

Opening remarks of Dr. Myint Htwe, Union Minister for Health and Sports at the 4<sup>th</sup>  
Postgraduate Medical Education Seminar

19 June, Novotel Hotel, Yangon

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**Greetings**

- It is my distinct privilege to deliver the opening remarks at this 4<sup>th</sup> Postgraduate Medical Education Seminar in Yangon.
- I am very pleased to see all of you ready to share your practical views and thoughts for improving PG teaching and related matters.
- Taking advantage out of the presence of senior professionals from different disciplines, my remarks will to some extent overshoot a bit beyond the PG medical education but related to medical education. This is a milestone event for streamlining and improving the clinical domain especially the PG teaching in the years to come in our country.
- This has to be done as per the changing medical or clinical education atmosphere in the country and also in line with the ever advancing technological, diagnostic, emergence of newer medicines and state-of the-art treatment regimen for many diseases occurring all over the world.
- If we do not change and improve the system of PG education, we will be lagging behind many medical institutions in the world.
- During my tenure as the lead person in the Ministry of Health and Sports, I do not want the status quo to be static or to be more straightforward “hibernating”. I want PG teaching system to be dynamic, robust, rewarding and yet flexible.
- The reason for change is not just for the sake of “change”. Here, I would like to quote what one CEO said during the take-over event of his company by another company, i.e., we did not do anything wrong, but somehow, we fail

and lost”. He continued to say that “the economic environment is changing and we did not pay attention to changes happening around us”.

- Taking this analogy, the clinical and medical education domain together with its determinants and demand from the recipient population in our country are changing fast, even faster than we thought of.
- It is, therefore, highly justifiable that we have to change and improve our PG teaching in the medical institutions in our country. Hence, I have requested the Chair of the TAG on Clinical Domain to spearhead and arrange for this seminar.
- Along similar line of thinking, we are also working hard on development of an “integrated curriculum for the MBBS course”. This will take time as several preparatory activities are necessary.
- All of you present here in this hall are, in fact, chief architects or prime movers for developing and establishing the most desirable and efficient PG medical education system in our country.
- This is not an easy task. Major challenges, some even insurmountable, are waiting for us to be overcome. We should consider these challenges as opportunities.
- Given the fact that all of you had vast experience in the field of medical education, I am confident that we will achieve our ultimate objectives without much of a problem.
- As per the agenda spelled out by the secretariat, you will be discussing on initiating a process of quality teaching in our medical universities hoping to produce well rounded, clinically savvy, fully committed, and ethically minded PG degree holders who would be ready to serve our population with full of zest and “cetana”.

- In addition, you are going to give your considered views and thought on the whole spectrum of issues starting from selection of PG students to assessment and to conferring master or doctoral degrees. Please be frank and outright in sharing your thoughts without vested interest or conflict of interest
- Additionally, you may even wish to think of continuing clinical education or continuing professional development after conferring the PG degrees.
- In essence, you are the lead medical professionals in the field of health domain who will shape and nurture the developmental process of PG teaching system in several clinical and basic science disciplines.
- Our inherent aim should be such that our PG teaching system in clinical domain must be comparable to that of developed countries.
- You may recall that we had excellent teaching system in the medical domain in the late sixties and early seventies.
- I can still recall the time when my class mates of 1973 MBBS graduates can easily get a job of SHO in the UK. We just need to pay a fee for the UK General Medical Council membership.
- For reasons which all of us are aware of, this high level of clinical teaching had not been sustained and maintained.

**Dear colleagues,**

- As a medical professional, I am not that comfortable with the current scenario. One of the reasons may be that there is disproportionate student teacher ratio and having less than acceptable enabling teaching environment.
- With your support, advice and suggestions, I want to improve and raise the level of clinical teaching to an internationally acceptable level.
- All of you sitting here in this hall can definitely make it happen.

- Knowing that our country is not that rich in resources, (man–money materials), we will think of establishing a local context specific and reasonably acceptable system of PG teaching in a phase-wise and step-wise manner. Let us strategize collectively in an all-inclusive manner.
- To achieve it, we need to sincerely share our experience and also discuss from optimistic and holistic perspectives. We should also practice a fact finding rather than a fault-finding approach: i.e., we should not do finger pointing business.
- Efficient and effective PG teaching system will benefit not only to medical professionals but also to our beneficiaries, i.e., the population at large.
- As a matter of fact, our ultimate target is our population living in various parts of the country. We want to render quality clinical care to our population along our path to achieve Universal Health Coverage and SDGs.

