Administrative, Research, Staff, Discipline and Appointment committee, this organisation will run its work.

To Co-ordinate the activities of these organisations and the Govt. a new directorate namely Directorate of Medical Education may be visualised. The Director of Medical Education will represent the Govt. in various Committees of the Autonomous organisations.

Pakistan Medical Council

Pakistan Medical Council is the Govt. sponsored, highest medical body in the country, and is concerned with formulating medical educational policies in the country and granting the certificates of registration for medical practitioners. But it is sad to say that the suggestions and re-commendations etc. regarding improvement of medical education, appointment of teachers are not always accepted and implemented by the Govt. This is more particularly true when it involves the question of finance.

With an apology to PMC—may we say that so far as educational policies are concerned—the PMC changes its own policy so frequently without giving sufficient trial, that the students and teachers as well, are some times bewildered ; the frequent change in the system of subjects to be taught in Ist and 2nd year classes deserves mention. The frequent change in curriculam causes difficulties in the teaching of students, who are graded as old batch, new batch, old regulation, revised regulation and new regulation. For practical purposes. there is no Ist year or 2nd year class but Ist year Old, Ist year new, 1st year Old-old etc.

Standardisation of Professional Qualification.

Uptil now there has not been any standardisation of professional qualification in different branches of specialities. The duration of studies for Postgraduate Professional qualification varies from 6 months to 3 years. The criteria of appointment of teachers as laid down by PMC and University are contradictory. In the former, posession of a postgraduate degree or diploma without any academic achievement and time bar irrespective of right type of experience is given importance: where as in case of University, academic performance and original research work and publications are given more importance.

The link between PMC and the University is just a feeble

one and not obligatory on the Govt. In the Eyes of PMC— University has practically no functional value in respect of Medical Education. Its responsibility ends with only publication of results. As has already been pointed out PMC recognises the degrees or diplomas on the Institutional basis and not on University basis. Is it not paradoxical and puzzling to think that MBBS degree conferred by Dacca University to the graduates of Dacca Medical College differs from the same degree conferred by the same University to the graduates of Mymensingh, or Barisal Medical College ? The result is far reaching. A student from Mymensingh Medical College though may top the list among all the candidates—but the degree conferred on him by the University will be of no value or of inferior value—than that conferred by DU on a graduate who has occupied the last position from Dacca Medical College. This is simply unsound and paradoxical. Because Mymensingh Medical College may not be recognised or temporarily reconised by the PMC.

This anomalous position has been the end—result of lack of co-ordination between the three controlling agencies e.g. PMC, Govt. and University.

What PMC feels as the minimum requirement—is considered as the maximum burden on the Govt. and the University remain least concerned. The standardisation of the medical education—improvement of teaching institutions etc. has remained practically nobody's problem.

Conclusion

We have tried to focus only a few of the draw backs of the present system of medical education and its control. The ideal thing will be one single authority instead of the three organisation If it is not possible to combine the functions of these organisations into one—it is certainly possible to combine the functions of the University and Govt and achieve better resutls. This can be done by instituting an independent Autonomous Organisation which may be named "Medical University".

JUSTIFICATION FOR A MEDICAL UNIVERSITY IN EAST PAKISTAN

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Summary

The medical education in our country is under the control of different bodies. The medical colleges and the attached Hospitals, its total manpower and all the expenditure in this regard is controlled by the Provincial Health Department. In the Health Department there is no separate office or board to supervise medical education. The medical directorate headed by the DHS who is not always an academician has to look after the entire health services which consists of many other complex departments. He is responsible to the Health Secretary who is usually a non-medical person.

The Health Directorate again is under the control of Health Department and is dependent on many other departments.

The educational system, curriculum and Examinations are under the control of the University and the Pakistan Medical Council. The Pakistan Medical Council checks and inspects the colleges from time to time and makes recomendations to maintain the standard of the Institutions, Education and training. It is the authority who

gives Recognition to the Colleges and finally controls the Medical Registration council.

The involvement of these three authorities in the matter of Medical Education without having any co-ordination has created a complex problem.

Since this problem is purely an academic problem it should be run by an entirely autonomous Institution like the University. As example the University of Engineering and Technology and the Agricultural University have been cited.

Introduction

The Medical Education, its policy, course and curriculum at present is formulated partly by the Pakistan Medical Council and by the University through a Faculty of Medicine. The Principal of Dacca Medical College is the Dean of the Faculty of Medicine by tradition or convention. The Dean is a chance man as described by Prof. Islam in his address of welcome in the 14th Annual conference of P. M. A. East Zone. The administration of the Medical Colleges and the attached hospitals are entirely under the control of Provincial Health Departments. The entire man-power is provided and paid by the Provincial Govt. and all posts are transferable. The medical staff are chiefly in two categoris namely the Senior class and the Junior class.

The senior category includes the Professors and Associate Professors and the Junior Category includes all Assistant Surgeons in various postings including Resident Surgeons, Resident Physicians, Registrars, Demonstrators, Clinical Assistants and Lecturers and Assistant Professors.

The senior class of personnel are selected only for the Medical Colleges of East Pakistan. The Junior category namely the Assistant Surgeons in whatever appointment are appointed for the Provincial Health Services and are transferable to any post under the Health Directorate.

There is no seperate class of servicemen to run the medical education below the rank of Professors and Associate Professors. This is carried out by officers drawn from the general pool of E. P. H's. As they are not specially selected for educational service seldom they have a bright academic background or aptitude or a bias for teaching. The system has two disadvantages :—

(1) it does not give an opportunity to go for teaching profession to those who like to apply teaching and Research work and an academic environment and indirectly forces non interested men in the department.

(2) It does not give an opportunity to obtain a cumulative experience of teaching at a firm level to prepare a better teacher at a later date.

A teacher is not born out of one's knowledge only. A teacher has to be made under the supervision of a senior teacher.

Present Health Department

The Provincial Health Department has an executive section and an advisory section namely the Secretariate and the Directorate. The whole secretariate is manned by non medical personel in East Pakistan.

The Directorate has four major divisions namely Curative, Preventive, Development and Rural Health and a number of minor sections like Malariology, T. B. Control, Stores and Equipments, Sadar Hospital Project and Sub. Divisional Hospital Project, Nursing Services and Health Education. The directorate officers are mostly non academic medical men except the Director. It is apparent from the structural set up of the Health Department that there is no department or section that primarily or particularly deals with Medical Education in the province.

The need for establishing a Medical College in some region of of Province having once conceived at a high level, the medical directorate works on it. The plan has to pass through different stages and formalities like structural and architectural plan, Planning Deptt. Finance deptt. and finally for construction the C & B Deptts.

Needless to say that the present system of lengthy and tortuous detour can be much simplified, the time can be curtailed and the money can be economised to the over all advantage of everybody concerned if everything for the Department could be done by the Deptt. without the need for correspondence with other Departments. In other words if the Department would have been a completely autonomous establishment it would run its affairs much more expeditiously and smoothly. Paradoxically when it is difficult to find the fund for works in the Deptt. every year money is surrendered for not being utilised before 30th. June. Apparently the Department concerned is to be blamed but really the trouble is elsewhere within the system.

This does not happen in an autonomous institution not in a University. For instance the growth and development of the University of Engineering and Technology and the Agricultural University are spectacular and extremely praise worthy.

Selection Procedure

Every medical man working in the Health Department is selected through the Public Service Commission. It is usually a four member Committee in which there is one medical assessor. The criteria for selection of different categories of service personnel are not precisely defined and there is ample scope of flexibility and discretion. The Commission is only a recommending body and the final appointing authority is the Government.

Not infrequently things have happened in the past which are far from satisfactory for teaching institutions, many are superfluous and unnecessary, others are improper and inappropriate.

In still another way the teachers selection procedures are not satisfactory. The recruitments are usually for the posts of Asso-

ciate Professors and the requisite qualification and requirements are a Postgraduate Degree or Diploma in the relevant speciality and at least 3 years practical experience before or after obtaining the postgraduate qualifications. For recruitment of surgeons and physicians of independent status such standard of experience may be of some considertion depending on the demand and supply position in a developing country like ours, but for professorial appointment a long period of experience particularly in teaching and research works should be an obligatory requirement. The number of Professors and Associate Professors in each branch of clinical science is surprisingly too many whereas the number of Junior teaching members are very few.

Most of us in Professorial status has to perform more of clinical works as Consultants Surgeon or Physician than as a teacher.

In Britain today an applicant for a Consultants job should have had held the job of a senior registrar for at least 6/7 years. To reach the senior Registrar status one spends a minimum of 4 to 5 years. Virtually no body is considered for a consultant status before 10-12 years from graduation. Unfortunately in this part the post of Associate Professor and Professor is only an apology for a higher scale of pay and an Institutional Appointment.

Teaching is of course different from a clinical Problem. A teacher has to have a special ability, aptitude and a special heirship and heritage from his eminent master in addition to a scholastic academic career. The above selection is therefore far from satisfactory.

Anomalies in Posting

As already mentioned earlier there is no Junior Teaching Cadre in the Health Services at present. Certain junior posts in the Medical Colleges are filled in by freshly qualified graduates without much consideration to his academic career or aptitude and are freely interchangeable with clinical posts else-

where, viz. one Demonstrator of Anatomy can be transferred to any post in the Health Department and similarly some one in charge of a Sub-Divisional T. B. Control Centre may be appointed as a Registrar of a Clinical Department or a Demonstrator of a Basic Science. A Resident Physician or a Resident Surgeon which is a teaching post in the East Pakistan Health Service Cadre may be posted out as a Sub-Divisional Medical Officer. Such procedures are not satisfactory in respet of teaching and are detrimental to the interest of both Health Services and Medical Education.

Load of Work and Manpower

Another important consideration is the load of work on the Medical Teachers. In the Basic Science Departments the head of the department is either a Professor or an Associate Professor. There are, in addition, a number of Demonstrators to conduct the practical training and demonstrations.

The staffing in most cases is just inadequate in number and quality. More is real need of intermediate group of teachers like Assistant Professors and Lecturers but the creation of these posts seems to be nobody's business apart from official difficulties unlike the teacher of a Basic Science a Clinical teacher has a dual responsibility. He has to treat his patients and teach his students. The problem of treatment of patients takes much of his energy out and he is left with little time and energy for his other most important assignment. In the major clinical branches like Medicine and Surgery there is one staff named as Registrar to work for two units. Whose job it is to maintain the register of patients and students and help the Professors in keeping the records. If he has to do what he is ment to do I am sure he can't manage alone and therefore he is seldom in anything.

Then again as mentioned earlier he is never selected for his job. He is posted either by chance or by. "Catch" and it has no bearing with his previous experience, knowledge or aptitude.

The incumbent has a tendency to utilise this period as a vacations posting.

Here again there is a real need of introducing an intermediate personnel call it Senior Registrar or Assistant Professors who can relieve the teachers of their clinical work load and allow them to afford more time with students' teaching.

The Health Department cannot by itself appoint anybody in any post which has not been created or sanctioned and the sanction is to be obtained from the Provincial Budget. The procedure is lengthy, time consuming and because of the delay and difficulty there is in general, lack of perseverence, enthusiasm and endurance.

Teaching Materials, Library Facilities and Records keeping

In our institutions there is real dearth of teaching materials, and Library facilities and there is no organised method or system of preservation of records and clinical materials. The nature of works are different monetary requirement is large ; it needs more space and constant supervision. It also need other non medical technical personnels like Artists, Photographers, Librarians, Secretaries and Foreign exchange etc.

The other problems are so acute that there is seldom any opportunitiy to divert attention to these essential requirements which are still considered as superfluous or luxurious in some quarters.

