

# **Patan Academy of Health Sciences – A brief review of its history, current status and challenges.**

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As Patan Hospital is celebrating the 25<sup>th</sup> years of its public service, it is important that we not only report on its past achievement and current activities but also shed some light on its future development. Since the Patan Academy of Health Sciences (PAHS) project encompasses all the three time periods, an attempt is being made here to give an account of its genesis, the current status and its future prospects. It is hoped that this article will not only help its readers to understand the theoretical underpinnings of this initiative but also stimulate and inspire them to become informed active participants in its successful development and effective operation.

## **Context**

Compared to the status of the health sector 50 years ago, Nepal has made tremendous progress. About half a century ago, medical care was only available at a few hospitals in Kathmandu and even fewer small hospitals outside Kathmandu, and there was no health care system as such. Today we not only have a national network of primary health care institutions, we have even made great progress in some specialized areas of medical treatment such as eye care and cardiac care. Similarly, until 1978 Nepal did not have any infrastructure to train physicians within Nepal, but today we have the capacity to produce over 1000 doctors annually. We have therefore clearly made tremendous progress in our capacity to produce human resources for health. While these are positive accomplishments of which we should be proud, we still need to address Nepal's current challenges in health care.

In the big picture, Nepal faces two major challenges. First and foremost is the gap between the level of medical care available in advanced medical centers in the developed world and in Kathmandu and other major urban centers in Nepal. Second is the persistent divide in terms of access and quality of medical care in rural and urban Nepal. It is essential that we take appropriate measures to narrow both of these gaps. While these gaps differ in scope and may appear to be in conflict with each other, they are in fact closely related.

Given Nepal's current level of economic and technological development, one is naturally tempted to think that the country should focus its attention, at least for the time being, exclusively towards availing basic health care services to the people at large. While the underlying rationale of that proposition is sound, if we do not consider a longer term perspective, we run the risk of perpetuating our complete dependence on foreign support to cope with technically complex and intellectually demanding health care issues.

In present-day Nepal, every time a problem or agenda of intellectual nature arises, external consultants come from other countries to instruct us in how to manage the matter. Unfortunately, we tend to forget that no matter how brilliant the consultants may be in or how hard they try, since they are from a different socio-cultural context, they can not provide us with the best prescription to effectively deal with our problems. Consultants come to Nepal to complete an assignment; they will not have to live with the consequences of their decisions. This is a matter of great concern for Nepalis because it may have serious consequences not only for the present generation but also for the generations to come. Therefore, it is us, the people of Nepal, who need to assert our rights to define our agenda, pursue it to completion and thereby shape our collective destiny. This is the only way we will acquire the needed competence and the confidence to effectively manage our own collective future. Although we value and benefit from the perspectives, expertise and contributions of external consultants or partners, we should acknowledge that the Nepali people have the greatest understanding of what is best for Nepal. Only when we strengthen our intellectual and technical capabilities will we be able to carry out these responsibilities in an appropriate and effective manner.

One of the reasons that Nepal has lagged behind in accomplishing its developmental goals despite the enormous investment of foreign aid is that we have allowed ourselves to be blind followers of a donor driven agenda. The health sector is not an exception to this. Most of our national health policies and programs are still influenced by the thinking of expatriate consultants working for donor organizations. It is now time to rectify our behavior so that we can truly build a new Nepal as mandated by the recent popular uprising.

To truly transform Nepal's health scenario there is no question that we need to improve our situation on many fronts. Of course we should do everything under our power to eradicate poverty, improve education, and make opportunities equally available to everyone. However, since each of us can do only so much in the area we know best, we are deliberately confining our discussion to the technical aspects of health care. While technical interventions per se are not sufficient to improve the situation, we take the position that there is an urgent need to drastically change our approach to addressing technical issues. One way to reduce the two large gaps described at the beginning of this article is to build a number of centers of excellence that will enable Nepal to excel in three fields: medical care, medical research and medical education.

Nepal needs centers of excellence in medical care to provide for the health needs of its population. No matter how effective the basic health care services are, people are bound to be affected by complex medical problems that can only be properly addressed by centers with rich pools of medical expertise in various clinical specialties, state-of-the-art technology and an efficient management system. This will provide several advantages. First and foremost it will avail highly specialized medical care within Nepal and provide the Nepali people with an opportunity to benefit from modern medical knowledge and technology. It will also greatly reduce the current trend of Nepalis going abroad for medical treatment and thereby draining the national resources. One can make an

argument that as a large proportion of Nepali people are extremely poor, the provision of such care will be out of their reach and therefore such proposition is absurd. However, that is only one side of the coin. If the state is not willing to invest in such endeavors, one is either forced to die prematurely or suffer unnecessarily or be prepared to pay even more by going out of Nepal. Additionally, we need to establish and run these centers for the training of our future specialists to develop human resources for health care. Indirect benefits of creating such institutions of excellence include attracting the Nepali medical diaspora living in Western countries to come home and contribute to the enhancement of medical care in Nepal, as well as preventing our young medical professionals from acquiring the mindset that superior health care is not possible in Nepal.