**Dear colleagues,**

- One important point which we should not forget is, "we need to initially strengthen the foundation of UG teaching system, i.e., MBBS course".
- This process, in fact, should go hand in hand with improving the PG teaching system. I am sure that this point will be taken care of by all of you under the policy and strategic guidance of the Department of HRH.
- In this context, I would like to mention that teaching methods and availability of teaching aids are equally as important as availability of updated and contemporary curriculum for MBBS course.
- When improvement in PG teaching system is considered, capacity and capability enhancement of our faculty members must be put to the forefront. These two entities are reinforcing each other.
- Having said that, at the same time, it is desirable that faculty members of the universities of medicine and affiliated institutions must be fully committed,

having had a sense of ownership and should also exhibit positive attitude towards improvement from several fronts in their respective disciplines.

- The second caveat is that while discussing in the plenary sessions we must be aware of the fact that each clinical discipline is unique by itself. It may be difficult to have a uniform template. However, we can have a generic template and several offshoots which can take care of the unique characteristic features for each clinical discipline. The gate keepers are the members of individual syndicate.
- Therefore, we should not strive for having a total and absolute similarity in all aspects when consideration is given to improve respective disciplines' PG teaching template or framework and *modus operandi*.
- The professionals at the Department of HRH also understand this particular important point.
- Another pressing scenario that we are currently facing is the fact that some clinical disciplines generate less interest to the medical doctors for further pursuing PG degrees due to several reasons such as limited and slow progress in the career ladder, garnering less remuneration or not so-good clinical practice, etc.
- I would urge the professors, professionals and administrative personnel to rack your brains to rectify the situation. The senior management of MoHS stands ready to support and facilitate to the extent possible within the existing rules and regulations. If rules and regulations need to be changed or modified, I am more than willing to do so.

**Dear colleagues,**

- In seminar like this, we should, in fact, invite extra mural or external professionals such as medical educationists, education psychologists, social

scientists and possibly clinical professors from other countries to share their thoughts and views based on their respective country's perspectives.

- My sincere stance is that we may even involve senior medical students from 3rd MBBS to Final part II students and ongoing PG students. I noted that alumni of universities of medicine, official representatives from MMA and its societies, MMC, and MAMS are involved in this process. It is a good sign that shows the unity of our medical domain. It is a very much desirable situation.
- Here, I would like to highlight the necessity regarding availability of well qualified medical educationists in our country. In a country like Bangladesh, they have hundreds of master degree holder medical educationists graduated from the UK. We can count the number of developed country-trained medical educationists in our country using one hand. We cannot have it or salvage the situation in a short period of time. We need to do long term planning. After a period of 15 months of my service or tenure, I have noticed many scenarios are popping up: some are desirable and many are not-so-desirable. However, several things are also coming into shape. But, I am fully aware of the fact that we need to put more selfless effort in our work. Your support and help in this regard will be highly appreciated.
- It is the prime duty of the Department of HRH to plan the required number of professionals for different types of entities such as medical educationists, specialists in curriculum development, application and innovation of teaching aids, teaching methods, student assessment methods, etc., let alone the optimum proportion for different disciplines in line with the contemporary requirement of the country.
- We urgently need health workforce strategic plan. I have asked the officials of the Department of HRH to develop the HWF strategic plan from 2018 to 2021 on a priority basis. We cannot improve the HRH scenario in on an *ad*

*hoc* basis and in unplanned manner. The senior professionals of the Department of HRH also need to scout for interested professionals in the MoHS and beyond for recruiting them to work in the Department of HRH.

- It will take years to achieve the optimum balance of different disciplines. I would strongly urge the HRH department to give serious attention to this issue.
- I prefer DG HRH to have a retreat as soon as possible to review the work of the department holistically and appropriate change of direction or new road map must be considered and developed immediately, i.e., in line with the requirement of all professionals sitting in this room.

**Dear colleagues,**

- We cannot go on “business as usual”. We need to practice “innovative thinking”, “out-of-the-box-thinking”, exploring new approaches” and “generating new views and ideas” as per the contemporary situation of medical education in the country. Health information system is somewhat like a central nervous system for the MoHS; likewise, health work force is the life line of MoHS to serve the population effectively.
- If we are not capable of doing it, better get technical support from WHO headquarters and other WHO collaborating centers on medical education. WHO has more than 700 collaborating centers in 80 countries for different disciplines. Thousands of the best brains in medicines, public health and science are available in these collaborating centers.
- We have 23 WHO collaborating centers for medical education and affiliated fields in 6 WHO regions. I know these because I was in charge of WHO collaborating centers in South-East Asia Region, which was part of my work as Regional Advisor on Medical Research in SEARO from 1994 to year 2000. We need to tap these resources to the fullest. The WHO will definitely give a

helping hand in our endeavor in improving medical education system in our country. However, we need to be proactive.