Research

Lastly we have to talk about research. Certainly we have done very little in this regard. Why is it so ? Have we have no money for it ? Have we no men for it ?. Have we no material for it or do we not know how to do it ? There is no one answer to so many queries. We have plenty of materials, we know

how to do it but we have little money & few interested men to carry out the work because of poor remuneration. The complicated procedure of obtaining a grant from the Medicai Research Council is more deterrent rather than any impetus to the genuine workers. Unfortunately enough the machinery is so complicated and the problems are unsurmountable that unless the system of administration is changed to a simpler and self guiding pattern, serious attention is unlikely to be paid towards Medical Education, Development and Research.

Purchase, Installation and Maintenance Problem

If a Medical College needs to purchase any equipment or install a complex machinery, it has to submit an indent with quotations, prices etc. The file moves from series of tables and finally to the Directorate of Purchase, Supply and Inspection, who calls a tender and according to rules the lowest quotation is likely to be accepted. The material comes after long delay and when it finally reaches the Institution it is not infrequently out of order. I am sure if one is not in service his immediate reaction is "give me the money. I shall purchase it." This can not be allowed in any case. Health Department can not touch its own money. Similarly in maintenance, series of paper correspondences are to be made for repair works which is very difficult in the absence of clerical help and it is no wonder that a good number of medical equipments in every medical institution will be found unserviceable.

Discussion and Conclusion

The Provincial Health Department has to ask for money from the Budget and Finance Department to obtain approval of the Planning Department for whatever it wants to develope and depend on the C and B Department for the construction and

maintenance works of its buildings. Seldom there is any inter-departmental integration. The effect in most cases is like the disease known as 'Rickets' in which there is lot of preparation without any formation ; volumes of paper works with very little fruitful outcome.

The Department of Health gets the monetary sanction in paper. It has to be expended or utilized through various other departments and agencies according to various rules, restrictions and regulations. It has no freedom of its own to do the first thing first or to plan and execute or implement in the most appropriate manner keeping in mind the need and utility value of a thing.

Dependance on other departments for its own growth and survival needs and demands to be attended and fulfilled has been extremely frustrating and entirely disappointing. It is unreasonable too. The best way to deal with the problems of Medical Education and Medical Research in our Country is to extricate it from the over-burdened Health Department and set up an entirely autonomus Institution in the form of a Medical University. The Magnitude of the total problem inview of the population of the province is too big to be controlled by one department or a few offices.

It certainly needs a Completely separate administrative set up and machinery to scrutinize the diverse types of problems under lying the supervision and development of Medical Education, training and research programmes.

Such an Institution has to be totally free from handicaps of dependence, restrictions of office rules, service rules, account rules, this rule and the other rule. It should be within the autonomy of the University to do and approve what its specially constituted body of experts would think appropriate. Such a university will be able to set up different committees consisting of specialists and experts to discuss about different problems and issues and take decisions.

Things will be planned and build much more expeditiously more economically, properly in correct space and order. There will be no occasion for refunding the monetary sanction because it

could nor be utilised before 30th June. Lastly all of us would agree that though the treatment of the sick and the teaching of the art and science of Medicine are interdependent the responsibility of education training and research should be entrusted with an academy or university and as a matter of fact there are already four different universities in the Province; two for general education in Arts and science, one for engineering and technology and one for agriculture. And it is in fitness of things that there should be a separate Medical University now.

MEDICAL EDUCATION IN THE UNITED STATES OF AMERICA

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Summary

Both private and public medical schools which are part and parcel of University are responsible for formal medical education. The medical course extends to four years. A person with M.D. degree only cannot practice medicine unless he has internship training and has passed the State Board Examination. The graduate medical education is mostly controlled and conducted by the various speciality boards.

There are 88 public and private medical schools in USA which have taken over the responsibility for medical education. All these medical schools are part and parcel of University. The number of students admitted each year in these schools averages 10,229. The number of doctors coming out of these schools numbers more than 7000 per year. The ratio of doctors to population in USA is 1 : 690.

The requirements for admission to the medical school are very rigid. The students are selected on the basis of scholastic ability, character, personality, health and performance in medical college admission test. The candidate must hold a diploma from a recognised high school and must have received A. B. or B. S. degree. The minimum of premedical work required is 3 years or 90 semester credit hours, which must include :

(a) General Chemistry, 8-10 semester hours,

(b) Organic Chemistry.

(c) Physics, 8-10 semester hours.

(d) Animal Biology one year, 8-10 semester hours.

The candidate must have also good scholastic record. Minimum of B grade is necessary.

The admission committee considers only those candidates who take medical college admission test. Each student is interviewed by the admission sub-committee and the final selection is made by the action of the entire committee.

Duration of the course : The duration of medical course extends to 4 years (unlike Pakistan, which is 5 years). After successful completion of 4 years of study, M.D. degree is given. For a student to advance with the class, he must have a general average of C grade in all of the work of the year.

Schedule of hours for subdivisions of medical curriculum followed by the Indiana School of Medicine are given below :

Ist year	Lecture	Laboratory	Conference	Clinic	Total
Anatomy					
Gross Anatomy	35	210	37		504
Histology	38	96	...		
Neuroanatomy	22	66	...		
Biochemistry	96	136	61		293
Cell Biology	54	--	32		86
Physiology	118	138	57		313
Psychiatry	23	...	...		23
				Total :	1,219 hrs.

2nd year					
Clinical Path.	24	69	...	...	93
General Path.	96	168	72	...	336
Physical Diag.	70	...	...	46	116
Medicine	25	...	18	...	43

	Lecture	Laboratory	Conference	Clinic	Total
Parasitology	17	33	...	...	50
Microbiology	55	112	36	...	203
Neurodiagnosis	12	...	...	...	12
Obst. & Gynae.	13	...	...	...	13
Pharmacology	84	77	36	...	197
Psychiatry	23	...	...	...	23
Preventive Med.	24	...	...	...	24
				Total :	1,146 hrs

3rd year

Anaesthesiology	11	...	...	...	13
Dermatology	14	...	...	...	14
Pathology	...	...	38	...	38
Medical Ethics	7	...	...	...	7
Medicine	103	...	...	280	383
Neurology	24	...	...	...	24
Obst. & Gynae.	52	...	...	390	442
Ophthalmology	11	...	...	...	11
Orthopaedic Surg.	25	...	...	...	25
Otolaryngology	22	...	...	...	22
Pediatrics	91	...	...	150	241
Psychiatry	...	...	...	150	150
Public Health	15	...	...	...	15
Surgery	104	...	...	280	384
Urology	24	...	...	150	174
Plastic Surgery.	...	...	...	150	150
				Total :	1,791 hrs

4th year

Pathology	...	...	38	...	38
Medical Econom.	8	...	...	...	8
Medical Jurisp.	6	...	...	...	6

Medicine	50	...	...	500	550
Neurology	...	...	...	80	80
Obst. & Gynae	52	...	...	...	52
Pediatrics	53	...	...	240	293
Psychiatry	...	...	...	160	160
Radiology	50	...	...	...	50
Surgery	51	...	...	160	211
Anaesthesiology	...	...	...	80	80
Ophthalmology	...	...	...	40	40
Otolaryngology	...	...	...	40	40
Neurosurgery	...	...	...	160	160
Orthopaedic Surg.	...	...	...	160	160
				Total :	1,768 hrs

Thus we see that in four years a total of about 6000 hours of instructions are given. In France 8,700 hours of instructions are given in 7 years.

Grading : Three types of grading techniques are used.

(1) Letter grading/Numerical.
(2) Pass/Fail.
(3) Combination.

Each department after completion of a particular course sends the grades to the university which in turn communicates the grade to the student concerned. There is no final examination of the type seen in our country. Grades sent by the department are final.

Standard of Medical Schools

This is supervised by the Association of American Medical Colleges and American Medical Association.

Practice of Medicine

Right to practice medicine does not depend on the attainment of a M.D. degree only. He needs to have in addition 1 year

internship and to pass the examination conducted by the State Licencing Board. A physician licenced to practice in one State may not be allowed to practice in another state without taking the State Board Examination again.

Graduate Medical Education

Medical schools which are integral part of a university have assumed the responsibility for less than half of the formal professional education of a physician. This is probably due to requirement of a large number of professionals and administrative personnel. In addition this is expensive and has always been housed in a hospital which people thinks as the place for treatment of sick.

At present the Graduate Medical Education depends entirely on various speciality boards. These boards plan the graduate training programme, examine the graduates after completion of their training and certify the successful ones. A board certificate is necessary to hold a position in the Health Services or in the Medical Schools.

Training in Internal Medicine

American Board of Internal Medicine has laid down the following plan for training in internal medicine in the following hospitals.

	A1	A2	A3
Internship	Static or Rotatory	Static or Rotatory	Static
Residency	3 yrs.	2 yrs.	1-2 yrs.
Fellowship	.....	1-2yrs	2 yrs.

Approved Hospitals for Training

1. University Hospitals.
2. University Affiliated Hospitals.

3. Community Hospitals.
4. V. A. Hospitals.
5. Military Hospitals.
6. USPHS

After completion of graduate training a condidate first appears in written examination and the successful ones in the oral examination. The oral examination consists of experience with 2 patients, from whom the candidate derives informations which he then presents and discusses with 2 examiners.

STRUCTURE PATTERN OF PROPOSED MEDICAL UNIVERSITY

Dr. Md. Abdul Mannan,
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Institute of Post-Graduate Medicine, Dacca.

1. After promulgation of an ordinance for medical University a Medical University shall be established at Dacca in accordance with the provisions of the ordinance and the campus of the university shall comprise such area as the Provincial Government may by notification in the official Gazzettee, declare.

2. The Governor of East Pakistan or a person designated by him shall be Vice-Chancellor of the University.

3. The first Chancellor, the Vice-Chancellor, the first members of the Syndicate and of the Academic council consituted and all persons who may hereafter become Chancellor, Vice-chancellor, or members, are hereby constituted a body corporate by the name of the East Pakistan Medical University.

4. The University shall have a perpatual succession and a common seal and may, by the said name, sue or be sued.

The University shall be competent to acquire property both movable and immovable, and hold property which has become vested in or has been acquired by it, and to contract, transfer and do all other things necessary for the purposes of this ordinance in connection with such property.

Powers of the University

The Medical University shall have the following powers :

Namely :

(a) To provide for instruction in medical education and such branches of learning connected with medical education as the University may think fit to provide, at degree and Post-Graduate levels, and to make provisions for research and advancement and dissemination of knowledge in those subjects ;

(b) to hold examinations and to grant and confer certificates diplomas, degree and other academic distinctions to and on persons who

(i) have pursued a course of study provided by the university and have passed the examinations of the university under such conditions as may be prescribed by the university ordinance ; and

(ii) are admitted to, and have passed the examinations of the university under such conditions as may be prescribed by the university ordinances ;

(c) to confer research degrees on persons who have carried research under such conditions as may be prescribed by the University ordinances ;

(d) To co-operate with other Universities, Boards, and Institutes in such manner and for such purposes as the University may determine ;

(e) To confer honorary degrees or other academic distinction on approved person in such manner as may be prescribed by the statutes.

(f) To institute Professorship, Associate Professorship, Assistant Professorship.

(g) To institute and award Fellowships, Scholership, medal and prizes ;

(h) To institute teaching departments, Faculties Institute and hall, and other mantenance and administration.

(i) To demand and receive payments of such fees and other charges as may be prescribed by the statutes ;

(j) To superivise and control the residence and discipline of the students ; to make arragement for promoting their health and general welfare ;

(k) To receive grants, bequest, trusts, gifts donations, endoments and other contributions made to the university for specific purposes ;

(l) To make provisions for research consultations, and advisory and extension services.

Jurisdiction of the Universs ity

(i) The University shall execrise the powers conferred on it by or under this ordinance in without the territorial limits of the campus of the University declared and not withstanding anything contrary contained in any other low for the time being in force no educational institutions, lying within the campus of the University and imparting instruction in Medical educations shall be associated in any way with or seek admission to any privilages any other University.

