

ORIGINAL ARTICLE

Department of medical education requirements in a developing country: A qualitative study.

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ABSTRACT... Objective: To investigate what is needed to standardize and enhance Medical education departments in Pakistan, specifically focusing on faculty qualification, departmental organization, and policy guidelines. **Study Design:** An Exploratory Qualitative Design. **Setting:** Twenty-two faculty members trained in MHPE from Pakistan's public-sector institutes were purposively sampled. **Period:** 2021 and 2023. **Methods:** Was used, grounded in the professional identity framework and institutional theory. Twenty-two faculty members trained in MHPE from Pakistan's public-sector institutes were purposively sampled. Semi-structured interviews were done between 2021 and 2023 through one-to-one interviews. Data were transcribed, coded, and analysed thematically with triangulation by more than one researcher to establish rigour and credibility. **Results:** Five overall themes were identified: (1) Eligibility: Medical Educationists need to have appropriate medical or dental degrees, supported by appropriate clinical and teaching experience, and DME backgrounds. (2) Think Global, Act Local: Global patterns should guide but not supplant local approaches, with contextualization being a must. (3) Autonomy: Autonomous DMEs with well-defined organograms and job specifications are a necessity, backed by regulatory authorities like PM&DC. (4) Training and Traits: In addition to formal credentials, faculty need effective communication, teamwork, flexibility, and a lifelong learning attitude. Designated national training frameworks are necessary. (5) Pure vs. Dual Degree Holders: Full-time DME faculty should take leadership roles, while dual-degree holders make supportive contributions that enhance departmental operation. **Conclusion:** Strengthening DMEs necessitates policies prioritizing appropriate qualifications, guaranteeing formal autonomy, and encouraging lifelong training. Contextualized reforms, facilitated by regulatory agencies, can empower the Department of Medical Education to assume a transformative role in shaping medical and dental education in Pakistan.

Key words: Autonomy, Faculty Eligibility, Health Professions Education, Medical Education, Policy.

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INTRODUCTION

Medical education was a burgeoning sector for a decade, and now it is in the center of attention for Pakistani policymakers. Because of the evolving curriculum and use of innovative techniques in assessment and in the curriculum, authorities have given the directions towards a more developed and sophisticated Department of Medical Education in Pakistan.¹ Several institutions did the same, often assigning faculty from other schools of academic departments to staff these departments.² The Medical Education department is mandatory for bridging the educational gaps.³⁻⁶ The PM&DC regained its regulatory function in 2023 and in 2023–2024 was recognized through a World Federation of Medical Education (WFME).⁷⁻⁹ Regulatory landscape of the PMDC changed and expanded over time. Hierarchy of these systems became clear, yet there

are issues for institutes in finding the right staff and in assigning responsibilities to Medical Education Department faculty; moreover, different institutes follow different policies regarding this department.

In spite of these measures, issues remain. It is not clear what career opportunities for Medical Educationists are, with blurry roles and responsibilities leading to confusion in policy decisions from institute to institute.^{10,11} These kinds of ambiguities render DME in Pakistan less efficient.

This research investigated what is needed to standardize and enhance Medical education departments in Pakistan, specifically focusing on faculty qualification, departmental organization, and policy guidelines, attributes, and faculty facilities needed for Medical Educationists in Pakistan.

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It addresses a gap in the literature, as few studies have taken a deliberate approach to highlight these needs in medical and dental education.

METHODS

An exploratory qualitative approach was taken^{12,13}, theorized under Professional Identity and institutional theory, a seminal piece of scholarship by Scott^{14,15,31} in a constructivist paradigm.^{16,17}

22 faculty from DMEs of government institutions were recruited in 2021-2023 using purposive sampling. Professional networks and LinkedIn were utilized to issue invitations.

Interview guide was developed after conducting a deep literature search, and then validation of this interview guide was done for 5 expert medical educationists. Then, their responses were taken into consideration, and the interview guide was again streamlined and corrected so that the reliability of the interview guide can be increased. We piloted the interview guide for 5 participants.

Institute ethical approval was taken (PIMC/DMR/16-27-11-21), and consent was taken individually from each participant.

