The M. D. (Pharmacology) examinations: A call for better standards

The MD examination in pharmacology has always been an event which has evoked great trepidation in the candidates, pride in those selected as examiners, a sense of challenge to host it uneventfully in those heading the home departments, cunning in the technicians and assistants to help the candidates without the knowledge of the external examiners and lastly discontent in the hearts of many pharmacologists. Prior to the introduction of the DNB and DM clinical pharmacology course, the MD was the highest degree in pharmacology which was attained by a medical student after a specified course of study and therefore, the examination was conducted (most of the time) with the solemnity and seriousness it deserved. Later on, it lost its importance a bit as other examinations competed with it for pride of place. The format and content of an examination should normally reflect the knowledge, skills and attitudes that are expected of a specialist in that area. I feel that MD examinations in pharmacology, today stand on par with undergraduate examinations in all key aspects such as expected standard of knowledge (in theory and practical), difficulty level of exercises set, subject content of questions asked during the viva voce and set in theory papers etc. Though this accusation cannot be generalized to all institutions, many have noted a steady fall in standards which is not confined to pharmacology alone. Why this decline? What can be done about this?

One of the main reasons for the fall in standards is that more students started selecting pharmacology as their area of specialization for the wrong reasons. Gone are the days when the best outgoing graduates of medical schools opted for pharmacology. Women (and some men too) selected the course “to have an easy 9 to 5 job”. Those who did not want to exert themselves or who were not good enough to get into any other clinical course opted for Pharmacology. A third category of students were those who did not have any intention of being pharmacologists but needed a PG degree to lend authenticity and status to their clinical practice (who cares which subject the MD belongs to?) and there was yet another group called “service” candidates who after many years of working as tutors suddenly got fired with an enthusiasm to do their MD. Often considerably older than their colleagues, they became students purely to better their financial prospects in their service. The very few who opt to take up pharmacology out of a genuine interest in the subject get quickly pulled into this mire of mediocrity. Is it any wonder why we have the current state of affairs? Hence the caliber of the students opting for pharmacology as an area of specialization leaves much to be desired. This produces the vicious cycle wherein students are not interested in learning the subject and teachers are not prepared to teach disinterested students. The victims of this clash are the few sincere, interested students.

What surprises me is that many of the pharmacologists who were personally trained by the topmost pharmacologists of the country, who (in their heyday) insisted on setting extremely high standards for training and evaluation have generally given up the fight to maintain standards, wishing to enter a placid existence which does not involve controversy of any kind and tread a path of least resistance. What made them change their views? Is it the usual mellowing seen with age or a conscious decision to give up the fight to maintain standards?

It is a sad state of affairs that many a time candidates who fail in the MD exam resort to legal recourse, stating reasons all unrelated to academic pursuit as the root cause of their failure. This has resulted in a knee-jerk reaction by many of the faculty who seek the path of least resistance by passing (and sometimes even requesting the external examiners to pass) all candidates. The reactions of administrators towards faculty members who still strive to maintain high standards are pathetic. Administrators use the currency of a pass as a measure of success of their institutional goals and are more interested in preventing situations which may lead to legal tussles than in improving the standard of postgraduate education. Sadly, in India, the percentage of students passing an examination can no longer be considered a sensitive indicator of the academic health of a department or institute. Hence rather than encouraging the faculty to pass only the deserving students, they (administrators) put pressure on them to pass all postgraduates including the undeserving ones on the supposition that a student who has passed the examination will not go to court!

The selection of examiners for the examinations is also based on (a) how well a person is known to the head of the department or controller of examinations of a university, (b) whether he/she is a good examiner? (good should be read as one who asks very few questions and passes all candidates who appear for the examination) (c) whether he/she will accept examinership without refusing when called at the very last moment, (d) how close to the college a person lives (hence the university will save a large sum of money which would otherwise be spent as travel allowance) (e) whether the person is in a position to return the favor of inviting you back as examiner / visiting professor (f) whether one has connections in high places which can be profitable later on. The last thing on anyone’s mind is the caliber of the person as a pharmacologist. It is also quite amazing how these considerations take
a back seat when the Medical Council of India (MCI) is inspecting the department during the MD examination for the purpose of granting PG recognition. Then, only those teachers with a well proven academic track-record are chosen.