(ii) Any Medical Educational Institution which has been affiliated to any other University before the coming into force of the Medical Ordinance, shall cease to be affiliated to such other University, and such other University shall cease to have any jurisdiction over such institution immediately on the coming into force of this Ordinance ; and such institution shall form an integral part of, and be maintained by, the University.

The Professors of the respective head of the different departments will be the Professor of the medical university. The condition of the services will be same for them and transferrable.

Medical University open to all classes and creeds.

Visitation

(1) The Provincial Government shall have the right to cause an inspection to be made, by such person or persons as it may direct, of the University and its buildings, laboratories, museum, hospitals and equipments, of any institution or college maintanied by the University, of the teaching and other experimental works conducted by the University, and of the conduct of examination held by the University, and to cause an enquiry to be made in respect of any matter connected with University. The Provincial Government shall, in every such case, give notice to the Syndicate of its intention to cause an enquiry or inspection to be made, and the syndicate shall be represented thereto.

(2) The Provincial Government shall communicate to the Syndicate its views with regard to such inspection and enquiry.

(3) The Syndicate shall communicate to the Provincial Government such action.

(4) When the Syndicate does not, within a reasonable time, take action to the satisfaction of the Provincial Government, the Provincial Government may after considering any explanation furnished or representation made by the Syndicate, issue such directions as it thinks fit ; the Vice-chancellor shall comply with such directions.

Officers of the University

The following shall be the officers of the University :

(i) The Chancellor, (ii) The Vice-Chancellor (iii) The Registrar (iv) The Comptroller (v) The Deans (vi) The Director of Advisory Extension and Research Services ; (vii) The Director of Student's Welfare ; and (viii) Such other employees of the University as may be prescribed by the statutes to be officers of the University. (ix) The Librarian.

Powers of the Chancellor

(1) The Chancellor of the University shall, when present, preside at the Convocations of the University.

(2) The Chancellor may remove any person from the membership of any Authority, if such person :—

(i) is of unsound mind, or

(ii) has been incapacitated to function as member of such Authority, or

(iii) has been convicted by a court of law of an offence involving moral turpitude.

(3) The Chancellor may withdraw the degree or diploma conferred on, or granted to, any person by the University, if such person has been convicted by a court of law of an offence involving moral turpitude.

(4) The Chancellor may, by order in writing. annul any proceeding of any of the Authorities which, in his opinion is not in conformity with this Ordinance, the Statutes or the University Ordinances.

Provided that, before making any such order, he shall through the Vice-Chancellor, call upon the Authority concerned to show cause why such an order should not be made.

(5) Every proposal for the conferment of an honorary degree shall be subject to confirmation by the Chancellor.

(6) The Chancellor may, if he is statisfied that exceptional circumstances seriously interfering with the normal activities of the University exist, pass and such order as the may consider necessary in the interest of the University and such orders shall be binding on the Authorities and their members and the officers, teachers and other employees of the University and shall be given effect to by the Vice-Chancellor.

Appointment of Vice.Chancellor

(1) The Vice-Chancellor shall, by notification in the Official Gazette, be appointed by the Chancellor on such terms and conditions as the Chancellor may determine,

(2) The Vice-Chancellor shall hold office for 4 years from the date of his appointment and, on the expiry of his term of office, shall be eligible for re-appointment.

(3) When the office of the Vice-Chancellor falls vacant temporarily by reason of leave, illness or other causes, the Chancellor shall make such arrangements for carrying on the duties of the office of the Vice-Chancellor as he may think fit.

Powers of the Vice-Chancellor

(1) Vice-Chancellor shall be the Principal executive and academic officer of the University and shall, if present, preside at the meetings of the Syndicate, the Academic Council, the Faculties, the Committee for Advanced Studies and Research, the Selection Board, the Finance Commitee, and the Planning and Development Committee. In the absence of the Chancellor, he shall preside at the Convocations of the University. He shall be entitled to attend and preside at any meeting of any Authority or other body or Committee of the University.

(2) The Vice-Chancellor, shall ensure that the provisions of this Ordinance, the Statutes and the University Ordinances are faithfully observed and carried out, and he shall exercise all powers necessary for this purpose.

(3) In an emergency arising out of the business of the University, and requiring in the opinion of the Vice-Chancellor immediate action, the Vice-Chancellor may take such action as he may deem necessary, and shall report the actions to be taken to the Authority concerned as early as possible.

University of Science & Technology Chittagong
Sasakawa
Central Library
Acc, No ... ...

(4) The Vice-Chancellor shall have the power to appoint, punish or dismiss such employees of the University as may be prescribed by tne Statues.

(5) The Vice-chancellor shall have the power to create temporary posts and to make appointments thereto for a period not exceeding six months.

(6) The Vice-Chancellor may, subject to such conditions as may be prescribed by the statutes, delegate any of his powers to such officers and employees of the University as he may determine.

(7) The Vice-Chancellor shall exercise such other powers as may be prescribed by the Statutes.

Authorities of the University

The following shall be Authorities of the University :

(i) Syndicate, (ii) The Academic Council, (iii) The Faculties (iv) The Boards of studies, (v) The Committee for Advanced studies and Research. (vi) Selection Board, (vii) The Finance Committee, (viii) The Planning and Development Committee and (ix) Such other authorities as may be prescribed by the University.

Syndicate

((I) Vice-Chancellor..

(II) D.H.S. { Preventive / Curative

(III) Deans to be nominated by the Chancellor

(IV) Six persons nominated by the Chancellor

(V) Each Chairman of the Governing body of the Affiliated colleges.

Powers of the Syndicates

General managements of and superintendence over, the affairs concerns and property of the University and shall exercise such superintendence in accordance with the provinsion of the Ordinance the statutes and University ordinance.

Term of syndicate : as prescribed by the statutes prefarebly for 2 years and by rotation from all the affiliated colleges.

Academic Council

I. Vice-Chancellor—Chairman,
II. Deans of the Faculties
III. Heads of the Teaching Departments.
IV. The Professor.
V. Associate Professor.
VI. The Director of Advisory, Extension, and Research Services.
VII. Director of Students' Welfare.
VIII. Five persons to be nominated by the Chancellor.

Powers and Duties of the Academic Council

The Academic Council shall have the power —

(a) to advise the Syndicate on all academic matters ;

(b) to make University Ordinances for the proper conduct of teaching, research and examination, and for promoting academic life in the University, and the colleges ;

(c) to lay down conditions under which the students may be given admission to the various courses of studies and the examinations held by the University ;

(d) to propose to the Syndicate schemes for constitution of University Departments and Boards of Studies ;

(e) to deal with University teaching and to make proposals for the planning and development of teaching and research in the University ;

(f) to prescribe, subject to the approval of Syndicate and upon the recommendations of the Boards of Studies and the Faculties, the courses of studies, the syllabuses and the outlines of texts for all the examinations ;

Provided that, if the recommendations of a Board of Studies or Faculty are not available to the Academic Council by the tenth of April each year, it may, subject to the approval of the Syndicate, continue for the next year the courses of studies already prescribed for an examination ;

(g) to recognise the examinations of other Universities or Boards or Institutes as equivalent to the corresponding examinations of the University ; and

(h) to make University Ordinances for the award of Fellowships, Scholarships, Medals and Prizes.

Terms : As prescribed by the statutes.

Constitution Power and Duties of the Authorities

Shall be such as may be prescribed by the statutes.

Framing of Statutes :

I. On the commencement of the Ordinance, the Statutes set forth in the Schedule shall be the Statutes of the University.

2. The Statutes may be amended, repealed or added to, by statutes made by the Syndicate in the mannar hereinafter appearing.

3. The Syndicate may propose to the Chancellor the draft of any statute to be assented to by him ; provided that no statutes relating to any matter mentioned in clauses of section 22 shall be proposed unless it has first been referred to the

Academic Council and the Academic Council has expressed its opinion on it.

4. A Statute proposed by the Syndicate shall have no validity until it has been assented to by the Chancellor. The Chancellor may assent to a Statute as proposed by the the Syndicate or withhold his assent, or may refer it back to the syndicate for re-submitted to the Chancellor for his assent thereto.

University Fund

The University shall have a found to be called the University Fund and to which shall be credited :—

(a) its income from fees, donations, trusts, bequests, endowments and other grants ; and

(b) any contribution or grant by the Central or Provincial Government.

The Provincial Government shall, for the purposes of this Ordinance, contribute annually to the University such sum of money as it may determine.

Faculties

The Medical University shall have the following Faculties :

1. Faculties of Basic Sciences
2. Faculty of Medicine
3. Faculty of Surgery
4. Faculty of Dental Surgery.

Each faculty may have multiple teaching departments such :

I. Basic Sciences : Anatomy, Physiology, Pharmacology Pathology etc.

II. Medicine : General Medicine, Cardiology, Neurology, Gastro-enterology. Endocrinology Urology

Paeditric Medicine, Preventive Medicine, Medical jurisprudencc, Radiology.

III. Surgery :

General Surgery, Cardiac Surgery Neurosurgery. Gastro entrology Thoracic Surgery, Anesthesiology, Eye and E. N. T. Orthopedic Surgery, Paedritic Surgery.

IV. Dental Surgery :

Powers of Deans

Deans of the Faculties : shall be executive officer of the Faculty and shall hold office for two years.

II. The Dean shall issue lecture lists of all the Departments.

III. In cases of absence of Dean, Vice-Chancellor shall appoint an acting Dean.

Head of the Department ; shall be Professor of the Department, if there is no Prof. an Associate Professor shall be the Head of the Department.

I have tried, in brief, to give an outline of the structural pattern of the proposed Medical University. The proposed pattern has been suggested in line with the existing pattern of E. P. University of Engineering and Tcchnology. I feel, that there is scope for change or modification of the proposed pattern in considerations of the needs of our special problems regarding Medical University.

PLACE OF TEACHING INSTITUTIONS AND HOSPITALS IN RELATION TO THE MEDICAL UNIVERSITY

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Summary

Three alternative suggestions are discussed here of the possible relationship of Post-graduate and undergraduate institutions with the Medical University.

Suggestion I

The University will be an autonomous and supreme co-ordinating organisation. It will not have a hospital of its own but will take over the direction of the functions and administration of both undergraduate and Postgraduate institutions and their attached hospitals. All doctors will be non-practicing. There will be one Faculty for a group of allied subjects such, as Faculty of Surgery, Faculty of Medicine, Faculty of Non-Clinical Studies, Faculty of Para-medical studies etc.

Suggestion II

Institute of Post-Graduate Medicine will be the University hospital and institution and will have all the undergraduate departments represented here in addition to the Postgraduate specialities. The Medical Colleges and the other Postgraduate institutions (other than the IGPM) throughout the Province will be affiliated to the Medical University but will be run by the Govt. as at present. The University will take examinations and direct the

curriculum. All the departments both undergraduate and Post-graduate of the same subject together will have a Faculty in the University.

University

Anatomy	Physiology	Pharmacology	Pathology	Medicine	Surgery etc.

Suggestion III

The University will run both the Postgraduate and under-graduate education directly. The University will run the Post-Graduate Hospital but the Medical College Hospitals will be run by the Govt. as at present. All the teachers of the Post-Graduate and undergraduate institutions and their assistants for teaching like Registrars and R. A. will be employed by the University. Whereas all the other hospital staff and the other doctors will be employed by the University. The hospital will have a Superintendent appointed by Government and the College section will have the Principal appointed by the University. There are both advantages and disadvantages of such a dual system.

Introduction

The proposed Medical University will have to take over all the educational functions of all categories of Medical and Para-medical Institutions of the Province. In other words, all those functions of these Institutions that are now being performed by the general Universities of Dacea, Rajshahi and Chittagong will be the responsibility of the proposed Medical University. It will be necessary to decide on the relation and functions of the Pakistan College of Physicians and Surgeons and the Pakistan Medical Council with the proposed Medical University, because many of the functions of these organisations will fall within the jurisdiction of the Medical University.