Data was collected through semi-structured one-on-one in-depth interviews until data saturation was attained.¹⁸

Interviews were transcribed verbatim and analyzed thematically. Coding was done independently by three different researchers, and triangulation and reflexivity strategies were applied for enhancing rigour trustworthiness through meticulous recording of each step. Researchers' and participants' positions and roles were described in a bid to promote reliability and confirmability of the findings. Themes emerged from interview data are depicted as follows:

RESULTS

Twenty-two participants were involved in the research. 43 preliminary codes were identified through preliminary coding, then merged into 30 codes, from which five main themes and 11 subthemes were determined.

Theme 1 Eligibility

This theme emerged after data analysis with 2 subthemes. Members were unanimous in determining the discipline-specific background (MBBS/BDS for medical or Dental colleges) and relevant Medical educational, clinical, and departmental experience for faculty in DME. P1 said,

"Moreover Medical Educationists must have relevant basic qualifications as there are major differences in curriculum. They are best for their line and this is the reason MHPE is offered to the Nurses Physiotherapists and medical and dental doctors as well".

P3 explained,

"...we need dedicated Medical Educationists here with experience in teaching and clinical settings".

Theme 2 Think global act local

Though educationists in general provide their contributions world-wide, stakeholders maintained that Pakistan requires health-specific educationists owing to its immature environment.

As described by P4,

"It is very important that global experiences must be contextualized in Pakistan".

"There is a phrase, "think global but act locally". as said by P4,

"Globally, yes general educationists have roles to play in medical education in different countries, but their systems are already mature. I do not think in Pakistan the education system is mature enough".

Theme 3 Autonomous department supported by governing bodies

Autonomous DMEs with separate organograms, hiring full-time employees, and distinct job responsibilities were stressed. Support from regulatory authority that is PM&DC was also viewed as a necessity. P1 said,

"...for better-medical education, separate departments with full-time faculty is the need of the hour... and content experts are separate, I will go for separate departments... if boundaries will not be defined meaning who has to work for what and what

is the limit and autonomy and output will be affected adversely”.

And P10 explained,

“PMDC needs to define the job description and give autonomy to full-time Health Professions Educationist...”

Theme 4 Training of Medical educationists

Another theme that emerged during interviews and later in data analysis was apart from academic accomplishments, teamwork, effective communication, working patiently, and life long learning ability were emphasized upon as being most important. As told by P3,

“Medical Educationists must have good relationships with the faculty of colleges when Medical Educationists become authoritarian and judgmental faculty members feel pressurized and then change becomes impossible. Change is a stepwise process and you have to take everybody on board, at their own will so it's very important how you approach and convince them for change. We have to understand that we are a part of their team and we need to act as team members...”

“Moreover good communication is also to work on. Patience and commitment are required.”

“they should have a good reading habit and lifelong learner”.

P8, said in interview that the courses or training programs of Medical Education must be developed with consensus of experts and agreement on terms must be established

“Regulate training programs of Medical Education. Agree upon Definition of terms and frameworks for training”.

“Quality must be assured in the training of Medical Education Faculty.”

P3 said

“It was thought that every doctor can be an educator too nobody thought that there is so much technicality in this field.”

THEME 5 Importance of pure and dual degree holder health profession educationists

This theme had 2 subthemes and 18 participants explained that the Full time Medical Educationists must be appointed at a leadership role. Full time faculty of Medical Education must be the heads of all the academic committees. P10 and P4 said in interview,

“But Full-time Medical Educationists must lead faculty in these committees, in DME and in DME subunits as well.

As far as the roles of part-time faculty are concerned, they emerged to be in a supportive role for full-time faculty. Part-time faculty have limited time to work in both departments so they can look after their disciplines and serve as supporting faculty of Medical Education with specified hours designated for its working. Moreover, they have leadership roles in their departments and are assets for their departments. P11 and P1 told,

“Since I am a dual degree holder so I can tell you better about the roles of part-time faculty in DME, these include teaching improvements through feedback and assessment improvement in my own discipline e.g. validity, reliability, Post Hoc analysis in my discipline”.