An example of the rot that has set in needs no further proof than a cursory look at the question papers in various universities all over India. Very often, during the course of a single examination, not even 50% of the entire range of topics is covered. At times, the same question will be asked in two different papers, and the majority of the questions (and at times the whole paper) will be repeated from previous years. The grammar and the language used are often poor with plenty of spelling mistakes. The difference in standard from university to university and college to college is vast. Some universities have central valuation wherein the theory papers are evaluated by another set of examiners while some have a system wherein all four examiners evaluate the papers while the practical examination is going on. There is also a proposal on the cards to have MCOs as a part of the theory examination in the future. Central valuation has lost its validity as examiners vie with one another to correct the maximum number of papers in a given time and obtain more remuneration.

The MD is the passport that a student shall henceforth be considered an expert in the subject and this very reason should be a strong incentive for examiners to take their job seriously. In my opinion, no other consideration other than the student’s performance should be permitted to affect the judgment of the examiners. Passing candidates on the premise that “they will not continue in the field of pharmacology” and hence will not do “harm” to the subject is an example of the myriad excuses examiners give for passing undeserving students.

What should be the students’ expectations of an MD examination? Students should be informed well in advance (at the time of joining the course) about the manner and content of the examination. They should also be given a fair evaluation with adequate time, all-round treatment of topics, questioning by the entire panel of examiners, proper equipment and adequate number of animals to conduct experiments, good quality chemicals and comfortable surroundings to conduct the experiments. Examinations should start on time (often they do not). External examiners and sometimes internal examiners too come late. There was a time when the external examiners would be whisked away on a rapid sight-seeing or shopping trip while the candidate was doing the “dog experiment” and the candidate would have to wait until they returned or would be asked carry on with the next exercise to give time for the examiners to enjoy themselves. The entire questioning (seat viva) would be done the next day, with the examiners only looking at the graphs obtained. The absence of examiners in the near vicinity of the candidates was a deliberate ploy (hatched by the host department) to enable technicians or others to help the candidates during the experiment.

What is the recipe for change? There has to be a call from the faculty and students for better standards of evaluation. To begin with, the qualifications for examiners should be more specific. Only teachers with an MD degree in pharmacology who are working in colleges with a recognized postgraduate training program should qualify as examiners. Further, they should have had at least ten years experience in teaching postgraduates with five of them in the last five years. They should also have at least three publications (original research work, not case reports / review articles or letters). These stipulations would take care of a reasonable standard. Besides this, the panel of examiners should be selected from a list submitted by all colleges under a university. This would ensure a broader representation of teachers. However, nothing will work if the examiners themselves do not aspire to maintain standards. Also, newer methods of evaluation that take into account the students’ accumulated body of knowledge, skills and experiences would be welcome. Maintenance of logbooks, regular written tests, evaluation of journal clubs, attendance at workshops, grades for assignments should all form a part of the final assessment.

Even though the dissertation takes up so much of time, effort, and funds, in the end the evaluation is very cursory. Universities do not send the dissertations to the examiners on time and sometimes hand it over on the day of the practical examination. Which examiner would like to reject a dissertation after having come all the way and having partaken the (sometimes excessively lavish) hospitality? The oral defense of the dissertation should form a part of the evaluation and the examiners should approve or reject it only after this. At present, examiners are sent the bound copies in advance and are expected to send their comments by post. Once the examiners have given their comments there is no way of revoking it. This system must be changed because given the poor quality of research in many medical colleges, examiners must be convinced of the authenticity of the work and the ability of the candidate to defend it.

Finally, I would say that constructive criticism is the only means by which we can hope to improve the present scenario. Improving the quality of examinations must be a priority insisted upon by all educators. Constant monitoring by taking feedback from students and examiners and modification of the form and content on a regular basis should form a part of the M.D. curriculum. Only then can we be truly proud to welcome an M.D. in pharmacology into our fraternity.

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References