For the purpose of analysing the possible relationship with

he proposed Medical University the Medical Institutions i.e. Medical Colleges and Hospitals, and Postgraduate Institutes and Hospitals can be grouped into 3 categories as follows :

(a) Medical Colleges with attached Hospitals imparting undergraduate teaching.

(b) Postgraduate Medical Institutes with attached Hospitals.

1. Institute of Postgraduate Medicine, Dacca, IPGM
2. Institute of Diseases of Chest and Hospital, Mohakali (IDC & H)
3. School of Tropical Medicine Dacca, (STM)

c) Para medical Institutions.

1. Institute of Public Health and Hygiene
2. Institute of Nursing
3. Dental College and Hospital
4. Other Para medical Institutes like—

Maternity and Child Health Institute,
Tuberculosis Control Centre and Training Institute.

In order to be able to discuss the relationship of the various categories of the Medical and Para medical Institutions it is necessary to have in view a possible set up of a Medical University. A Proposal is made below of such a set up.

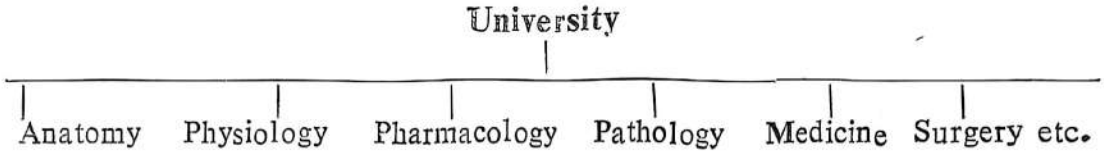
Three alternative suggestions are discussed here of the possible relationship of Post graduate and under graduate institutions with the Medical University.

Suggestion I

The University will be the Autonomous and Supreme Co-ordinating Organisation. It will not have a hospital of its own but will take over the direction of the functions and administration of both under graduate and Post graduate institutions and their attached hospitals. Details are discussed later.

Suggestion II

IPGM will be the University hospital and Institution and will have all Medical Subjects represented here in addition to the Post graduate specialities and alied studies. The Medical colleges and the other Postgraduate Institutions (other then the IPGM) throughout the Province will be affiliated to the Medical University but will be run by the Govt. as at present or preferably through the Governing body of each institution. The University will take the examinations and direct the Curriculum as at present. All the department both undergraduate and Postgraduate of the same subject together will have a Faculty in the University with one Dean of the Faculty.



Suggestion III

The University will run both the Postgraduate and undergraduate education directly. The University will run the Postgraduate Hospital but the medical college hospitals will be run by the Government as at present. All the teachers of the Postgraduate and undergraduate teachers and their assistants for teaching like Registrars and R.A. will be appointed (Doctors of the University will be non-practicing) by the University, whereas all the other hospital staff and the other doctors such as HP., HS., RP., RS. etc. will be employed by the Govrnment. The hospital will have a Superintendent appointed by the Government and the College Section will have a Principal appointed by the University. There are both advantages and disadvantages of such a dual system.

Details of Suggestion I

MEDICAL UNIVERSITY

Vice Chancellor.
Registrar
Controller
Syndicate
Academic Council
Finance Committee
Planning & Development Board
Medical Statistics & Publication Deptt
Board of Medical Research
Hospital Management Board etc.

Faculty of Surgical Studies (Dean)	Faculty of Studies of Medicine (Dean)	Faculty of Non Clinical Studies (Dean)	Faculty of Para medical Studies (Dean)	Other Faculties
Board of Surgical Studies (Dept. Heads)	Board of study of Medicine (Dept. Heads)	Board of Non Clinical Studies (Dept. Heads)	Board of Para medical Studies (Head Dept.) :—	
Post Graduate Surgical Deptt i.e. General and Specialities	Post Graduate Medical Dept General and Specialities	Post Graduate Deptts	Post Graduate Dept	
&	&	&	&	
Under Graduate Surgical Depts of all Medical Colleges	Under Graduate Medical Depts of Medical Colleges	Under Graduate Depts of all Medical Colleges	Under Graduate Dept of Medical Colleges	

Details under Suggestion No. I

Appointments in the University, and P. G. Institutes and Medical Colleges and other Institutions

Teachers (Professors, Associate, Professors, Assistant Professors) and administrative officers and non medical officers above a certain rank will be appointed by the University. All such officers will be selected by Special Medical Boards All posts of doctors below the leve of Assistant Professors and non-doctors below a certain level will be appointed by the local authorities of the Medical Colleges and other Institutes. All medical personnel employed by the University will be non-practicing.

Postgraduate Hospitals and Medical College Hospitals

The University will not have a separate hospital. Postgraduate hospitals and Medical College Hospital will treat a limited number of patients in connection with teaching and research. Management of these hospitals will be the responsibility of the University and will be managed by the Autonomous Governing bodies.

The expenses of the actual treatment of patients in these hospitals under the University will be borne by the Goverment and given to the University as a yearly grant or re-imbursed Services obtained by the Government from the Departments of the Institutions under the University will be paid for by the Government under suitable arrangement.

Each Medical College will have its own separate hospitals. Such hospitals, as mentioned before, will be run by the University through Governing Bodies. The bed strength of these medical College hospitals will vary between 200-500 according to the number of seats for students in the college.

In the existing Medical College hospitals the following changes will be necessary. Beds in excess of 200-500 in these hospitals will be run as a separate hospital by the Government and the Government will have its own staff and expenditure for this hospital.

As for Example :

500 beds of the Dacca Medical College Hospital will be taken over by the University and run as part of the establishment of the Medical College and will be known as D.M.C.H. No extra beds will be allowed in these Hospitals.

Beds in excess of 500 in the present DMCH. will be run as a separate hospital run by the Government by its own staff and this part will be known as the Dacca Government Hospital.

The emergency department will be a part of the Dacca Government Hospital. There will be no Emergency Department in the Dacca Medical College Hospital. Incidentally, there will be no Emergency Department in the Postgraduate Hospitals either.

The training of doctors and students in the emergency management of patients will be obtained by arrangement from the Emergency Departments of the Government hospitals.

ROLE OF TEACHING HOSPITAL IN U.K. IN CONDUCTING UNIVERSITY MEDICAL EDUCATION

Al-Haj Dr. M. A. Muttalib, MB.,BS., DCMT,
Chief Medical Officer, Dacca University.

The part in to-days seminar which has been allocated to me is "Role of Teaching Hospital in UK" in conducting University Medical Education."

It is very difficult to know the entire medical activities in UK in a short time for anyone and it is equally difficult to give in details. I will try to give you in short which I came to know.

The medical education of any country is intimately connected with the medical profession and the treatment side of that country, so to discuss the part alloted to me I will first give you the main pattern of UK's medical system in short.

I have tried to put the entire system of Medical Service in the chart alongwith.

The over all medical system is bound by several acts, rules, regulations and un-written codes which are absolutely followed by all concerned in the medical system.

The Health Minister holds entire responsibility of the medical system and he conducts the administration with the help of the Central Health Service Council which advices the Minister Professionally and Technically. The main function of the Health Minister is in the policy making of the medical system. Any major change in the medical system need to be discussed and passed by the Parliament if to be enforced. Health Minister cannot interfere in any medical administration unless there is

a gross deviation from the existing medical system, convention etc.

The medical system is divided in the three major components (A) Specialist Institution (B) National Health Service (C) Medical Education and Research.

(A) The Specialist Hospitals are run by Government, Trust, Foundation, Local Authorities, and Universities etc.

(B) The entire General Medical Service of UK is run through the scheme of National Health Service. This service is composed of (a) Personal practice service (b) Hospitals and (c) Local Authorities.

The Personal Practice Service :

Is the general practitioners and consultant service which is available free to population, each and every citizen is registered with the General Practitioner who if necessary refers the complecated cases to any "Local Authority Hospital" where the patient will get Specialist Service free of cost. If the Local Authority Hospitals finds the case to be of specialist nature there is no bar in sending that case to any Specialist Hospital, which is also free.

All the Hospitals in UK are run by the Local Authorities and the entire UK is divided in 14 Zones. The zones are known as region and named as Regional Hospital Board which help the Local Authority in maintaining the Local Hospitals, staffing etc.

All the Hospitals are more or less Autonomous for their internal administration and they can recruit personnel when they need through the "Regional Hospital Board."

(C) Education & Research :

The education and research both are intimately connected. Almost all the teachers are in some way attached in some research work. Government don't have any direct control on any of

these institutions which are by themselves absolutely autonomous. Sometimes if the Government feels that some research is to be conducted the project or the suggestion will go to the "Medical Research Council" which will utilise the services of some teachers or institution for the work.

In this field of Medical Education and Research the main role is played by the University, the Royal Colleges, Foundations and Trusts. Some of the Universities do have affiliated Medical Schools where the under-graduate Medical Education is given. The Specialist Institutions are intimately connected with the Universities, Foundations, Trusts, the Royal Colleges or the Societies.

Medical Schools :

These institutions are absolutely autonomous and the school premises do not have a Hospital part. The school in their premises do have the basic medical subjects, the theoretical and the laboratory part of the medical education. The clinics on the patients are given in the hospitals. The hospitals are run by "Local Authorities". The University approves some of the Local Authority Hospitals for the purpose of teaching the students where the clinical teachers are also consultants. In this approved Hospitals necessary arrangement for demonstration room, Laboratory facility etc. are maintained. These hospitals are usually known as University College Hospitals.

In the clinical course the students are taken to different hospitals which are usually specialist hospital namely Maternity, Children, Eye etc. in addition to the usually U.C.H.

At the end of the clinical course each student is to undergo two months training in any special subject they prefer in any of the hospitals in UK.

Economic aspect of the Schools:

The income is from :

(a) Tution fee from the students. The tution fee is quite high in comparison to our country so far I know it is 250£ per year.

In addition the student is to pay for examination fee, registration fee for the school and University and other incidental charges.

(b) Gift donation etc. from Trust and Foundation.

(c) Some of the teachers of the Institution are donated by some trust or Foundation.

Expenditure of the Medical School:

The expenditure incured by the school is mainly in maintaining the building, laboratory etc. financing of research work, salary and wages of the employees. Moreover the maintainance of the hospital is not financed or managed by the school.

The Teaching System:

The teachers whether of clinical or preclinical subjects are absolutely non practising, of course some honorary teacher of the clinical subjects are consultant in the National Healh Services. The Teachers are usually devoted to teaching and research and each and every teacher do have minimum three or four research projects under him each year.

In the teaching side usually Professor is the highest post then comes the Senior, Junior Lecturers. Each of the Lecturers are to work in some specific subject each year and teach the students on the subjects they are working. They teach different part of the subject in different year and by doing so when the Lecturer will become Professor actually has worked and taught the students greater part of the subject.

The Professor usually have two offices, one at the school and the other at the hospital. He has 2—3 private secretary and clerk. There must be a complete laboratory unit of the department in the school and one at the hospital. The Professors room has got one library unit of its own. You can find all the current and old periodicals in bound form.

All the Senior Teachers are given one room in the school and one at hospial with a small library unit and a small office.

They also may have Private Assistant or may utilize the Private Assisiant of the Department.

I must mention here the importance of "Para Medical Personnel" in teaching and research. The laboratory technician who becomes 'in charge' of the laboratory is an authority on the technical aspect of the subject and these people are given due respect and status.

Each of the institution do have well equipped Laboratories for each subjects and also the audio-visual unit is a must in any institution.

The Teaching Institution do have a well maintained and well stocked library in each, and there is the system of interchange of books, periodicals with all the institution and libraries in that locality. Students can utilise the institution library, the university library and any of the library in the area after proper authorisation by the institution.