DISCUSSION

Faculty Qualifications and Eligibility

The necessity of synchronising faculty qualifications with the needs of the Department of Medical Education (DME) in Pakistan was highlighted in this investigation. Interviewees repeatedly emphasized that faculty in medical education must possess primary medical or dental qualifications, such as MBBS or BDS, alongside postgraduate qualifications in medical education and working experience with mentors in field.¹⁹ They stressed that both foundational qualifications and professional experience of Medical Educationists must be relevant to the institutional and clinical context. This alignment ensures that Medical Educationists can effectively engage in relevant professional identity and relate to the clinical and curricular settings of medical and dental schools, which differ significantly

from general education environments.²⁰

Similar findings have been reported internationally, where congruence between professional background and educational expertise enhances credibility, authority, and professional identity formation among medical educators.³ Relevant policy making along with interest in curricular reforms quality education can further improve the health care.^{21,22} Furthermore, clinical exposure, prior teaching experience, capturing opportunities to learn in faculty development programs and involvement in medical education-related activities strengthen educators' capacity to function as institutional leaders rather than solely instructional facilitators.^{23,24} These findings reinforce the notion that faculty in this specialty must operate simultaneously as medical education experts and educational leaders.

Contextualization

This study strongly reflects the principle of "think global, act local," underscoring the necessity of contextualising international educational practices within the local cultural and institutional environment. Although global medical education models have demonstrated success, participants emphasized that direct transplantation of such models into Pakistan may not produce optimal outcomes due to differences in institutional maturity, regulatory frameworks, and resource allocation.

This observation aligns with broader higher education reform literature, which suggests that educational reforms are more likely to succeed when grounded in sociocultural and institutional realities.^{10,11} In Pakistan's evolving educational landscape, reliance solely on general educationists without medical or dental backgrounds may dilute discipline-specific objectives. Sustainable reform therefore requires integrating global best practices with locally adaptable strategies.

The Imperative for Autonomous Departments

Another significant finding was the need for autonomous and fully functional DMEs with clearly defined job descriptions and structured organisational arrangements. Participants advocated for departmental autonomy supported by regulatory oversight from PM&DC to ensure standardisation

and accountability.

Existing literature supports the establishment of structured medical education departments with defined governance mechanisms and clarified role delineation.² Without organisational clarity and administrative independence, inefficiencies may arise in curriculum reform and faculty development initiatives.²¹ Autonomy fosters innovation, strengthens productivity, and promotes accountability. Well-defined organograms further facilitate collaboration between full-time and part-time Medical Educationists through transparent role allocation.

Faculty Training and Professional Development

Sustained professional development emerged as a core theme. Participants emphasized that beyond academic credentials, Medical Educationists must demonstrate effective communication skills, teamwork, adaptability, patience, and a commitment to lifelong learning. These attributes position educators as change agents capable of guiding institutional reform processes while fostering collegiality and trust.

International scholarship increasingly recognizes medical educators as facilitators of institutional change rather than merely content experts.^{25,26} Furthermore, structured faculty development programs and consensus-driven training frameworks contribute to quality assurance and national-level standardisation in health professions education which has been feared to be affected through rapid growth of institutes.^{23,27}

Pure vs. Dual Degree Holders

The department of Medical Education has numerous constructive roles to play in a health care setup.²⁸ An important finding concerned the complementary roles of full-time "pure" DME faculty and dual-degree holders. Participants suggested that full-time Medical Educationists should assume leadership roles within DMEs, shaping departmental direction and chairing academic committees. In contrast, dual-degree holders—who maintain responsibilities in clinical or basic science departments—were viewed as valuable contributors in supportive capacities.

Literature describing the heterogeneous composition of medical education departments supports this collaborative model, indicating that diversity in professional background enhances departmental effectiveness when appropriately structured.^{24,29} Such an arrangement ensures that educational reforms remain grounded in clinical realities while being guided by specialized medical education expertise.

Policy Recommendations

These conclusions have tremendous implications for regulatory bodies like PM&DC, who are instrumental in determining criteria for eligibility, descriptions of jobs, and departmental hierarchies. Policies defining the extent of DME faculty, autonomy of the department, and necessary qualification can go a very long way in fortifying medical and dental education in Pakistan. Global organizations like WFME continue to influence the scene through accreditation standards that focus on the contribution of trained faculty and streamlined departments.²³ Therefore, national policy needs to walk a tight rope where on the one hand, it adheres to international accreditation standards, but on the other hand, remains responsive to local necessities.

