

Benefits of Introduction of licensing Examination for Registration of Medical and Dental Practitioners: Bangladesh Perspectives

Harun MA A¹, Habib MA², Ahmad MR³, Hossin MI⁴, Joardeer M⁵, Islam S⁶

Abstract

Basic standard was not maintained in the USA a hundred years ago, when Abraham Flexner was appointed to make a basic standard for medical education in the USA (Flexner 1910). Immediately after basic degree of health professionals a licensing examination for registration to practice medical and dental profession will be of essential tools World Health Organization has been addressing the issue of reorientation of medical education and recognition undergraduate medical education (WHO, ECFMG-1995) for health of population and individual. In Bangladesh govt., non govt. and semi govt. medical and dental colleges are providing MBBS and BDS degree. Presently the numbers of medical colleges are about 101 and dental colleges about 35 (DGHS, MOHFW). Around 5500 medical graduates are coming out as qualified health professionals. Licensing examination for registration will help to gain knowledge and new developments in medical science. The present study was undertaken among categories of health professionals, policy makers and administrators to identify the benefits of introduction of licensing examination for registration of medical and dental practitioners in Bangladesh.

It was a cross sectional type of descriptive study conducted among the health policy makers, health administrators, doctors including medical teachers, intern doctors, clinically exposed medical students and patients. The study was conducted at government and non-government medical colleges of Dhaka and outside Dhaka from 1st July 2015 to 30th June 2016. Total respondents were 372 and information was collected through in-depth interview schedule and self-administered semi structured questionnaire. Benefits of introduction of licensing examination for registration of medical and dental practitioners 294(79%) agree, 40(10.8%) strongly agree about Individual professional development with mean score and standard deviation 3.98 and \pm .571 respectively. Regarding overall professional development, 298(80.1%) agree, 25(6.7%) strongly agree with mean score and standard deviation 3.94 and \pm .442 respectively. Introduction of licensing examination for registration of medical and dental practitioners will increase Individual professional development and competency.

Key words: Benefits, Licensing, Examination, Registration, Medical Practitioner, Dental practitioner.

Introduction:

Globalization of medicine is increasing, as manifested by the growing number of migrating doctors and cross-border education providers. In addition, new medical schools of dubious quality are proliferating. This situation accentuates the need to define standards and introduce effective and transparent accreditation systems¹. The need for reforms and quality improvement in medical education, the remarkable increase of the number of medical schools around the world over the last decades, many of which have been established under questionable conditions, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalization and mobility of the medical workforce, have increased the awareness of accreditation as a quality assurance tool². The health workforce is a crucial element of the health system in providing quality health services to the Population. Qualified health personnel are critical not only for attaining the health-related Millennium Development Goals, but

also for the post-2015 development agenda and for achieving universal health coverage. Global shortage of health workers exists, with most countries facing imbalances in their health workforce, both of a geographical nature, and because of skill mismatches, e.g. related to a difference between the competencies or skills needed and the competencies and skill-mix provided by the current health workforce³. The Standards for Basic Medical Education have been used extensively all over the world, offering medical education institutions at various stages of development, and with different educational, socio-economic and cultural conditions, a template for defining institutional, national and regional standards, and a lever for reform of medical schools and their programmes. The improved health of all peoples is the main goal of medical education. This is also the overall mission of the World Federation for Medical Education (WFME). In keeping with its constitution, as the international body representing all medical teachers and medical teaching institutions, WFME undertakes to promote the highest scientific and ethical standards in medical education, initiate new learning methods, new instructional tools, and

1. Brig Gen (Dr) Md Abdullah Al Harun
Director, (Hospital), Bangabnadh Sheikh Mujib Medical University
2. Brig Gen (Dr) Md Ahsan Habib
Professor and Head, Department of Anatomy
Armed Forces Medical College, Dhaka Cantonment.
3. Dr. Rasel Ahmad
Dental surgeon and Medical Educationist
Consultant, United Oro-Dental and Maxillofacial surgery
4. Dr. Md. Immam Hossin
Medical Educationist & Dental Surgeon Department of Oral and
Maxillofacial Surgery, Dhaka dental College Hospital.
5. Dr. Mita Joarder
Curator, Department of Anatomy, Dhaka Medical College
6. Dr. Sanjida Islam
Dental Surgeon, Consultant United Oro-Dental and Maxillofacial surgery

