

## A BRIEF REVIEW OF POST GRADUATE PROGRAMMES OF THE NATIONAL ACADEMY OF MEDICAL SCIENCES

PVijay Kumar Sharma\*a

### Background

Bir Hospital, the first- ever hospital of Nepal founded in the year 1889, was converted to the National Academy of Medical Sciences (NAMS) in its glorious 114<sup>th</sup> year, in 2002. This landmark achievement provides a great optimism and opportunity for doctors working under the Ministry of Health to teach and to be taught. With the support of Tribhuvan University, post graduate education in the medical field was provided in Nepal since 1994 by the Post Graduate Medical Education Co-ordination Committee located at Bir Hospital, through the valley group of hospitals. Building on this experience, and based on the national need, NAMS was started with the Royal ordinance in 2002. The new Act promulgated by the Nepali Parliament on 3<sup>rd</sup> December 2006 gives permanence to NAMS and paves the way for strengthening the programme to serve the people better all over the country. Continued collaboration with the Tribhuvan University Institute of Medicine and B. P. Koirala Institute of Health Sciences has provided NAMS with an opportunity to enhance the quality of its programmes by sharing the experiences of these pioneer institutions.

Aims and Objectives: the three main objectives of NAMS are to - produce specialist human resources, make available

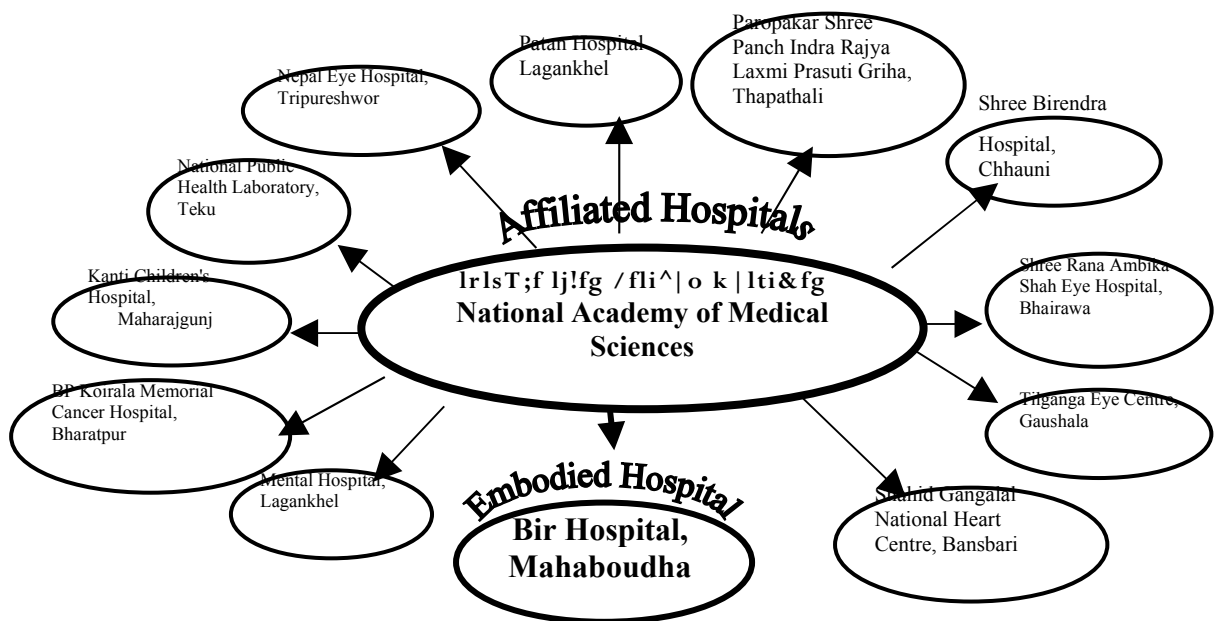
high quality services and develop as a resource centre for medical research.

