

Golden Jubilee of BCPS: Missed Opportunities & Star Gazing

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Fifty Years elapsed of the establishing of BCPS the popular abbreviation for Bangladesh College of Physicians and Surgeons. BCPS certifies by Fellowship and Membership the specialisation for professional practice in the medical care field, FCPS and MCPS respectively. These certified specialists have been providing specialised medicare to the people of Bangladesh and beyond the boundary as well. Moreover these are the specialists who are also as medical teachers taking care of medical education dispensation for graduations and post-graduations and providing plus supervising training. When after the liberation of Bangladesh and off the closing door of the usual UK centred axis of specialisation BCPS has played a great role of maintaining these three essential professional tenets through one. Now its a cherishing passing moments of Golden Jubilee for not only of celebration but also time to ponder by looking back the missed opportunities by BCPS to pave the way for mapping the looking forward Star Gazing.

This narrative is based on personal review as a fellow of BCPS, an on looker of the scenario in the professional domain and the impact and reflections from many aspects being a medical teacher and care provider with operational research experience as well. It has been grouped as missed opportunities, what could BCPS do and didn't. In the bigger canvas of the profession, people and power there are continuing interactions that deserve understanding and due attention and addressing.

Missed Opportunities

1. Shaping and reshaping Graduate or Basic Medical Education Training & Attitude Grooming:

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The raw material of BCPS to mould for certification is the medical graduates that are produced by medical colleges. The standard of medical graduates is very crucial background factor for specialists. Like a factory that produces finish products always ensures quality of raw materials for maintaining product quality for credibility. Therefore even Royal Colleges of UK plays most important role in maintaining the quality and appropriateness of curriculum and training adaptations through charters and guidelines. Updating of curriculum and training module and others are always based on evidence base and on operational research outcome and output, with spelled out aims and objects. In Bangladesh Executive Organ of the State directly or indirectly controls those and in most instances on wishful perceived notions, professional bodies and agencies just follow suit.

Graduate medical education is the only tertiary education in Bangladesh that is controlled by the executive organ of the government and now is added corporate bodies for financing private institutes. Medical Education dispensation is strictly controlled by independent regulatory bodies in all civilized nations and institutes are autonomous and or self regulated. Quality and the quantity of medical graduate production is not properly balanced. There are mushrooming of medical institutes without any appropriate consideration of teacher student, student lab, and, student patient ratio. In absence of autonomy teachers are either become public servants and or corporate employees, resulting in compromising the standard plus aims and objects of medical education.

To take lead of roadmap creation and cruising of medical education dispensation BCPS has been missing taking the lead in formulation of the

- roadmap for the medical graduate education and training. Medical Student Selection Process is a very important step towards grooming up future doctors with appropriate aptitude, ambition and mindset. The selection process has been updated and being updated in all most all countries. In Bangladesh it has been a mere admission test based on some recall memories of mostly of inappropriate topics. There is no aptitude and other fitness evaluation for becoming the member of the most arduous profession known so far. The total policy and practice of selection is controlled by the executive organ of the government with some hired persons to set questions. It is to be noted that tertiary education is a quasi judicial function and Constitution of Bangladesh has separated judicial from executive organs and functions.
2. To protect medical professionalism:
BCPS has missed opportunities to shape medical professionalism tailored to the need of the country and customised to the aspiration and expectation of the people. One will find specialists and sub specialists are doing the same works with overlaps. In providing medicare in most instances the ultimate rehabilitation is forgotten. Patients come to doctor for ameliorating their problems, but it usually overlooked in the crisscross of many jargons. Now patients decides their name-sake specialists based on perceived symptoms. For example chest pain cardiologist, back pain nephrologist and so on. Moreover there is evolving crazy mindset of adding ghost degrees as suffix for creating practice alluring:
 3. To resetting the mindset of specialist BCPS missed a golden opportunity. Mostly specialists are not keen for holistic care practice nor are keen for task based rehabilitation. Everyone is used to point care dispensation without networking. The result is care seekers are either confused or anguished. Moreover specialists are pouring symptoms in their prescription and visiting cards that gives an idea to patient specialists are symptoms or procedure specific. Moreover its now very difficult to get history from patients as the just express per diagnostic pointing, for example the begin with may be like that I have a kidney disease or heart disease or likes. As a result the whole profession has been fragmenting.
 4. To define boundaries between specialists and sub specialists and integration:
Its a great missing that BCPS could not truly define the boundary between specialty and subspecialties and provide a good guidelines in these behalf for the people. As a result people are taking the decision based on symptoms and their own hearsay or other perception the specialists. Now a days one will find patients coming with may files off many categories of specialists, and, most crucial is when one will find overlapping with same medicines.
 5. To strengthen the General Practice base and General Practitioners community coverage:
The GP base and coverage are fast evading in the country resulting failure of family care, community rehabilitation, point of care proving, linkage and networking. As a matter of fact there is no care network og GPs and Specialists and Sub specialists. Besides many other odds it also fostering yellow professionalism.
 6. To documentation, operational research and relevant activities:
Documentation and operational research are the most rewarding input for knowledge production to customise the clinical practice, pave the way for formal research and guideline preparations. Except point specialized clinical practice Fellows and Members have little contribution in this behalf.
 7. To synergise and harmonise different brand of specialists:
That are now and being produced and no collaborative linkage between different postgraduate certifying organisations, universities and others. The situation is no less than a pandemonium where there is rat race for position in public spaces by the various degree holders.
 8. To convince the power, people and bureaucrats to justify adequate funding for education, training, research and publications:
In addition the status and esteem position of BCPS has not been properly secured. Besides a act of the state there are dire absence various legal and other related instruments to protect and enhance the esteem of BCPS.

9. Could not play role in preventing so called handicapped name sake medical universities:

It should be made clear by BCPS that medical university is the expression of autonomy not mere unit with some positions and must be in full form.

10. To play a vital and pivotal role in health policies

In preparation and modulation of various health policies of the country with monitoring and auditing and stewardship role.

Look Forward Stargazing

1. BCPS should have been looking beyond the box the tenets to brain storm and readdress to appropriate customisation.
2. BCPS should take the Stewardship based on evidence base to harmonize the specialist out put with cutting edge professionalism.

3. All the three dimensions of medical professionalism; education, science and service; should be appropriately and conductively and prudently recasted tailored to the changing need of the nation and beyond.

4. BCPS should strive to network and link the institutes and agencies in the field of medical professionalism, care and knowledge production.

In the greater interest of the nation and science and profession there is the dire need of dreamers who have the capacity to look beyond the box, think beyond the boundary and see beyond the horizons. And that is philosophy. We need philosophers and not sycophants. We may follow Bob Dylan, 'The answer my friend, is blowin' in the wind. The answer is blowin' in the wind'.

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