Correspondence to:

Brig Gen (Dr) Md Abdullah Al Harun
Director, (Hospital), Bangabnadh Sheikh Mujib Medical University
E-mail: mahbur.rahman07@yahoo.com

innovative management of medical education⁴. The quality assurance scheme provides a systematic framework to measure the implementation and effectiveness of quality initiatives in medical institutions. It is intended that they will complement, but not duplicate, existing quality assurance programmes and they will provide an opportunity to share and disseminate good practice. Quality assurance has been widely accepted as the arrangement by which an institute discharges its corporate responsibilities for the quality of teaching and learning it offers by satisfying itself that the structures and mechanisms for monitoring quality control procedures are effective and, where appropriate, they promote the enhancement of quality⁵. Scope of knowledge relating to medicine is growing fast, and because many aspects of practice are changing rapidly, emphasis in basic medical education should be placed more on the principles underlying medical science, fundamental practical skills and critical judgment based on evidence and experience than on the acquisition of a detailed compendium of current knowledge or a comprehensive list of clinical skills. The quality of each medical school will ultimately be judged by the ability of its graduates to responsibly perform in the roles the community requires of its medical practitioners. This requires responsiveness to changing needs and a commitment to a lifetime of continuing medical education⁶. The improved health of all peoples is the main goal of medical Quality is one of the most important issues facing the education (WFME Global standard for quality improvement medical institute nationally and internationally today 2012). This is also the overall mission of the WFME. In (WFME Global standard for quality improvement 2012). accordance with this mandate, WFME in a position paper Defining “quality” is difficult as it is subjective and dynamic. in 1998 launched the programme on International Standards. It has different meaning for different stakeholders. Griffin (2003) defines quality as ‘the totality for quality improvement in medical education, in a global of features and characteristics of a product or service that context, to be applied by institutions responsible for medical bears on its ability to satisfy stated or implied need’. Quality education, and in programmes throughout the continuum of in medical education can be defined in relative terms as a medical

education WFME, Global Standards for Quality state of reaching required standards as prescribed by the Improvement 2012⁷.

Methods

It was a cross sectional type of descriptive study conducted among the health policy makers, health administrators, doctors including medical teachers, intern doctors, clinically exposed medical students. The study was conducted at government and non-government medical colleges of Dhaka and outside Dhaka from 1st July 2015 to 30th June 2016. Total respondents were 372 and information was collected through in-depth interview schedule and self-administered semi structured questionnaire. The qualitative information was collected from Health policy makers including administrators by in-depth interview which was complimentary to the findings obtained by self-administered semi structured questionnaire.

Results

Table 1. Distribution of the respondents by their academic qualification (n=372)

Academic qualification	Frequency	Percentage
Under graduate	91	24.46
MBBS	201	54.03
BDS	66	17.74
Post graduate	4	1.07
Fellowship	3	.8
Others	7	1.88
Total	372	100.0

Table 1 Shows that Out of total 372 respondents 91 (24.6%) were under graduate, 201(54.03) were MBBS, 66 (17.74%) were BDS, 04 (1.07%) were post graduate, 03(.8%) were Fellowship holder and others were 7(1.88%).

Table 2. Distribution of the respondents by their opinion for the purpose of registration of medical and dental practitioners (n=372)

Statement	SD 1	D 2	NAND 3	A 4	SA 5	Mean ± SD
	f (%)	f (%)	f (%)	f (%)	f (%)	
Licensing examination for the registration of the medical and dental practitioners is justified	20 (5.4)	33 (8.9)	57 (15.3)	164 (44.1)	98 (26.3)	3.77 ± 1.098
Possible reasons for medical/dental practitioners licensing examination for registration						
Uniform standard of medical/dental education	-	-	30(8.1)	305(82)	37(9.9)	4.02 ± 0.425
Standard of individual medical/ dental education will be upgraded	-	1(3)	83(22.3)	277 (74.5)	11(3.0)	3.80 ± 0.474
Legal advantage in practice	-	12(3.2)	115(30.9)	233(62.6)	12(3.2)	3.66 ± 0.596
Embodiment of updated professional knowledge	-	15(4.0)	79(21.2)	275(73.9)	3(.8)	3.72 ± 00.549
Public safeguard	28(7.5)		120(32.3)	198(53.2)	11(3.0)	3.44 ± 0.836