Programming of the Course :

The teachers of all subjects meet from time to time and flxes the teaching programme in close co-ordination and the programme is provided to all concerned so that any person involved in any part of the teaching programme knows it well before hand so that he can prepare properly.

The students are not allowed to directly tackle the patient, rather they are given some opportunity of different practical ward work alongwith the use of clinical appliance by the Registrar or Junior Lecturer.

The prescribing authority is usually consultant in the hospital. Junior Consultant, Junior Lecturer can prescribe in the Out Patient Department only. The G. P. and N. H. S. consultants actually do the treatment side.

Teaching :

The whole institution comes in to play in each and every teaching programme. The teacher prepares himself with

basic information of the subject and also collects up to date information available in the current Medical Journals. The teacher is helped by the Technician or staff of the department. The Teacher usually comes at least $\frac{1}{2}$ an hour before the class and checks everything so that the teaching requisites are properly set up.

The teacher usually writes the scheme of the subject on the Black Board or hands out stencilled sheets of the subject he is going to give to the students. Each demonstration room is equipped with epidiascope, slide projector and movie projector help of these are liberally taken to deliver a lecture.

While teaching, the teachers gives to the student in addition to the basic subject his experience as a researcher, as a clinician and also all the available informations which he could collect. Finally he will go in discussion with the students. The teacher always welcomes any suggestion or criticism from the students so that he can modify, improve in his subsequent teaching programme. This is the way I have seen in almost all of the teachers in their teaching research etc. irrespective of being Senior or Junior.

In the Postgraduate field when the graduate doctor do have requisite qualification may go for Postgraduate training in any special subject. The trainings are given in specialist hospital which are run by differnt bodies and the degree diplomas are conferred by different universities, societies, boards etc.

The membership and fellowship are given by the Royol Societies of which some are on the examination basis and some are on election.

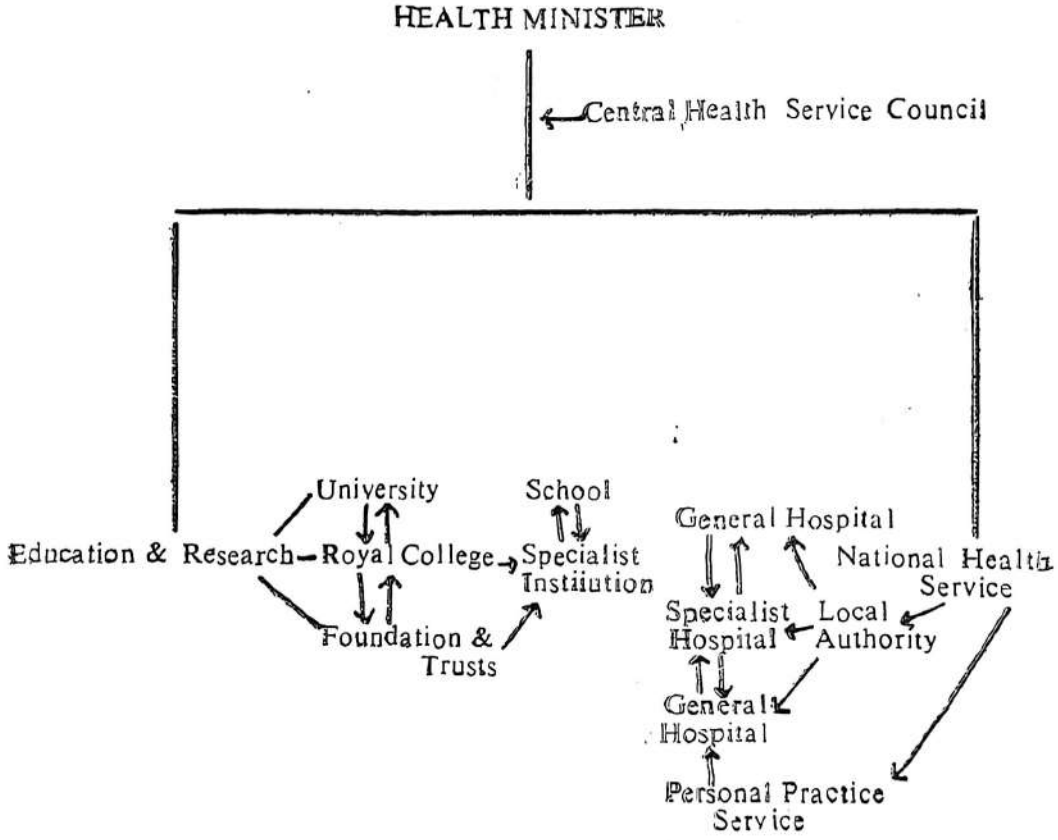
The University does not come in any activity except the registration of the students, holding the examination and conferring the degrees and diplomas.

The word "Teaching Hospital" is a misnomer. There is no hospital which is for teaching purpose. Usually in the Local Authority Hospital a wing or part is alotted to the teaching staff. The teaching unit selects patients from out patient department

(from the N.H.S. patient). The other N.H.S. consultant of the same hospital do have a good relation with the teaching unit and they also take students in round in their wards and patients are transferred if necessary to the teaching side. The teaching unit utilises the hospital advantage rather free of cost.

In short the medical schools are autonomous and runs according to the existing system and the teachers teach as true teachers.

Creation of an environment of similar nature will revolutionise the teaching system in our country, resulting into production of good doctors, teachers etc. with ultimate advantage to the people.



TEACHING HOSPITALS AND UNIVERSITY MEDICAL EDUCATION IN U. K.

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and
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Summary

The idea of teaching hospitals in conducting medical edication in United Kingdom is, that there should be less instruction and more education.

In British system of medicine, the maximum emphasis is given on preventive and social medicine and general doctoring. More training is given in basic medical sciences. The students are made aware at the begining of their clinical career to the medical need of their community and their future medical education is shaped according to these needs.

They are educated with the conviction that medicine is a life long study. For these purpose they utilise the medical schools to train young doctors for general doctoring to serve the population in general. A continuing education for these medical practitioners is provided with refreshers courses at regular intervals in teaching hospitals to enable them to keep abreast with new knowledge of modern dynamic medicine.

At the post-graduate level efforts are made to produce teachers and researchers. Medical research is regarded as a development activity and research is an essential adjust for the teaching profession and in fact this by itself constitutes the continuing education for teachers.

A great degree of co-operation exists among the different branches within the profession such as hospitals, general practice and public health for training the future doctor to be effectively useful to the society.

It was possible simply because of a greater degree of freedom in planning, organization and administration in medical faculties.

A medical university free from outside influences is possibly the only answer to improve the Medical Education both for medical services, teaching and research in our country.

I was in association with Prof. Fariduddin assigned to talk in this Seminar on the role of teaching hospitals in U. K. in conducting University Medical Education. But before I go into detail, it would not be out of place to give a brief description of the pattern and how these institutions are functioning in U. K.

There are 17 Universities in Britain which grant degrees in Medicine and Surgery. Diplomas, recognised as qualification for registration are also granted by such bodies as the Royal College of Physicians and Surgeons. Of these 17 Universities 10 are in England, 1 in Wales, 5 in Scotland and 1 in Northern Ireland, within London University there are 12 under-graduate medical schools, one Post-graduate Medical Federation and 1 London School of Hygiene and Tropical Medicine.

The Post-graduate Medical Federation consists of the post-graduate medical school at Hammersmith and 13 specialist institutes.

Each of the 12 under-graduate medical schools of London University is linked with one of the teaching Hospitals.

These Hospitals are utilised for under-gradute as well as post-graduate training.

There are 36 teaching Hospitals in U. K. ; of these, 26 are located in London and 14 London teaching hospitals are reserved for post-graduate study.

The remaining 10 teaching Hospitals are spread out in Provincial Centres and Wales.

Facilities for post-graduate medical training are being developed in many regional board Hospitals.

There are four groups of teaching Hospitals in Scotland linked with the medical schools of 4 Universities.

Each teaching hospital has its own board of Governors, which is responsible, for its organization and control under the Minister of Health.

The members are appointed by Minister, nominated by University, the teaching staff and regional Hospital board for the area in which the Hospital is situated. These teaching Hospitals are responsible for training the Medical students for running the health services of U. K. including public health, mental health, practitioner services, local authority health and welfare services, school health service and occupational health services and conducting medical research.

In British system of medicine the max mum emphasis is given on preventive and social medicine and general Doctoring. More training is given in basic medical sciences. The students are made aware at the begininng of their clinical carreer to the medical need of their country.

The idea of teaching hospitals in conducting medical education is that there should be less instructions and more education. Most of the teaching hospital in U. K. are more or less well equipped in terms of trained teaching staffs and facilities for application of modern medical technology and research to achieve this goal.

A great degree of co-operation exists among the different branches within the profession such as hospitals, general practice, and public health, for training the future doctor to be effectively useful to the society. There is provision in the teaching hospitals to provide education and training to the medical students, in

the field of nutrition, dietary habits and social customs. The aim of medical education has shifted from producting a "Safe general practitioner" to a "basic doctor" able to go on learning for himself with conviction that medicine is a life long study.

Reform in medical education in U. K. have however started seriously after the second world war. The famous bulletin by Flexner in 1912 was intensified after the report of Sir William Goodenough in 1944. Flexner in his bulletin in 1912 reported that the teaching in England was a secondary occupation of Doctor who was simply concerned with extra mural practice. There was practically no organised medical research and the basic sciences were completely dissociated from clinical practice, their teachers lacked prestige and were inadequately paid.

In U. K. the professional education now is considered in its enterierty as under-graduate medical education, graduate training for compulsory internship, continuing education for general practitioners and post-graduate education and training for teachers which administered by the teaching hospitals.

The continuing education for the medical practitioners is provided with refresher courses at regular intervals in teaching hospitals to enable them to keep abreast with the new knowledge of modern dynamic medicine. They have included the subject of humanities in the curriculum in their scientific and technological education to bring up the students not as a pure scientist or a technologist but as a social being specially informed of a particular science.

They have regarded medical research as a development activity and research grants are available to the teachers of all teaching hospitals with additional benefit. They have taken research undemiably an essential adjuct for the teaching profession and in fact this by itself constitutes the continuing education for teachers.

Better facilities for Laboratories, Libraries and museums to

augment clinical and research work are available to each of the teaching hospitals.

The students from the very beginning of their clinical carrier are assigned to the teaching hospitals for a specific period for a full time clerkship. The students work in the hospital from 8 A.M. to 9 P.M. 5 days a week with night duties assigned to them by rotations. They are responsible for drawing bloods, taking histories, prescribing medicine, presenting cases. They attend registrars and consultants ward round and participate in group discussion alongwith the social worker and helps to find out a solution of any specific medical and social problems that hinders the cure of any client. They also participate with the Registrar and the consultant in the out patient clinic gaining basic training in handling patients and thereby becomes acquainted with the nature of the medical problem in their own community.

In odd hours they perform the common Laboratory test by themselves. Depending on the scope, they are acquainted with the modern technology available and used for diognostic purposes. A room is available in the ward for students with a miniature library where they can consult books on any particular problems. They also get the facility of using upto date medical literatures available in the hospital library. They are to attend medical seminars, lectures and weekly grand ward round. They are acquainted with methods of Research conducting clinical trials and experiments, morbid anatomy, histology, electrone microscopy, serological and immunological methods together with difficult clinical problems.

This method of education brings the students in close contact with the problems and their solution which he shall have to shoulder in his professional life. The students are placed for a period with the general practitioner to help him to learn the art of general practice.

One should not look at the medical needs of the developing country like ours in terms of medical performance in medically

advanced countries. The great stress in medical teaching should be on the prevention and treatment of disease which hamper the health of the producers of the food and those who work in rapidly growing industries, on child health in all its aspect especially nutrition, and on the increase in number of doctors as quickly as possible employing that to begin with quality will have to give way to certain extent to quantity.