- As a stop gap measures, we may send our young as well as senior professionals to attend regional and global level education conferences and high level education forums, workshops and seminars in other countries.
- Otherwise, we may be lagging behind many countries in the world in the field of medical education.
- Medical education is a very broad fabric and there are several subdomains under it. We need to urgently strategize to strengthen these sub-domains as well.
- In fact, as alluded to earlier in my opening remarks, we need specialists in curricula review and preparation, teaching methodology, student assessment programs, educational psychologists, education epidemiologists, and creating enabling educational environment.
- I will consult with our senior professionals and administrators from the Department of HRH and other related departments in MOHS in the coming months for developing a composite proposal on these issues.
- We should also not forget to do a thorough review of each and every recommendation that you all have made in the last Medical Education seminar conducted in NPT before I became the Minister.
- It is similar to the one which we did for recommendations of nursing and midwifery seminar which we have conducted in 21-22nd December 2016.
- We discussed in detail the action to be taken for each and every recommendation made at that nursing and midwifery seminar.
- I am even thinking of establishing a unit in MoHS for follow up of important recommendations and suggestions made at several meetings, workshops, and seminars. We have invested human resources, time resources and



financial resources in conducting these seminars and workshops. If we are not taking actions on the output of these meetings, workshops, seminars and forums, we are just wasting our human, time and financial resources. It is of no use to conduct more workshops and seminars without taking actions on the recommendations emanated out of these workshops and seminars.

**Dear colleagues,**

- As part of the improvement in PG teaching, I am also contemplating establishing virtual research divisions or units in Universities of Medicine, Nursing, Medical Technology, Pharmacy and Traditional Medicine. These divisions will be run by senior research professionals and staff members of Department of Medical Research and research minded professionals from departments under MoHS. The idea is undergoing a detailed review as to its *modus operandi*.
- As part of the improvement in PG teaching, clinical research will be promoted. I will enhance the activities of clinical research units in big hospitals, which are, I should say, in a state of defunct or hibernation due to several reasons. I have a budget line to do so.
- Improvement of quality medical education cannot be achieved until and unless we promote research. It is the duty of Department of HRH to make it happen. During my tenure as Minister for Health and Sports, I shall make it happen. Your support is crucial and essential in order to fulfill my dream. In developed world, university means research. In each university or big hospital in the western world, there are several Ethical Review Committees or Institutional Review Boards. I am also going to give support not only to increase the number of ERCs or IRBs, but also to enhance the capacity and capability of members of ERC or IRB. I will do it systematically in a phase-

wise and step-wise manner in the coming months. I am sure that it would give a helping hand in PG teaching.

**Dear colleagues,**

- Sincerely and frankly, I am inclined to put more importance on residency type of clinical training rather than to earn a degree. Degree is just a degree especially in clinical domain. In Myanmar context, degree is important because we follow British system of medical education. If we look at US, all doctors are MD and they undergo extensive training for varying number of years depending on different disciplines under respective senior consultants or clinical professors. Then they become consultant radiologists or consultant cardiologists, etc. You may also need to think such as “Shall we call a doctor as consultant radiologist by having a master degree only?”.
- Please also think of what next after a master or doctoral degree. What about the post-doc system of work? Can we have systematic CME or CPD working in collaboration with Myanmar Medical Association? When can we call a doctor as full-fledged consultant after earning a master degree?
- I am sure that you will also be discussing on conferring PhDs in different clinical fields. PhDs are generally meant for teaching domain where research is one of the primary objectives. To get a PhD, we need at least 4 to 5 years of clinical and academic studies including research or working as a pioneer and independent research projects. Generally, in order to confer a PhD degree, a PhD student must do pioneer or primary or exploratory or independent research. Did our PhD in medicine or any other clinical disciplines need to do a pioneer research or produce 3 international publications, etc.? I would appreciate if you also discuss all these primary and secondary issues related to conferring a PhD degree. In clinical domain, what is your take on a person who is clinically trained for 4 to 5 years plus as

total residency period with that of a PhD in a clinical discipline, who has to give a major chunk of his or her time to do pioneer or independent research? In other words, whose clinical acumen is superior: residency type training versus PhD type of training?

- You may also wish to discuss, if time permits, one burning issue, i.e., what are the criteria to be considered for becoming a professor and head in the clinical department? This is very much related to PG teaching system.
- Another point related to the clinical field is conferring visiting professors, honorary professors, adjunct professors and professor emeritus. Last week, as per my request, I already had preliminary position paper on this by the Technical Advisory Group on Clinical Domain. I will call a one day meeting to iron out this issue. I would like to have views from the professors from our medical institutions. We do not want inflated number of professorial titles. It has several implications. If they do really deserve it, we will confer the titles. Many universities all over the world had committees in their respective disciplines to confer such titles. Given too many professorial titles could lower the image of our universities as well as reducing the image of the existing professors. There are also certain specified duties to be fulfilled by them, if they are conferred with these titles.