The NAMS Act 2006 has changed its pattern of Governance. Rt. Honorable Prime Minister is the Chancellor of NAMS and Honorable Health Minister is the Pro-Chancellor. The senate is the policy making and the highest governing body of NAMS, and is chaired by the Pro-Chancellor. The Vice -Chancellor is appointed by the Chancellor at the recommendation of the Pro-chancellor. The Vice Chancellor leads the Academic, financial and administrative activities, with the support of Rector, Registrar and Dean. The Academic Council and the Executive Council deal with teaching learning activities and hospital administration, respectively. The Hospital Director oversees the administration.

Eleven premier hospitals and health institutions of the country are affiliated with NAMS. These include BP Koirala Memorial Cancer Hospital, Kanti Children's Hospital, Mental Hospital, Nepal Eye Hospital, Paropakar Shree Panch Indra Rajya Laxmi Prasuti Griha, Shree Birendra Hospital, Tilganga Eye Centre, Shree Rana Ambika Eye Hospital, Patan Hospital, Shahid Gangalal National Heart Centre, National Public Health laboratory

---

\*Rector, NAMS



*Courtesy by Brochure of NAMS*

### Academic Programmes

NAMS awards the degree of MD or MS in various specialties to doctors who have undergone three years of structured, residential training, got approval of their thesis, completed mandatory basic courses and log book records, and after formative assessments have passed the qualifying exit examination comprising of theory, viva-voce, and clinical practical and objective structured clinical examinations. Post graduate doctors with MD/MS qualifications can undergo 4 years of structured training, with other prerequisites, to get the Fellowship of NAMS (FNAMS).

Entry Criteria for MD/MS: Doctors with a minimum of two years work experience having the registration of Nepal Medical Council are eligible to apply.

## Categories of Admission

- a) Free candidate not in the Government job, passes entrance exam pays full tuition fees Rs. 22,000/- per month and gets stipend of Rs. 8,000/- per month from NAMS.
- b) Candidate in Government job passes entrance examination, with sanctioned paid leave gets his salary from the Government, pays Rs. 1,100/- per month tuition fees, salary benefit as per rule of Ministry of Health (MOH) or army or others.
- c) Government job holder doctor passes entrance examination, gets preferential admission but does not qualify for paid leave. Candidate pays subsidised fee Rs. 1,100/- per month.
- d) Foreign candidate appears for interview with a team of experts, a written test of English writing skills is taken, pays full fees, and the programme's future was very uncertain. Thanks to the wisdom of our MOH and the parliamentarians, the new NAMS act came into place regularising all the activities conducted under the previous Act. The number of student's intake has continued to rise. The Academy is moving ahead rapidly to fulfil the demands of the much needed specialists in various medical and surgical specialties Nepal.
- e) From diploma stream: candidate with one year academic course is recognized for eligibility after minimum of five years work experience, passes entrance examination, gets admitted in 2<sup>nd</sup> year, previous experience counted as one year of formal training and thus exempted, candidate pays according to the category of a Government candidate or free candidate.