The purpose of under-graduate education is to train undifferentiated physician competent to under-take general practice in his own community. A large part of general practice in East Pakistan is to staff and administar periphral health centres. As the under-graduate und post-graduate medical education in Pakistan is broardly based on the British pattern, it is entirely un-oriented towards the type of health care services needed by our people. Methods by which British medicine can contribute to the development of medical education and services in Pakistan depends upon our economic social and political problems.

Quality of medical education should not be endangered by any pressure but medical education un-oriented towards local needs is not a quality education in true sense.

It is not easy to provide such education but experiments may be made by extensions of training to the under-graduate students at the community level through Rural Health Centres having adequate facilities for such training in accordance with the local needs.

In some cases necessary expansion and change is held up not for want of money but for want of conservation in faculty.

The present status of medical education and general doctoring in our society is comparable to that of U. K. in Flexner's time more than half a century ago.

The present system and organisational set up which is based on old British Pattern un-oriented to the local needs with plenty of red tapism is incapable of fullfilling our requirement.

A break through from this old stagnant situation is only possible if an autonomous body in the form of a Medical University free from outside influences with a dynamic programme produce practising doctors to serve the nation and train teachers and researchers oriented to the need of the community.

PLACE OF TEACHING INSTITUTIONS & HOSPITALS IN RELATION TO THE PROPOSED MEDICAL UNIVERSITY

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Summary

Teaching hospitals and colleges will be autonomous in the true sense and will have the power to utilise and modify their budget within reasonable limits. The University will have overall care and will guide and modify their activities in a harmonious manner.

Introduction

Teaching institutions in the country may be Post Graduate Institutions, Medical Colleges and Dental College.

These institutions will be autonomus in relation to their own internal management will be affiliated to the Medical University, or the University will be situated in Dacca and will have multiple campuses in various teaching institutions of the province.

The management of the University will be as follows—

1. Vice Chancellor
2. Registrar and Asstt. Registrar
3. Controller and Asstt. Controller
4. Treasurer
5. Syndicate

6. Faculty.
7. Academic Council.
8. Finance Committee.
9. Planning and Development Board.
10. Board of Medical Research.
11. Medical Statistics and Publication Deptt.

The University may have FOUR Faculties.

(I) **Faculty of Basic Subjects** which is composed of

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology
Mycology
Haematology
Parasitology
Entomology

(II) Faculty of Medicine composed of—

Medicine
Paediatrics
Dermatology
Diagnostic Radiology
Medical Jurisprudence
Cardiology
Neurology
Psychiatry
Physiotherapy
Preventive Medicine and Hygiene

(III) Faculty of Surgery

General Surgery.
Obstetrics and Gynaecology
Cardiothoracic Surgery.
Opthalmology.
Ear, Nose, Throat diseases.
Orthopaedic Surgery.
Plastic Surgery.
Neuro Surgery
Experimental Surgery
Radiotheraphy and Radio Isotope
Anaethesiology.

(IV) Faculty of Dentistry :

Administrative set up of each teaching Institution :

Each teaching hospital and college will have a committee consists of the following. (H.M.C.)

1. Principal and Superintendent
2. Vice-Principal and Dy. Superintendent
3. Secretary of the College and Hospital
4. Members representatives from the teaching staff—the number may be 3.
5. Member from the Government
6. ,, ,, University
7. ,, ,, Local Administrative body
8. ,, ,, P.M.A. or Local doctor.
9. Notary Public from the local area.

Appointment of the Staff

Doctors below the rank of Assistant Professor class II, III, and IV Employees will be appointed by the Hospital Management Committee (H.M.C.)

Professors, Assistant Professors and Vice Principal, Principal and Secretaries and other Class I posts will be appointed by the University. The post will be non-transferable for the teacher, but Principal, Vice Prineipal and Secretaries may be transferred.

Finance

The allocation will be yearly by the Government and will be handed over to the University for that particulai institution. The head of the institution will have authority to utilise the amount and this will be auditable.

Student :

Admission of students, their teaching will be under the jurisdiction of the institution and under the care and guidance of the University. All examinations will be held by the University.

Hospital Administration

Hospital administration is under the local institution and will be managed by the Hospital Management Committee (H.M.C.)

IMPLEMENTATION AND IMPLICATION OF MEDICAL UNIVERSITY

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Summary

The proposed Medical University will not incur any substantial additional expenses as the present budget for the health sector may be diverted to the University.

The administration, teaching and development will be smooth uniform and rapid.

Why Medical University ?

1. Of late Medical University has become a crying need,

a) After the establishment of two technical universities e.g. University

of Engineering and Technology and Agriculture University. b) After the general cry of nonpracticing Government posts to be enforced. c) Government's ordinance for restricted practice. d) usual human tendency for anything new and lastly by appointing a committee to submit a plan in P.C. I form for a Medical University in East Pakistan we feel that the field and mind are ready for a Medical University. As for its justification at present the link between the Medical Colleges and the University is very loose. The entire institution with 15 to 19 specialities is represented in the University only by one man, the Dean of Faculty of Medicine who is a 'chance man'. He may or may not be a specialist. The University does not recognise the various departments in medical institutions and thus allows only one faculty of medicine. The non medical faculties in the University are several in contrast to only one Medical Faculty. As a result most of the teachers of the general University are represented in their respective faculties. So on academic background a seperate Medical University will definitely improve the condition The acceptance of such views is represented by the establishmen of Universities for the Engineering and Technology and Agriculture.

2. Administratively also a Medical University is more than justified. At present the medical institutions are under tripple control. Director of Health Services (Secretary of Health) is the sole administrative head, the University controls the examination while the Pakistan Medical Council controls the curriculum and reserves the right to recognise the degree.

Secretary of Health and the Director of Health Services is to look after teaching institutions, hospital, Dental college, rural health centres, preventive medicine and public health, nursing institutes para medical institutes and foreign scholarships etc. (often he is to work with out any Deputy Director). The result is too much burden on one man.

With the establishment of the Medical University all these administrative and academic difficulties will be greatly minimised.

If a medical University is established in each wing of the country the Vice-Chancellor shall be the Principal executive and

academic head. The Vice-Chancellor will execute his activities with the help of (i) Syndicate, (ii) Academic, Council (iii) Faculties, (iv) Boards of Studies, (v) Committee of Advanced Studies and Research, (vi) Selection Board, (vii) Finance Committee etc. as in other Universities.

The Syndicate shall be mainly responsible for administrative, Academic council for academic matters, Faculties will deal with the principal academic aspects, different specialities of Boards of studies will deal with the detailed syllabus, curricula, examination schedule and appoint examiners and paper setters ; Committee for Advanced studies and research will look to the advanced studies, research and foreign trainings, the Selection Board will select teachers and the Finance Committee will deal with all financial matters and so on.

Thus the academic aspects will be dealt with the help of Deans, Professors , Associate Professors and persons nominated by the Chancellor instead of only one Dean as at present.

The Administrative and the financial aspects will be dealt with a body of experts instead of one man.

At present the Government with their limited resources find it very difficult to provide adequate finance for the medical institutions. As the University will be an autonomous body it will be able to deal and contact directly with foreign Universities and also philanthropists for the upliftment of the University. This point is well justified by the rapid development of all the Universities in the country in contract to the Government Medical Colleges and the Institute of Post-Graduate Medicine, Dacca.

So it is clear that a University of Medicine will not only be board based but also administratively and academically and financially will be far superior. In it all our specialities will be represented and will get more chance to flourish as there will no more be dictation of non-technical and quasi-technical persons.

A plan is also given below.

To start with the establishment of Medical University should not incur much additional expenses for the Government. The present budget for the health sector may be diverted to the University.

If medical university is almost unknown, then the total control of medical education by Government is also very rare in the world

PROPOSAL FOR THE ESTABLISHMENT OF A MEDICAL UNIVERSITY IN EAST PAKISTAN

Name : East Pakistan Medical University

Jurisdiction : All the medical teaching institutes of East Pakistan including the attached hospitals shall be affiliated to the University.

Headquarter : Dacca.

Administrative structure :

A. constituent units - Each teaching institution with atached hospital will comprise a unit.

Each unit will be governed by a governing body consisting of :

(1) Principal and Superintendent or the Director as the case may be (ex-officio).

(2) Six representatives from among the Heads of Departments of the unit, not below the rank of an Associate Professor 2 from preclinical—(Basic) and 4 from clinical to be nominated by the Principal by rotation.

(3) One nominee of other university of the area, if available.

(4) One nominee of the Provincial Health Department (Medical man)

(5) Deputy Commissioner of the district (ex-officio).

(6) One nominee of local branch of P. M. A.

(7) One member from the reputed senior members of Medical Profession of the area to be nominated by the Vice-Chancellor.

(8) One nominee of the local Chamber of Commerce.

(9) One nominee of the Local Bar or Chairman, Municipality.

(10) One member of Provincial Assembly of the area to be nominated by the Ministry of Health.

Quorum : 5 members.

Term of office - The tenure of each governing body shall be 2 years. In case of transfer of the Heads of the Department the vacant seat will be filled by the person who will replace him in the department. The Governing Body shall form committees namely Finance, Planning and Development, Students, Welfare and extra academic activities of the students etc.

Office Bearers of the University

1) Chancellor : The Governor of East Pakistan or a person designated by him.

2) Vice-Chancellor : The Vice-Chancellor should be a senior. reputed, experienced member of Medical profession with high scholarly attainments to be nominated by the Chancellor and domicilled in East Pakistan.

3) Registrar : should be appointed by the syndicate from among the member of medical profession and domicilled in East Pakistan.

4) Comptroller : should be appointed by the syndicate and shall be in-charge of accounts, stores and purchase,

5) The Director of Development, Extension and Research services.

6) Director of Students' Welfare.

Syndicate :

1) Vice-Chancellor—Chairman
2) D. P. I/Director of Technical Education
3) Health Secretary
4) Deans of the faculties
5) President of PMA—East Pakistan branch
6) 5 nominees by the Chancellor—Preferably Medical man.

Academic Council :

1) Vice-Chancellor—Chairman
2) Deans of the Faculties
3) 3 heads of the teaching departments from each units (not below the rank of Associate Professor)
4) Director of Advisory, Development Extention and research services.
5) Director of Students' Welfare
6) 5 persons from among the senior educationist of medical and allied subjects to be nominated by the Chancellor.

FACULTIES

The University shall have four faculties as follows:

I. **Faculty of Basic Subjects :**

comprising of the departments of

Anatomy
Physiology
Biochemistry
Pathology
Pharmacology
Microbiology
Virology
Mycology
Haematology
Parasitology
Entomology

II. **Faculty of Medicine :**

Medicine
Paediatrics
Dermatology
Diagnostic Radiology

Medical Jurisprudence
Cardio medicine
Physiotherapy
Psychiatry
Neurology (Medical)
Preventive medicine
Uromedicine
Radiotherapy
Neuclear medicine

III. **Faculty of Surgery :**

General Surgery
Orthopedic Surgery
Plastic Surgery
Neuro Surgery
Cardiothoracic Surgery
Eye
ENT
Radiotherapy & Radio Isotope
Midwifery & Gynaecology
Anaesthesiology
Urology

IV. **Faculty of Dentistry :**

Each faculty shall consist of

(1) Dean of the faculty to be appointed by the syndicate from among the Heads of Departments comprising the faculty by rotation on seniority basis.

(2) Heads of the departments of all units of faculty not below the rank of Associate Professors.

Board of Studies

There shall be a board of studies for each subject or group of subjects. Each board of studies shall consist of :

(1) Two teachers from the subject concerned from each unit not below the rank of Assistant Professor.

(2) 2 experts nominated by the Vice-chancellor.