**Dear colleagues,**

- I would like to emphasize that (i) we all need to work together closely in the field of medical education in the context of our country's requirement; (ii) we need to facilitate networking among like-minded associations and entities for improving the PG teaching for medical domain; (iii) we need to practice out-of-the-box thinking, innovative thinking, long term perspectives thinking, recording and sharing of important information among relevant professionals; and (iv) more communications and networking among and

between societies of MMA and many other health related associations. Combined strength far exceeds the arithmetic combination of strengths of all those involved. It is geometric.

**Dear colleagues,**

- When you develop a curriculum, please do consider from a practical perspective in the context of our available resources, i.e., feasibility of implementing it. I have no doubt that the professionals sitting here in this room can develop a top-notch world class curriculum. But, putting too many items and unable to implement is not desirable.
- Equally important are methods of teaching and assessment on PG students in the context of our HRH availability. This should be considered together with availability and level of capacity and capability of our faculty members.
- In addition, incentives for the faculty members need to be explored and practiced. To discuss all these in this seminar may not be possible.
- I purposely pointed out this so that Department of HRH can prepare working papers on the issues alluded to earlier for facilitating the brain storming session to be made in separate workshops in the months to come.
- I have mentioned in several encounters with many of you that this year I am giving special attention to clinical domain and improvement in hospital performance. This year is “Year of budget monitoring plus improvement in clinical domain including medical education and hospital performance”. These three variables are inherently and inextricably linked. You now have a plate full of key issues for consideration in the months to come.
- I want to make one personal plea to all of you: professors and head, professors, lecturers down to demonstrators, to strive to becoming fully responsible and committed professionals to put our medical institutions to greater heights. We cannot achieve this in one day or one month or one year.

We have to nurture by ourselves to achieve it as we go along. MoHS stands ready and without reservation to facilitate this important aspect.

- I would like all of you to kindly consider putting undivided attention and selfless effort in all perspectives of the medical education domain so that our PG medical professionals graduating out from our medical universities are at par if not higher with those from the world prestigious medical schools in the western world.
- I worked outside Myanmar for many years. I can confidently say with high statistical confidence that Myanmar people, especially medical students and doctors, are highly talented and also possessing intuitive mind. We only need to put them on the right track or I should say putting on the rail track to move forward smoothly and without hindrance.
- I want you to harness the inherent characteristics of our UG and PG students to the fullest extent possible and also giving a broad range of advice to your PG students on technical, professional and personal perspectives.
- Your overall considered opinion is crucial for long term success in life of all these PG students.
- I know that it is a tall order. However, from MoHS side, I together with my senior staff will reserve no effort to facilitate and smoothen out all the issues related to PG teaching in all disciplines. If we work together and cohesively, we will definitely achieve our common objective of improving the whole clinical domain.
- In fact, what you are going to discuss, brain storm and rack your brain in this seminar are for the overall benefit of the population at large on our path to render quality medical services to the Myanmar people and to achieve Universal Health Coverage and SDGs.

- Whenever a patient comes to seek your advice or get treatment, he or she should have full confidence in you from all perspectives. We should try to achieve that scenario.
- Talking about the agenda of the seminar, we all know that curriculum is important. However, my view is that teaching methods together with availability of teaching aids, professional way of teaching, using interactive approach, and enabling teaching environment play a crucial role. It is far more important than curriculum.
- The faculty members sitting in this hall had studied in various medical schools and universities all over the world. It is high time that you all should pour and share your thoughts and viewpoints based on the experience you all had accumulated all along the years. These hundreds of episodes of evidence based experience cannot be read in text books. Please share with your colleagues without reservation in the interest of improving the domain of PG teaching of all disciplines of medicine.
- I could not resist mentioning to reiterate one last point which is promoting research culture in our medical institutions. I have noted that we have discussed this topic in several forums. We need to move ahead. I have many innovative ideas which I will discuss at the appropriate seminar or workshop. The government has also allocated one Billion kyats for this budget year for research promotion activities. I will issue a memo next week regarding the *modus operandi* of getting funding support to conduct research.
- In conclusion, I would like to mention again that I have great confidence in all of you. I am absolutely sure that the outputs or recommendations emanated out of this seminar will be very useful, practical, rational and doable for our medical education domain.

- The MoHS will also accord serious and undivided attention on a priority basis on the outcome of this seminar.
- Thank you for your kind attention.

*(The speech is prepared by the Union Minister himself)*

*(The opening remarks was drafted on board the flight from Geneva to Dubai on 16 June 2017)*