## Total Intake and Exit

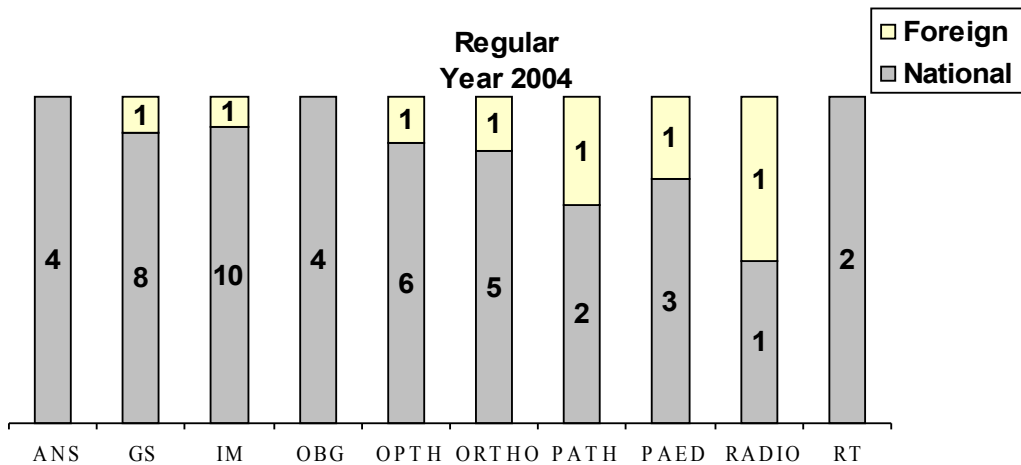
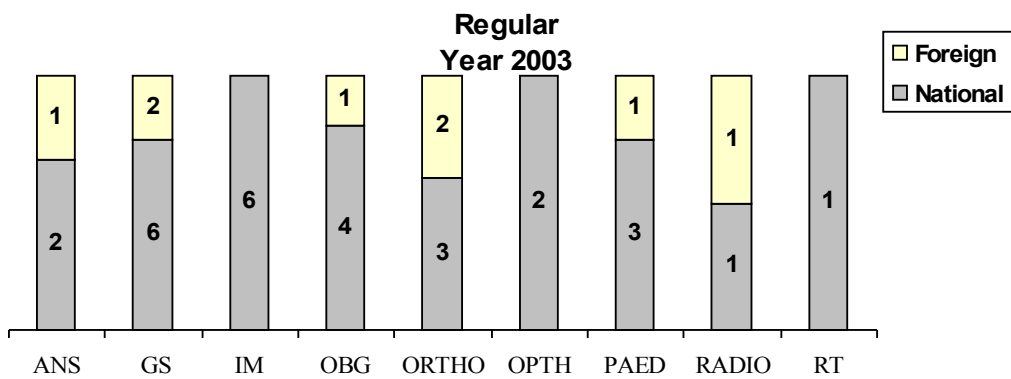
So far 575 Nepali students have appeared for the entrance examinations for the admission into various courses under NAMS. Two hundred and twelve of doctors (including 48 students with postgraduate Diploma) have been enrolled into various postgraduate programmes. Seventy two of them are females, making their representation as 38.6% in the programme. In addition, 22 foreign students have also been enrolled. Forty five of the 48 students (including 8 foreign students) who took the final exams, of the regular batch of 2003 and diploma batch of 2004 (2 years) have passed the final examinations, in the regular and supplementary examination. The examinations were conducted when the NAMS ordinance was no longer functional and the programme's future was very uncertain. Thanks to the wisdom of our MOH and the parliamentarians, the new NAMS act came into place regularising all the activities conducted under the previous Act. The number of student's intake has continued to rise. The Academy is moving ahead rapidly to fulfil the demands of the much needed specialists in various medical and surgical specialties Nepal.