Committee for Advanced Studies and Research :

1) Vice-Chancellor
2) Director of Development Extension or Research service
3) One Professor from each unit to be nominated by the Governing Body of each unit.
4) 2 experts to be nominated by V. C.
5) 2 teachers having research qualifications and experience to be nominated by the Academic Council.

Finance Committee :

Chairman—Vice-Chancellor
Member— Health Secretary
Finance Secretary
One member nominated by Syndicate
One member nominated by Academic Council.
A. G. E. P. or his nominee,
A High Court Judge to be nominated by the Chief Justice.

Selection Board for the Appointment of Teachers :

1) Vice-Chancellor —Chairman,
2) Deans of the Faculties
3) One nominee of Ministry of Health
4) One experts of the subject concerned (from outside) nominated by the Chancellor

Selection Board of the Units for all the Posts other than the Teachers :

1) Principal—Chairman.
2) Two teacher from other than the members of Govt. body.
3) Two nominee of the Govt. body.
4) Vice-Principal/Deputy Suptd.

Curriculum and courses of studies will be u norr and the examinations will be the concern of the University alor .

The University with allow the tra ning of ' e F.C.P.S. students for Part I examination only in the ostgraduate

Institute. The Second part will be completed in the different units and the College of Physicians and Surgeons will arrange for their examinations both Part I & II.

Financial Implications :

(1) All the institutions now owned by the Govt. should be handed over to the University along with the recurrent expenses.

(2) More grants for the initial additional expenses and development which will be needed for new posts and new pay scales consistent with other Universities in the country.

(3) The University will contibute the pension money for the Govt. officers to be incorporated in the University.

(4) The appoinments for each unit should be directly recruited for that unit and the posts should be non transfareble

(5) The Principal cum Suptd. and Vice Principal cum Deputy Suptd. should be appointed by the syndicate which may be transferable among the different unit.

(6) The Secretary of the Governing body of each unit should be seperately recruited secretaries with a higher pay scale.

Remarks by Distinguished Guests :

I

Dr. Md. Refatullah, S. Q. A., S. K., M. B. (Cal.)
Formerly, Principal Dacca Medical College
and
Dean of the Faculty of Medicine, Dacca University

Summary

1. East Pakistan has already got eight Medical College with Hospitals, some Paramedical Institutions in different parts of the province, to cater ailing patients as such we require a Medical University for betterment of the Medical Education, and to formulate rules and regulations concerning the Medical Problems of our country from day to day.

2. There is no doubt that there is diversity of opinions regarding Medical University. But the majority of doctors and specialists, advocate in its favour. Personally I feel stronger for a Medical University for which I have tried to explain my view points.

3. The present Postgraduate Institute of Medicine with its humble begining on May 1965, fortunately succeeded to occupy the Architectural Building of Hotel Shahbag, one of the prominent places in the city, on July 1971. It is a step to success and

ideals mined for a Central Medical Institute. Which we may call a Medical University.

Mr. Chief Guest, Colleagues & Friends,

I would like to congratulate the organisers of this symposium on Medical University. I am very glad to see Dr. M. A. Rashid here. He is chosen as the right person for this occasion. He had successfuly engineered the move for the University of Engineering and Technology, Dacca, and he piloted it with success during the difficult years of its early development. I am sure under his inspiration the ambitious minds of Medical men and the youngsters of our country, shall be to reach their goal

I am also delighted to see Mr. Ebrahim Khan—populari known as Principal Ebrahim Khan. He is a dedicated soul for the cause of education. He piloted the Karatia Sadat College (Mymensingh) and the East Bengal Secondary Education Board Dacca, in their early days. His seasoned advice and guidance will always be a source of inspiration for younger generations

Now about the medical University, for which I fore-tolp in my address to the old students Re-union of Dacca Medical College on 17th march, 1966.

To days enthusiasm of Prof. Nurul Islam and his Co-workers makes me belief that the days are not far off, and Inshah Allah I might be able to see it in practical existance in near future.

Coming back to our main theme of today, I am delighted to listen to the various speakers who have produced excellen papers. Their mode of deliveration has been very commendable. I am proud that we have so many talents among us. No doubt we are still in acute need of more talents and specialists in the medical profession to meet out growing demands for the existing Medical Colleges and Para Medical Institutions not to speak of the Post graduate Institute of Medicine.

As such they should be given all opportunities and help to raise the standard of Medical Education by practical utilisation of our limited resources.

I shall be faling in my duty if I do not mention the name of Sir James Cameron who had actually made most of the spade works of this Institute in the old Arts Building of the Dacca University.

Although we have not Sir Cameron among us, the present Director with his co-workers, are really fit to face the occasion, I would like to remind Prof. Islam and his colleagues that they might have to face many hurdles and criticisms. Under the circumstances, I would advice my young friends to go ahead with "Heart within and Almighty Allah Overhead" for the suecess of their mission, inspite of all odds and evils.

This happens universally. It had happened to Sir Syed Ahmed when he started the Alighar Muslim University. He had to face lot of humilations and criticisms to bring it into success. Even his own men who could not realise his view point, I mean his mission, didnot hesitate to show old shoes to Sir Syed Ahmed and his followers. Later on when they realised Sir Syed's view point they accepted him as the real leader of Muslims of the Subcontinent.

Now I like to speak few words about the old reminiscences of the Calcutta Medical College (my Alma Mater) and other Medical Institutions, which will be incentive to the present generation for a Medical University.

Calcutta Medical College was started in the year 1836 with only few ambitous students of those days. I am glad to mention that cannon was fired for five times as a hearld when they were ready to start the dissection of dead human bodies for the first time in India against religious superstitiont an prejudies. However, time passed on their medical carrier with success.

Subsequently the Calcutta Medical College Hospital was started under the patronage of Lord Dalhowsie the then Governor General of India on 13th September 1848.

During the last 135 years of the Calcutta Medical College many distinguished students made notable contributions to the advancement to the medical science, particularly as regards tropical diseases. They have also rendered conspicuous services in Medical Science and other sphere of activities. Many of them received the highest academic qualifications in Great Britain and other countries of the world.

Similarly from a humble begining a very great thing for human benefit in general was achieved by the origin of Mitford Hospital and the Dacca Medical School.

The Mitford Hospital, came into existance in 1858 from the magnificient donation of late Mr. Robbert Mitford, ICS. While he was the District Magistrate of Dacca, there was a serious out break of cholera in the city of Dacca. Large number of people died without any medical help. Mr. Mitford, the then District Magistrate of Dacca, was a bachelor. He was highly moved at this pitiable scene and donated all his life long savings of about Rs. 1,66,000 (one lac sixty six thousand) for the creation of a hospital which formed the nucleus for the Mitford Hospital.

Subsequently Dacca Medical School, the first Medical school of its kind in East Bengal, was started in 1875 in the compound of the Mitford Hospital, to qualify young and ambitious students in Medical line. Naturally our grateful thanks to go to the illustrious name and memory of Late Mr. Mitford for his noble donation for the creation of this hospital. Since 1858 the Mitford Hospital and subsequently the Dacca Medical School were the unique Medical Institutions in whole of East Bengal for treating ailing patients and training young doctors and others. There will be volumes to narrate the past glories and traditions of the Mitford Hospital and Dacca Medical School. These Institu-

tions, if we go back into their past history we find doctors of high calibre with great reputations and appreciable contributions, have been produced in their respective sphere. These two old and famous Medical Institutions were converted into Mitford Hospital and Salimullah Medical College in 1962 as you find now, for the teaching of condensed MBBS course.

Dacca Medical College has already made its name and fame and it can be compared with any of the renowned Medical Colleges in Indo-Pakistan. It is a glory that it has already produced some distinguished talents and specialists to meet the urgent need of East Pakistan not to speak of qualified graduates Nurses and others.

Now come to the question of young doctors, it is very pity to see a young doctor after 6-7 years of Medical Education, gets only Rs. 375 start in the health service and has to work day and night. A doctor with longest educational career and longest duty hours and dealing with human life, is paid lowest salary among the officers of all cadre of services in our country. Moreover, there is no real planning as regards his future prospect in the Health Services. He is being transferred as a shuttle cock from here to there without any rhyme and reason. He is neither given adequate salary and emoluments for his maintenance, nor a career of his choice for service.

In private practice also an experienced doctor's fee of Rs. 16 is an eye sore to many. I remember my Prof. Sir Frank Connor IMS. in his farewell reply in 1934 commented "A Doctor dealing with human life charges hardly Rs. 16 for consultation and at best Rs. 500 for an operation, although a good layer's fee goes to the extent of Rs. 50 to Rs 1000 or even more. Could I further add that this fee of Rs. 16 is of long standing and personally I have been seeing it for the last 40 years with no increment in it, although the cost of living has increased more than 25 times during this period.

There is a proposal for stopping or curtailing private practice

of the government doctors particularly professors and teachers. It is a wellcome proposal no doubt, but may, I, appeal to the authorities for due consideration of the matter as a whole. This is a vital problem in Health Sector.

My young friends are sometimes frustrated because of the bar on their going abroad for higher training and experience. When we need specially trained doctors so much this restriction is unwise especially where one can go abroad without spending any foreign exchange. Our eight medical colleges are understaffed and there is hardly any specialist outside government service.

It is a pity that a very poor sum is allucated in our Annual Budget for the Health Sector in our country incomparison to that of U. K., U. S. A. and others.

I have been in the medical Profession for more than 40 years and through the mercy of Allah, I have the good fortune to see some very important progress in the Medical Science as well as in the Medical Profession.

Under the circumstances, it is my earnest hope and sincerest prayer that the present Institute of Postgraduate Medicine. Dacca, in the premises of Hotel Shahabag, will be the citadel of learning for the younger generations of our country.

I am sure it will continue to make sufficient contributions in various branches of medicine viz. preventive, curative and academic. Thus by its intrinsic worth, it will not only attract post graduates from our country but also from abroad.

II

Principal Ebrahim Khan
Ex-Principal, Saadat College, Karatia.

Honoured Chief Guest and President and esteemed audience :
Let me confess at the very outset that I am a thoroughly

unalloyed layman in this august congregation of our shining medical luminaries. I have still chosen to respond to the call so generously vouchafed to me for putting in a ward on the subject of founding a Medical University in our Eastern Region. I have elected to so choose because though not a doctor myself, I am in a relation of perpetual co-operation with some doctor friends by frequently offering my body free for the exercise of their noble professional skill. Indeed benign Providence sent me quite a number of guests in the guise of disease. The guests in a colonial manner came ostensibly for a short period, but gradually settled down resolving not to leave me till they have accompanied me in last journey. It is for keeping these friends in their proper mood that my good doctor friends have to take so much trouble.

Besides I am a patient member of that patient community of my homeland who after patiently suffering for years and years together have now come to the end of the tether and grown impatient of the continuing difficulties in the field of the maintenance and promotion of the health of the nation as of themselves.

I deem it thus my right and duty to say something on the subject.

But to be brief, I propose to touch only two points :

(1) Our country is a country of villages and in those villages the shortage of qualified doctors in unblushingly staggering. Multiplication of Medical Colleges in them will never touch even the fringe of the problem. We sorely need a Medical University ; for that alone as a central body can servey and plan out the number of doctors required by the country and produce that requisite number of doctors within a reasonably quick manner.

2) We keenly need a Medical University for, among other things, yes for planning and conducting extensive and intensive research work for producing medicines from our own plants, herbs and other materials. In medicine made from plants and herbs

that grow along with us in the same soild water, air and sun will naturally be more congenial to our nature and more effective for fighting our disease.

Let me make it absolutely clear that we do never contemplate raising a parochial barrier against the import of medicines from outside. Good medicines must be imported from outside, but at the same time we should be able to send some good medicines of our invention and manufacture.

Another blessing of immense value will flow from medicines of our own make. It is this that automatically the price of medicine will come down within the reasonable reach of the toiling sons of the soil. Prohibitive price of foreign medicine often shuts the door before poor patients and merciless wants compel millions to sink unmedicated into premature graves.