Table 2 shows 20 (5.4%) strongly disagree, 33(8.9%) disagree, 57 (15.3%) neither agree nor disagree, 164 (44.1%) agree, 98 (26.3%) strongly agree with the statement 'licensing examination for the registration of the medical and dental practitioners is justified' and mean score and standard deviation were 3.77 and ± 1.098 respectively. Regarding the statement possible reasons for medical/dental practitioners licensing examination for registration uniform standard of medical/dental education 30 (8.1%) neither agree nor disagree, 305 (82%) agree, 37(9.9%) strongly agree with the statement and mean score and standard deviation were 4.02 and ± 4.25 respectively. Standard of individual medical/ dental education will be upgraded included in the statement 1 (0.3%) disagree, 83 (22.3%) neither agree nor disagree, 277 (74.5%) agree, 11 (3.0%) strongly agree with the statement and mean score

and standard deviation were 3.80 and ± 4.74 respectively. Regarding legal advantage in practice included in the statement 12 (3.2%) disagree, 115 (30.9%) neither agree nor disagree, 233 (62.6%) agree, 12 (3.2%) strongly agree with the mean score and standard deviation were 3.66 and ± 5.96 respectively. Embodiment of updated professional knowledge included in the statement 15 (4.0%) disagree, 79 (21.2%) neither agree nor disagree, 275 (73.9) agree, 3 (0.8%) strongly agree with the mean score and standard deviation were 3.72 and ± 5.49 respectively. Regarding Public safeguard included in the statement 28 (7.5%) strongly disagree, 120 (32.3%) neither agree nor disagree 198 (53.2%) agree, 11(3.0%) strongly agree with the statement and mean score and standard deviation were 3.44 ± 4.25 .

Table 3. Distribution of the respondents by their opinions on benefits of introduction of licensing examination for registration of medical and dental practitioners (n=372)

Statement in relation to Benefits of introduction of licensing examination for registration	SD 1	D 2	NAND 3	A 4	SA 5	Mean \pm SD
	f (%)	f (%)	f (%)	f (%)	f (%)	
Individual professional development	5 (1.3)	1 (.3)	32(8.6)	294(79)	40(10.8)	3.98 \pm .571
Possible reasons for medical/dental practitioners licensing examination for registration						
Overall professional development	-	-	49(13.2)	298(80.1)	25(6.7)	3.94 .442
Improvement of professional competency of medical/dental practitioners	-	-	74(19.9)	268(72)	30 (8.1)	3.88 .516
Practitioners may be enriched with updated professional knowledge	-	-	80(21.6)	281(75.7)	10(2.7)	3.81 .456

Table 3 shows in the statement Benefits of introduction of licensing examination for registration of medical and dental practitioners 5(1.3%) strongly disagree, 1(.3) disagree, 32(8.6)neither agree nor disagree,2 94(79%) agree, 40(10.8%) strongly agree about Individual professional development with mean score and standard deviation 3.98 \pm .571. Regarding overall professional development, 49(13.2%) neither agree nor disagree, 298(80.1%) agree, 25(6.7%) strongly agree with mean score and standard deviation 3.94 \pm .442. Regarding practitioners may be enriched with updated professional knowledge included in the statement 49(21.6%) neither agree nor disagree, 281(75.7%) agree, 10(2.7%) strongly agree with mean score and standard deviation 3.81 \pm .456.

Discussion

Out of total 372 respondents 91 (24.6%) were under graduate, 201(54.03) were MBBS, 66 (17.74%) were BDS, 04 (1.07%) were post graduate, 03(.8%) were Fellowship holder and others were 7(1.88%). Out of 372 respondents 20 (5.4%) were strongly disagree, 33(8.9%) disagree, 57 (15.3%) neither agree nor disagree, 164 (44.1%) agree, 98 (26.3%) strongly agree with the statement 'licensing

