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## The road less travelled

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Looking back on my career in medical and health professions education I am reminded of the poem, 'The road not taken' by Robert Frost. The poem ends with the lines

'Two roads diverged in a wood, and I—  
I took the one less traveled by,  
And that has made all the difference.'

Most undergraduate medical students in South Asia take up clinical subjects for their residency/postgraduation. The non-clinical or basic science subjects of Anatomy, Physiology, Biochemistry, Microbiology, Pharmacology, and Community Medicine/Public health are less popular. The earning potential of these specializations is lower than the clinical ones, and job openings are mainly in medical colleges and the public health sector.

For most medical undergraduates in India, getting a postgraduation/residency is a struggle. Both government and private medical colleges offer postgraduate degrees, but the fees are much higher in the private sector. Getting admission into the non-clinical/basic sciences is easier. With the opening of many colleges in both the government and the private sector job openings for basic science postgraduates are large and the pay is now decent.

The postgraduate degrees in the basic sciences are MD except for the one in Anatomy termed as MS. This nomenclature may be a colonial legacy like the one followed in Britain. I joined the three-year MD Pharmacology program at the premier Postgraduate Institute for Medical Education and Research (PGIMER) in Chandigarh, India. While joining the program I was aware that for pharmacologists, there are also openings in the pharmaceutical industry and in the large clinical trials sector.

I met my department head on the first day of joining the course. He was kind and did mention that Pharmacology was not among the top choices for postgraduate medical training. At that time the institute had not yet introduced a penalty for residents leaving the program in the middle. Many take up a residency in the basic sciences and then leave for clinical residencies if they qualify. Later this was not allowed and there was a stiff penalty to be paid for discontinuing the course. He mentioned that I could observe the department activities for around three months and then decide if the program would suit me. The department was housed in the Research Block and maintained connections with the clinicians and clinical activities in the Nehru Hospital across the road though it was growing weaker.

MDs in the basic sciences should focus on human research as they are uniquely placed with their knowledge of medicine, their rotating internship, and other clinical positions they may have taken up after their basic medical degree (MBBS). I feel that this background opens unique opportunities that have not been fully exploited. How to utilize the medical knowledge and skills of these residents and faculty is an important question. Some have suggested using their skills to

provide early clinical exposure to basic science students.

I completed my dissertation and research work on rhesus monkeys and graduated. I was considering the pharmaceutical industry and the pay in medical colleges in India during those days was poor. I got an offer from a medical school in Pokhara, Nepal and my wanderlust and love for adventure was triggered. During my initial days I was considering doing a second MD may be in Psychiatry. I got interested in the rational use of medicines and pharmacoepidemiology. We introduced sessions on these topics to the basic science students.

The scope for research was huge. Very few studies had been done in Nepal and especially in the Pokhara region. My colleagues and I were involved in pharmacoepidemiology, pharmacovigilance, rational use of medicines, and educational innovations. I eventually shifted to and helped in establishing a new medical school in the Lalitpur district in the Kathmandu valley. I also joined a two-year part-time health professions education fellowship offered by the PSGFAIMER Regional Institute in Coimbatore, India. My skills as a health professions educator were considerably strengthened.

Many basic science teachers in South Asia and India take up administrative and academic leadership positions. The opening of the FAIMER institutes in India marked a new chapter in medical and health professions education. There are two institutes in the South, one in the West and one in the North. Many faculty also complete fellowships at the International FAIMER Institute in Philadelphia and in other institutions. The program has created a strong pool of trained and committed faculty and helped incorporate new ideas in medical education. The fellows also had access to leaders in medical education and the curriculum innovation project developed their leadership, negotiation, and conflict-resolution skills.

These skills were vital for me as I developed and implemented an integrated curriculum in a medical school in Aruba in the Kingdom of the Netherlands. I had implemented a medical humanities module as my FAIMER innovation project, and this became my major focus area moving forward.

The role of a medical school faculty has expanded. Multiple job roles and responsibilities have been added to the traditional teaching role. Creating and maintaining paperwork related to the curriculum, teaching-learning and assessment, quality assurance and accreditation is an important responsibility. Involvement in faculty development and organizing seminars and symposia is also

important.

Among my batch mates, about 15% are faculty in the basic sciences. Due to better remuneration for medical teachers and tougher job expectations of clinicians, many do not practice as doctors. During our student times, many of our basic science faculty did private practice to supplement their income. Being medical doctors and having completed their clinical training and having practiced following graduation these medical doctors bring a valuable perspective to the undergraduate medical course. They can better highlight the clinical importance of the basic sciences, contribute to the small group sessions as facilitators, and help with curriculum design and management.

Today two and a half decades after I completed my residency/postgraduation I am happy with my contributions to health professions education. Medically qualified doctors specializing in non-clinical subjects are a valuable resource. The medical education system should better utilize their experience, knowledge, and expertise.