But one thing must never be forgotten ; the proposed University must be given maximum autonomy for its free and full growth.

Glimpse from the Past:

ON THE OCCASION OF THE FOURTEENTH ANNUAL CONFERENCE OF THE PAKISTAN MEDICAL ASSOCIATION EAST ZONE AT DACCA ON 27.11.1967

Extract from the Address of Welcome By :

Professor N. Islam, S.I.,
M.B., F.C.P.S., F.C.C.P., F.R-C.P.

MEDICAL UNIVERSITY

Ladies and gentlemen, I would now touch upon another very vital issue concerning the entire system of medical education. This is about a medical University. Of late the idea of a Medical University has created interest in many. This is no doubt a good sign. At present the link between the profession and the University is through the Dean of Faculty of Medicine. Entire profession with all its speciality and branches is now represented in the University as only one faculty. This is obviously in contrast with the non-medical faculties represented in the University. Evidently a faculty of medicine cannot justifiably represent surgery, pathology, or basic medical sciences. The Dean is 'a chance man.' He may be a physician, surgeon, gynaecologist or even a purely administrative man. On the other hand if we have faculties of medicine, surgery, basic sciences and the like the corresponding deans shall not only be men in the line but also academicians capable of having the responsibilities of the Deans. Introduction of so many faculties in a general university adds to the burden of so many non-medical faculties. It is bound to hamper the efficiency.

This is the academic aspect of the issue. Administratively,

also the idea is fully justified. Entire health service is at present under the administrative control of one man—Director of Health Services. He has to look after teaching institutions, hospitals, rural health centres, preventive medicine and so on and so forth.

The Director of Health Services is responsible to the Secretary, Health who is a non-techical man. One need not elaborate on the limitation of this system.

The creation of a medical university is, in our opinion the only way of removing these difficulties and draw-backs.

The Vice Chancellor shall be the principal executive and academic officer of the University and the authorities of the University shall be, as in other Universities viz : i) the Syndicate, ii) the Academic Council, iii) the Faculties, iv) the Boards of studies, v) the Committee for Advanced Studies and Research, vi) the Selection Board, vii) the Finance Committee and so on.

While the Syndicate shall be responsible mainly for the administrative side, the Academic Council shall advise the syndicate in all academic matters. This shall consist of Vice Chancellor, the deans of the faculties as against one dean of the faculty as at present, heads of the teaching deparments, professors and associate professors and some persons nominated by by the Chancellor.

It is therefore clear that a University is not only broad based, but also administratively and academically far superior to our existing system. We have here adequate representation of all different branches of medicine. Every one in this line has a vital role to play. He is not to be dictated by policies adopted and governed by non-technical and quasi-technical persons.

These very ideas led to the creation of specialised Universities like the University of Engineering and the University of Agricul-

ture. Our government can rightly be proud of their achievement in this direction.

We hear that the wind is blowing in favour of a Medical University. May we hope, that the time is not far off, when a Medical University will be established in the country.

Comments from Press & Public :

AN EDITORIAL COMMENT
THE DAINIK PAKISTAN
Sept. 16, 1971.

A CALL FOR A MEDICAL UNIVERSITY

A call has been made to establish a Medical University in a meeting held last Tuesday in the Institute of Post-graduate Medicine. The part to be played by a Medical University to free the medical teaching from any complexity and to make it easily available is undoubtedly very important. There is no denying the fact that the scope of opportunity for medical education is very limited. Many students who are eager to go in for medical education cannot do so because of this limited scope. It is undoubtly very unfortunate indeed. Those who took part in the discussion pointed out various deterrants or impediments on the way to getting medical education in the Province.

They said that directions coming simultaneously from the University, Government and the Pakistan Medical Council put or create obstacles at every step of medical education. They have recommended the medical institutions to be separated from the health department and made them autonomous like the University. They think that medical teaching should be imparted through a separate Directorate of medical education.

It was also said in the discussion that the teachers give more attention to getting administrative power than to the act of teaching. It was opined that if there was no such tendency among the teachers, they could have left some valuable contributions in the field of knowledge and research.

However, it is useless to say that a large number of students will get the opportunity of going in for medical education, if a Medical University could be established. But it is mainly to build up the Medical University as an ideal institution for the dissemination of knowledge that all attention has to be focused on geaned to. The utility of a Medical University cannot be denied. We have firm faith and convictions that the Governmen will consider with due importance the establishment of a Medical University in the Province.

Translated by :
Dr. M. N. Haque
Principal, Teachers' Training College,
Dacca.

Letters Column :

MORNING NEWS
Sept. 14. 1971.

MEDICAL UNIVERSITY

A University is the seat of co-ordinated harmonious education in the country. East Pakistan has seven medical colleges, one Institute of Postgraduate Medicine and a Paramedical Institute. But equalisation of administration and study atmosphere in those institutions can hardly be obtained, because those are under general University. Though Medical Science by far, the vast Science in the world, it has now only Faculty of Medicine under general University. I may recall the letters of Dr. Golam Moinuddin and Dr. Z. Mannan. A full fledged medical University can only fulfil the needful demand of health problems.

I, therefore, draw the attention of the Government to take the matter into consideration. Our Governor himself is an eminent physician.

Dr. M. Sarfaraz Jawaid
Medical Officer,
Mohammadpur Hospital, Dacca—7.

To

Dr. Nurul Islam,
Director, Institute of Post-graduate Medicine,
Shahbagh, Dacca, E. Pak.

Sir,

With humble respect, I am glad to inform you that I carefully read out the entire proceedings of the seminar on "Medical University" from the newspaper. Hence I expressed my highest possible thanks, gratitude and honour to you, Sir, for your efforts to held such important seminar in your Institute.

We are glad that the honourable medical experts are now really thinking for the establishment of a Medical University, which is a long felt demand and urge of the medical men and peoples of the country.

Here I take the opportunity to request you to please draw the active attention of the government in fulfilling this demand. I consider you, Sir, the most active expert regarding this vital affair. We, the young doctors are looking forward to you for the early implementation of the issue.

Please keep your honourable eyes, alert, so that this hopeful possibility of a Medical University would not be faded away or suppressed by any groups. Medical Science of the country is, really, proud of you and will remember this efforts in thankful heart.

Yours etc.
Dr. Abdul Aziz Khan, M.B. B.S.
Medical Officer, Kapilmuni Hospital
P. O. Kapilmuni, Dist. Khulna.

15th. Sept. 1971.

To

Dr. A. RASHID,
Chairman, E. P. Public Service Commission, Dacca.

Subject : An appeal for Medical University.

Sir,

With due respect, I beg to inform you that we the East Pakistani Physicians and Surgeons are feeling real urge for a fully equipped "Medical University" with modern status of Pakistani out look.

Here I remember the Letters of Dr. G. Moinuddin under the caption "Medical Science" and Dr. M. Sharfaraz Jawaid under the caption "Medical University" in the letters Column of "Daily Morning News" of 17th August and 14th September 1971 respectively.

I carefully read out the news of a Seminar on "Medical University" in the Institute of Postgraduate Medicine, where the honourable Sir was the chief guest. I hope learned Sir, would by this time, guess the real difficulties of Physicians and Surgeons and could realise the gravity of requirement of a Medical University. Full focus of Medical Science with its all branches and tributeries can only be possible with the set up of Medical University which will ultimately scheme out the Co-ordinated, harmonious, administrative-scholastic humaniterian activity amongst seven Medical Colleges, a Post graduate Institute, a Para medical Institute, a school of Tropical Medicine, Nurses training schools, SEATO-Cholera Research Institute and other Medical research bodies. Under the general university only the faculty of Medicine has been approved to be visible. But actually, the Medical Science has now attained its modern colossal appearence with at least 20/21 feculties—such as (1) Anatomy (2) Physiology (3) Pharmacutical chemistry (4) Pharmacology (5) Biochemistry (6) Pathology—(a) Bacterology

(b) Virology (c) Parasitology (d) General Pathology (7) Forensic Medicine (Medical Jurisprudence or Law) (8) Hygiene (Tropical Medicine) (9) Medicine (10) Dermatology and Venereal diseases (11) Chest diseases (12) Urology (13) Endocrinology (14) Neurology (15) Blood Transfusion (Heamatology) (16) Anaesthesiology (17) Surgery (19) Gynaecology (19) Obstretrics (20) Opthalmology (21) Otolaryngiology etc.

Establishment of Pakistan Pharmacopia (P. P.), Red cresent society in place of Red Cross Society, are now urgently felt which are the real tasks of a Medical University. Modern researches on Medicine and Surgery etc. could only be possible under the direct shadow and guidance of Medical University.

So, in conclusion I beg most respectfully to you to kindly think over the matter which is a national requirement. Your honour would bring the matter to light, if possible. Here I express sincerest obedience to you and our present venerable governor who happens to be a doctor of Scholastic Status.

Yours etc.

Dr. Abdul Aziz Khan, M.B. B.S.
Medical Officer,
Kapilmuni Hospital,
P. O. Kapilmuni, Dist. Khulna.

Chairmen's Remarks :

I

Prof. Monsur,

Officer on Special Duty, Mohakhali Complex &
Director, School of Tropical Medicine.

Chairman of the First Session Remarked :

The Medical Colleges and major institutions should be given an autonomous status under the management of a Governing Board with maximum financial and administrative freedom. In addition to teaching, service to the community is one of the major functions of the medical colleges. To discharge these functions the colleges will have to take into account the needs and demands of the public and this public pressure may adversely affect the academic environment which an University wants to create. The existing medical colleges and institutions should not therefore, become an integral part of the Medical University but may remain affiliated to them.

There is need for a Medical University as a place of excellence for higher education and research, which will set the pace for other medical institutions in the country. It should be developed in a campus of its own, with its own hospital and must not be created by converting the existing medical institutions. The University should not be overburdened with routine service responsibility so that the staff has time for academic and research work.

II

Dr. S. F. Huq,
B.Sc., M.B. (Cal.), D.M.T.R. (London),
Professor of Radiotherapy,
Dacca Medical College.

Chairman of the Second Session Remarked :

I express my heart felt thanks to the organisers of this seminer for asking me to preside over its second session.

I would like to extend my thanks also to the speakers who presented excellent papers focussing different aspects of the issue in details. The opinions expressed by them will be ofimmense help in giving the subject a final shape.

In addition to the affairs of public health (preventive medicine), hospitals and dispensaries of all levels (curative medicine), various health projects and all the year round emergencies arising from epidemics,cyclones, floods etc, Health Directorate is also responsible for medical, para-medical and nursing education !!! This is very unsatisfactory state of affairs. If we are to improve the condition, medical education must be freed from the bureaucratic control and I am confident that there is no second opinion in having a separate organisation for running the affairs of medical education.

Education had been made separate from other affairs in the sister departments like Engineering and Agriculture. It was a great pity that when the Department of Works, Power and Irrigation and that of Agriculture had been split up into several organisations, the old Public Health and Medical Directorates were made amalgamated.

When separate Universities for engineering and agriculture education could have been established long ago, there cannot be any valid reason against establishing a separate university for medical education in the same country.

Before closing the session, I must thank you all once more, Ladies and Gentlemen, for your co-operation and help in the whole proceeding.

NO CONFLICT

Medical University naturally creates suspicion in the minds of many regarding its relationship with

1. Pakistan Medical Council (PMC)
2. College of Physicians and Surgeons (CPS)

This shall be as healthy and complimentary as possible.

PMC shall continue to function as usual. This shall retain its position regarding formulation of polices, maintenance of institutional standards etc. What at present lies with the Health department shall be with the proposed University.

CPS is the only national Postgraduate examining body. Fellowship, membership and other examination of the college shall continue as usual.

Present University degree and diplomas shall be with the Medical University.

Representatives from the University faculties in these bodies shall be more effective, helpful and co-ordinating.

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