examination for the registration of the medical and dental practitioners is justified' and mean score and standard deviation were 3.77 and ± 1.098 respectively. Regarding the statement possible reasons for medical/dental practitioners licensing examination for registration uniform standard of medical/dental education 30 (8.1%) neither agree nor disagree, 305 (82%) agree, 37(9.9%) strongly agree with the statement and mean score and standard deviation were 4.02 and ± 4.25 respectively. Standard of individual medical/ dental education will be upgraded included in the statement 1 (0.3%) disagree, 83 (22.3%) neither agree nor disagree, 277 (74.5%) agree, 11 (3.0%) strongly agree with the statement and mean score and standard deviation were 3.80 and ± 4.74 respectively. Regarding legal advantage in practice included in the statement 12 (3.2%) disagree, 115 (30.9%) neither agree nor disagree, 233 (62.6%) agree, 12 (3.2%) strongly agree with the mean score and standard deviation were 3.66 and ± 5.96 respectively. Embodiment of updated professional knowledge included in the statement 15 (4.0%) disagree, 79 (21.2%) neither agree nor disagree, 275 (73.9) agree, 3 (0.8%) strongly agree with the mean score and standard deviation were 3.72 \pm .549. Regarding Public safeguard included in the statement 28 (7.5%) strongly disagree, 120

(32.3%) neither agree nor disagree, 198 (53.2%) agree, 11 (3.0%) strongly agree with the statement and mean score and standard deviation were $3.44 \pm .425$. Benefits of introduction of licensing examination for registration of medical and dental practitioners 5 (1.3%) strongly disagree, 1 (3) disagree, 32 (8.6) neither agree nor disagree, 294 (79%) agree, 40 (10.8%) strongly agree about Individual professional development with mean score and standard deviation $3.98 \pm .571$. Regarding overall professional development, 49 (13.2%) neither agree nor disagree, 298 (80.1%) agree, 25 (6.7%) strongly agree with mean score and standard deviation $3.94 \pm .442$. Regarding Practitioners may be enriched with updated professional knowledge included in the statement 49 (21.6%) neither agree nor disagree, 281 (75.7%) agree, 10 (2.7%) strongly agree with mean score and standard deviation $3.81 \pm .456$. (Talukder, et al. (2010)⁵ showed that since 1998 Quality assurance scheme has been practiced to maintain the quality education in medical & dental colleges along with other activities of BM&DC. But there is no formal quality assurance system for the medical & dental practitioners. Only the BM&DC is the body which is responsible to look after the professional practitioners. (Talukder, et al. (2009)⁸ in this study opinions of 91 (24.6%) Medical graduates & 66 (17.74%) dental graduates (Intern doctors) regarding licensing examination were taken.

Conclusion

Introduction of licensing examination for registration of medical and dental practitioners will increase Individual professional development and competency. Improvement of professional competency of medical/dental practitioners and overall enriched practitioner professionalism and ethics with updated professional knowledge.

References

1. Karle H. Global Standards and Accreditation in Medical Education: A View from the WFME. *Aca Med.* 2006; 81(8):543-8.
2. WHO/WFME Guidelines for Accreditation of Basic Medical Education Geneva/Copenhagen 2005.
3. WHO policy dialogue on international health workforce mobility and recruitment challenges: technical report Amsterdam, 2–3 May 2013.
4. Basic Medical Education WFME Global Standards for Quality Improvement. The 2012 Revision WFME Office · University of Copenhagen · Denmark 2012.
5. MHK Talukder, R Nazneen, MZ Hossain, T Nargis, KK Alam, IJ Chowdury, I Parveen. Quality Assurance Scheme (QAS) in Medical & Dental Colleges in Bangladesh -Teacher's Knowledge. *Bangladesh J Med Biochem* 2010; 3(1): 6-10.
6. WHO Guidelines for Quality Assurance of Basic Medical Education in the Western Pacific Region Manila, Philippines July 2001.
7. Brig. General (Dr.) Brayan Bankim Halder, Prof. Dr. Md. Ismail Khan. Current Practice of Quality Assurance Scheme (QAS) in Different Medical Colleges of Bangladesh. *Bangladesh J of Med Edu* 2015; 6(1):2-7.
8. Talukder MHK, Nargis T, Hossen M Z, Nazneen R. Present status of activities of Quality Assurance scheme in Medical and Dental Colleges of Bangladesh. *J of Armed Forces Med Colle, Bangladesh.* 2009; 4(i):5-7.