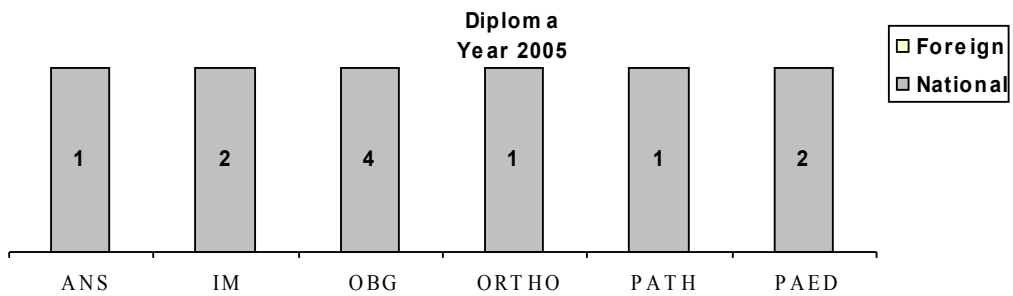
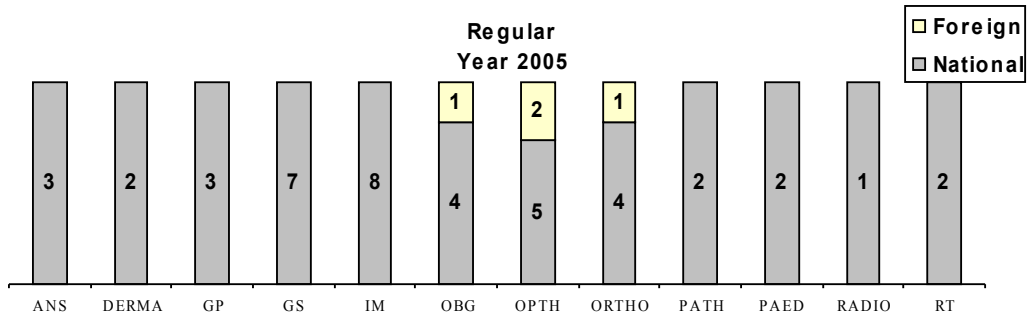
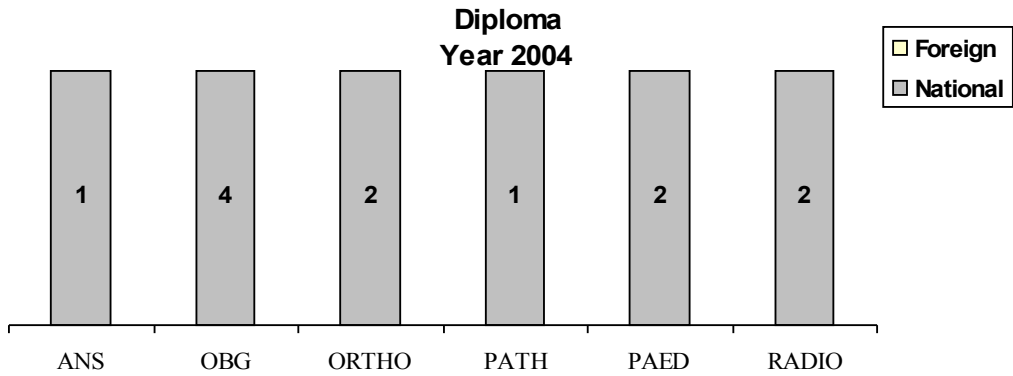
### Details of National & Foreign Candidates' Entrance Exams Appearance and their Enrolment Rates

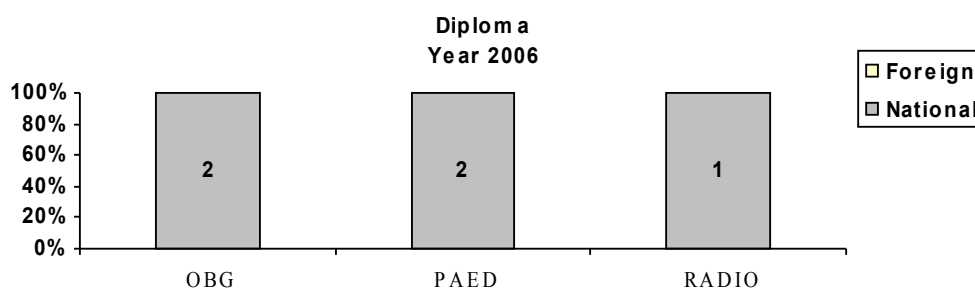
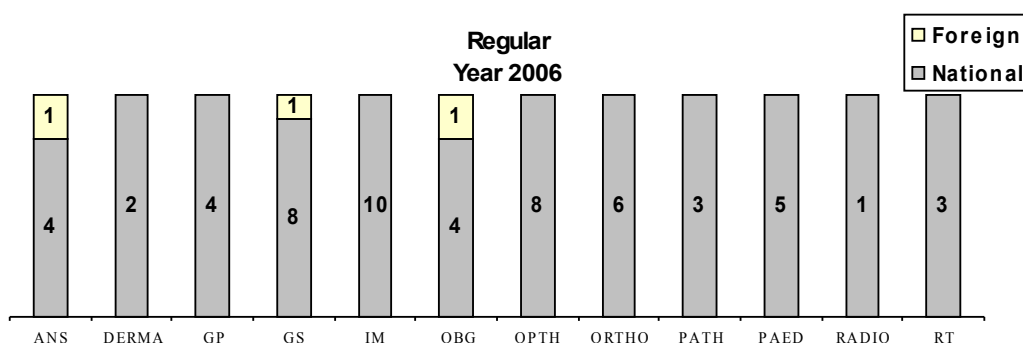
Year	Stream	National				Foreign	Total	
		Male		Female			Enrolled	Enrollment
		Entrance Exams appeared	Pass rate (enrolled)	Entrance Exams	Pass Rate (enrolled)			