Strengths and Weakness of The Study

One of the key merits of the study is that it is qualitatively structured, allowing for faculty views to be explored in depth in several Institutes of Pakistan. Having MHPE-qualified participants brings a sense of credibility since they bring both theoretical and practical understandings of Medical Education. Further, triangulation of data analysis with the input of numerous researchers ensured a measure of rigour and limited bias. Nonetheless, the study had certain shortcomings. Its sample size was small, although adequate to achieve qualitative saturation. Recruiting participants from more institutes could serve to broaden generalizability. Further, a dependency on a measure of self-reports carries the danger of subjectivity, although reflexivity measures were in place to limit the same.

Future Direction

Future studies must try to broaden the focus of this inquiry through a larger and more heterogeneous sample of DME faculty from various provinces and

different kinds of institutional locations, such as private universities in the sector. Panel studies could offer insightful understanding of how departmental arrangements and policies change over time, especially as refinements are made in regulations through the PM&DC. Comparative studies in other regional countries might also assist in determining best international practice in adapting to a particular setting. Lastly, studies must assess the impact of particular training initiatives and professional growth plans for preparing Medical Educationists for the leadership needed for educational reform.

CONCLUSION

Such a study underscores the necessity for well-organized and independent Departments of Medical education in Pakistan, backed up by clear policies from the regulating authorities. Faculty suitability needs to match institutional imperatives, implying corresponding medical or dental qualifications, exposure to clinics and teaching, and interpersonal abilities. Though international models are helpful models, reform needs to be contextualized for Pakistan in a way that addresses weaknesses for constructive impact. Dual-degree and pure-degree faculty having complementary functions, in addition to professional education and development, can help enormously in functional Medical Education departmental output. Empowering Medical Education departments through independence, well-defined structures, and predictable policies in the end not only enhances medical and dental studies but furthers the cause of healthcare in Pakistan.

LIMITATIONS

Volunteers came from only governmental sector institutes. Wider representation would strengthen the generalizability of conclusions.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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REFERENCES