2003	Regular	92	18	44	10	8	136	36
	Diploma	66	31	40	14	7	106	52
2004	Regular	8	8	11	4	-	19	12
	Diploma	75	30	58	13	4	133	47
2005	Regular	7	6	9	5	-	16	11
	Diploma	90	34	62	24	3	152	61
2006	Regular	4	3	9	2	-	13	5
	Diploma							

*The National and Foreign Candidates admitted from regular and diploma stream for postgraduate MD/MS courses in different years are as follows:*







The program started with anaesthesiology, general surgery, internal medicine obstetrics and gynaecology, ophthalmology, paediatrics in 2003. Later in the same year, three more subjects were introduced- orthopaedics, radio-diagnosis, radiotherapy. NAMS is the only institute in the country running MD Radiotherapy, Bir Hospital and BP Koirala Memorial Cancer Hospital are mainly involved in the programme. Currently post graduate programs are being offered in twelve different subjects. In addition to the above subjects the others include pathology, dermatology, and general practice. Fellowship program is offered in Neurosurgery, General and Gastrointestinal surgery (combined). Three candidates enrolled but only two candidates are continuing the Fellowship in Neurosurgery.

NAMS also started the Post Basic Bachelor of Nursing (BN) course in 2003 with an intake of 15 students per year. So far 45 students have been enrolled and thirty of them have passed out. Proficiency Certificate Level (PCL) Nursing was introduced in 2004, with an intake of 40 students per year. 120 students have been enrolled in the program out of the 2150 candidates that appeared in the entrance examination. This fact indicates that the programme is highly in demand, and NAMS should increase its capacity in training of the nurses also.

### Challenges and Constraints

1. Need to increase faculty: Nepal Medical Council has well defined guidelines for the number of students per faculty, which does not permit NAMS to

take more students with the current faculty number. Need to expand infrastructure: Increasing the number of intake per year is seriously restricted with the existing infrastructure. NAMS does not have a separate academic building, the number and size of the class rooms are inadequate for the size of the programme currently being available. There is no facility for the hostel accommodation for the students, although this is a residential programme. This limits teaching /learning activities outside of normal, regular working hours

2. Meagre financial resources: Financial resources to support the academic program come from the student fees as well as government contribution. Very little is generated from the hospital, as the patients coming to the hospital are generally poor and the charges are kept at minimal. In addition, limited working hours of the support staff, inadequate operating theatre time for surgical specialties, poorly functioning/ non functioning equipments restricts generation of financial resources by the hospital. As in other teaching institutions, the hospital has not been able yet to support the academic programme in an effective manner.

3. Disparity between the Human Resource for Health (HRH) based in the hospital: Bir Hospital is the only central hospital where doctors working under MOH in every part of the country want to work at least for some time. Most of them do not qualify for the faculty position, and therefore a difficult

situation has been created regarding disparity in salary and allowances to the faculty and non- faculty members. In addition, posting of the faculty staff of Bir Hospital and other affiliated hospital elsewhere has created problems for running the programme smoothly, including guiding the students in thesis work writing and one to one preceptorship.

4. Quality of Training the Post Graduate Product of NAMS: improving the quality of the products of NAMS is going to be a constant challenge that we will have to continue to struggle with. This is because of the disparity in the knowledge, experience and ability for academic and research between the Diploma and non Diploma stream.

5. Need for strengthening and expanding services in Bir Hospital: Sub-speciality services like urology, plastic surgery etc need to be strengthened by filling up the vacant positions. In other subjects like neurosurgery and cardiothoracic surgery, more Human Resource (HR) needs to be produced to sustain the programmes in the future. In addition, renal transplant surgery has to be introduced without further delay. Amendments in the laws governing organ transplant is required to utilize the expertise of trained people. In addition, collaboration institutes like All India Institute of Medical Sciences, where the HR for transplant was trained, needs to be strengthened. In addition, Nepalese doctors working in the UK and other countries who have the necessary skills

and knowledge and are eager to come back should be encouraged to join the hospital to develop and strengthen the subspecialty services.

6. Others: The formulation of regulations to implement the NAMS Act has taken a longer time than anticipated. The terms of reference of the faculty and the management body has not yet been finalised. The students held strikes demanding for incentives to all as given to Medical Officer for the work they do during the process of training in various hospitals, as well as to improve their living conditions in the residential facility and during duty hours. This affected smooth functioning of the programme, and points to the urgent need for implementing mechanisms to prevent this kind of situation in the future. The meeting of the senate is hoped to guide these and many other issues. The medico-legal atmosphere in the country is difficult creating hurdles in the smooth functioning of the hospital.

## The Way Forward

In the short term, with immediate effect, after its confirmation by the Government Act, NAMS has developed the terms of reference for most of the faculties and staff, has strengthened the academic and executive councils, revived the subject committees by appointing new coordinators, two senate meetings have been held, some improvements have been made in the infrastructure to meet the demands of the students. In addition, more medical officers have been recruited in the emergency department to ensure its smooth functioning. The Medical Education Department

and the Institutional Review Board have been active and the Dean's office is strengthening the educational programme and the examination system. Improvements in training qualities is being planned and constantly monitored. Addressing the constraints outlined above is a top priority for NAMS to avoid disruption in teaching learning activities and the hospital services

In the longer terms- The Service Commission of NAMS has to be developed as soon as possible for planning the required number of faculties and giving them appointment as NAMS' staff. This will eliminate the disparity existing among the teaching and non teaching faculties. MOH has to plan ahead to accommodate the doctors who do not qualify for the faculty positions. In addition, the training needs to be expanded to other hospitals outside of the valley, so that faculties can rotate between the central and peripheral teaching hospitals. Capacity of intake of the students has to be increased to meet the needs of the country.

NAMS has to plan for a separate academic building and hostel facility for the students.

In addition super- specialization and Fellowship programs are to be expanded. Collaboration with various national and international institutions should be promoted to exchange faculties, students and academic experiences. Research activities should be promoted to give strength to the planning process for MOH. Possibilities of incorporating traditional streams of learning like the Aurveda into the teaching and services of NAMS have to be explored, in line with the national Policy. NAMS should take up leadership role in planning for human



resources, in the context of the proposed federal system of governance in Nepal. In addition, it should also contribute to meet the Millinum Development Goal (MDG) through expansion of its teaching programmes for Midwifery and contribute more towards research and services in Tuberculosis, HIV and Malaria. NAMS should contribute to fulfilling the plans outlined in the new

National Health Policy. All in all, NAMS should continue to strengthen collaboration and cooperation with all the stakeholders for high quality in training and services. Fund raising opportunities should be explored and utilized fully. NAMS should be a vibrant and active leader of health training and services in Nepal.