- Siddiqui ZS. **Medical education at crossroads: Recommendations from a national study in Pakistan.** Pakistan J Med Sci. 2018; 34(3):772-5.
- Aly SM, Shahid Shamim M. (PDF) **Way forward for Departments of Medical Education in Pakistan.** JPMA [Internet]. 2014 [cited 2020 Oct 17];64(7). Available from: https://www.researchgate.net/publication/266902798_Way_forward_for_Departments_of_Medical_Education_in_Pakistan
- Sethi A, Ajjawi R, McAleer S, Schofield S. **Exploring the tensions of being and becoming a medical educator.** BMC Med Educ [Internet]. 2017 Mar 23 [cited 2020 Sep 6]; 17(1):62.
- Latif MZ, Wajid G. **Reforming medical education in Pakistan through strengthening departments of medical education.** Pakistan J Med Sci. 2018 Nov 1; 34(6):1439-44.
- Asif Memon M. **The fledgling medical education in Pakistan: Challenges and recommendations.** Rawal Med J. 2013;38(4):325-7.
- Wajid G, Sethi A, Mahboob U. **Strengthening technical capacity of the Pakistan medical commission to bring reforms in medical education.** Khyber Med Univ J [Internet]. 2019 Dec 29 [cited 2020 Oct 15]; 11(4):201-3.
- Jawaid SA. **Pakistan Medical and Dental Council must improve its functioning and restore its image.** Pulse Int [Internet]. 2023; 24(9).
- Fatima SS, Yasmeen R. **The fate of health professions education as a profession: A road less travelled.** J Pak Med Assoc. 2023; 73(2):264-9.
- Omer W. Level-8 Ph.D. **Programs In Medical Sciences: High Time For The Higher Education Commission (HEC) Of Pakistan To Establish A Medical Wing.** J Rawalpindi Med Coll. 2024; 28(1):8-10.
- Vincent-Lancrin S. **Building Futures Scenarios for Universities and Higher Education: An international approach Organisation for Economic Cooperation and Development.** Vol. 2, Policy Futures in Education. 2004.
- Faghihy A, Hoseini Moghadam M, Yamani N. **Analysis of the Key Factors Affecting the Future of Medical Education Discipline in 2025 Based on STEPV Model: A Qualitative Study**. Adv Med Educ Pract [Internet]. 2020 Mar [cited 2020 Oct 15];Volume 11:191-201.
- Caelli K, Ray L. **"Clear as Mud": Toward Greater Clarity in Generic Qualitative Research.** Int J Qual methods. 2003;
- Merriam SB. **Qualitative research: A guide to design and implementation.** [Internet]. Wiley; 2014 [cited 2021 Jul 30]. 322 p.
- Monrouxe LV, Bullock A, Tseng HM, Wells SE. **Association of professional identity, gender, team understanding, anxiety and workplace learning alignment with burnout in junior doctors: A longitudinal cohort study.** BMJ Open [Internet]. 2017 Dec 1 [cited 2021 Jul 3];7(12):e017942.
- Lynn V. Monrouxe and Charlotte E. Rees. **Theoretical perspectives on identity: researching identities in healthcare education.** In: Researching Medical Education. 2015. p. 129 to 140.
- Isabel M, Sierra EH. **Pat conducting in-depth interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input.** 2006.
- Cresswell J. **Research Design: Qualitative, Quantitative, and Mixed Methods Approaches**-John W. Creswell. 2014;
- Cresswell J w. **Educational Research: Planning, Conducting, and Evaluating Quantitative and ...** - John W. Creswell - Google Books [Internet]. 2012 [cited 2020 Nov 19].
- Thomas LR, Roesch J, Haber L, Rendón P, Chang A, Timm C, et al. **Becoming outstanding educators: What do they say contributed to success?** Adv Heal Sci Educ. 2020 Aug 1; 25(3):655-72.
- Trede F. **Role of work-integrated learning in developing professionalism and professional identity.** Asia Pacific J Coop Educ. 2012;
- Nasim M. **Medical education needs to change in Pakistan Need of Curricular change:** J Pak Med Assoc. 2011 Aug; 61(8)790-4. 2011; 61(8):790-94.
- Ali SK, Baig LA. **Problems and issues in implementing innovative curriculum in the developing countries: The Pakistani experience.** BMC Med Educ. 2012; 12(1).
- Algahtani H, Shirah B, Alshawwa L, Tekian A, Norcini J. **Factors to be considered in designing a faculty development program for medical education: local experience from the Western region of Saudi Arabia.** Yeungnam Univ J Med [Internet]. 2020 [cited 2021 Jan 8]; 37(3):210-6.
- Al Shawwa LA. **The establishment and roles of the medical education department in the faculty of medicine, King Abdul Aziz University, Jeddah Saudi Arabia** [Internet]. Vol. 27, Oman Medical Journal. Oman Medical Specialty Board; 2012 [cited 2020 Oct 6]:4-9.
- Sethi A, Schofield S, McAleer S, Ajjawi R. **The influence of postgraduate qualifications on educational identity formation of healthcare professionals.** Adv Heal Sci Educ [Internet]. 2018 Aug 1 [cited 2020 Oct 15]; 23(3):567-85.
- Schuwirth LWT, Van Der Vleuten CPM. **Medical education: Challenges for educationalists.** Br Med J. 2006; 333(7567):544-6.
- Rajput AM. **Medical Education in Pakistan.** J Islam Med Dent Coll (JIMDC). 2012; (4):154-5.
- khalid T. **Faculty Perceptions About Roles and Functions of a Department of Medical Education.** J Coll Physicians Surg Pakistan [Internet]. 2013 [cited 2020 Oct 17];23(1):57-61.
- Batool S, Raza MA, Khan RA. **Roles of medical education department: What are expectations of the faculty?** Pakistan J Med Sci [Internet]. 2018 Jul 1 [cited 2020 Oct 15]; 34(4):864-8.

AUTHORSHIP AND CONTRIBUTION DECLARATION

1	Syeda Sanaa Fatima: Data collection.
2	Syeda Hanaa Fatima: Data analysis.
3	Syeda Ridaa Fatima: Interpretation.