Second, there is a need to create centers of excellence in medical research. In order to produce and retain the top quality researchers - the intellectual capital of our country - facilities for high-quality research must be available. In the absence of such capital, we are afraid that we will not be able to generate relevant and valid data on issues and challenges faced by our national health system, including the fields of clinical and public health. For example, the collection of accurate data on the health status and specific health issues of various parts of Nepal, including the Terai, rural hill areas, and the Himalaya will be invaluable for the development of effective national health care policies and optimal use of our limited resources. Otherwise, we will be dependent on receiving prescriptions from others and will ultimately be disempowered from taking our destiny in our hands. Another benefit of the creation of superior research facilities is that it will promote collaboration between Nepali scientists and medical researchers abroad. Such collaboration is absolutely critical for the effective transfer of scientific and technical knowledge into our country and will thereby enhance the level of scientific research in Nepal. On the other hand, if the quality of our scientific research is not up to the mark, we will not be able to attract and sustain such collaboration.

Finally, centers of excellence in medical education must be created to enable Nepal to develop and support appropriate human resources for health needed by its national health system. The health human resources produced must be technically competent, socially responsible and willing and able to meet the existing and emerging health care challenges of Nepal. More importantly, we also need to attract, encourage and nurture young Nepali talents to become leaders in their fields of health related sciences and thereby shape the future system of medical education, medical research and health care services system. Needless to say, such centers should research, experiment, demonstrate, lead and promote innovative approaches in medical education in areas such as student admission, curriculum, teaching methodology, appropriate educational resources, student assessment, and faculty development. At the same time it should be at the forefront to uphold, nurture and disseminate the value of social accountability of medical schools. This would include, among other things, development of an effective and sustainable model of synergy between academic institutions and the national health system to address the priority health problems of the nation. In addition, such centers should be willing to develop linkages and collaborations with like-minded medical education centers both within and outside Nepal. Only then will Nepal succeed not only in addressing the

current shortage of health personnel in rural health care institutions but also in attaining a reasonable level of national self-sufficiency in the area of human resources for health.

In summary, a group of several centers of excellence in medical education, research, and care will enable Nepal's health care system to provide high quality, cost-effective and humane health care services to its people, conduct comprehensive research on the important health issues throughout the country, and produce personnel who are capable of excelling at health care, research, and health policy and program management. These institutions of excellence will contribute towards reducing the gap between the health resources in Nepal and those throughout the developed world. Furthermore, through research on health needs of rural Nepal, the use of telemedicine, and increased retention of health care personnel, among other methods, the centers will also diminish the rural-urban divide.

The vision of a small group of elite health centers in Nepal is not a dream to be realized in the distant future. The development of the Patan Academy of Health Sciences (PAHS) is one of the first steps in actualizing this vision. PAHS will enable Nepal's health care infrastructure to begin to truly harness its own potential and manage its own medical issues, including matters of great complexity.

### **History of PAHS**

Since Shanta Bhawan Hospital was involved in training nurses almost from its inception in the early 1950s and later that role was extended, to a limited extent, to training medical students and interns, Patan Hospital opted to give continuity to that legacy. With the growth of the for-profit private medical schools in Nepal since the mid 1990s, Patan Hospital was approached by several of the private medical colleges to become a teaching hospital. However, the then leadership of the Patan Hospital consistently refused to assume that role, reportedly because of the fundamental difference between these two institutions in terms of purpose, values and ethos. It was only in the year 2002 that the then leadership of Kathmandu University Medical School (KUMS) formally approached the Patan Hospital leadership to assume the same role. Because there was much common ground between these two institutions, each of them became excited about this potential marriage. The negotiation committees were formed, series of meetings held and sites visits were exchanged. Unfortunately, however, the marriage was never materialized despite both parties almost reaching the final stage of agreement on two consecutive occasions. There obviously were and are many reasons and explanation for that result. However, we shall let history make a judgment on those events.

In any event, the seed of PAHS was sown in the month of November, 2003 when a group of medical educators dissociated themselves from KUMS and entered into a dialogue with the colleagues from Patan Hospital and both parties agreed to jointly collaborate in initiating an innovative medical education program. On the meeting held between two parties on the 13<sup>th</sup> of November, 2003 it was decided that we form a seven member Medical School Steering Committee (MSSC) to give a meaning and direction in achieving that goal. As the medical director of the Patan Hospital, Dr. Mark Zimmerman

was to be the chairman of this committee. The rest of the MSSC members comprised of Neelam Adhikary (substituted by Kundu Yangzom following Neelam's health issues), Achyut Rajbahndari, Rajesh Gongal, Kedar Baral, Saroj Dhital and Arjun Karki (Member-Secretary). The committee was later extended to nine members with the addition of Drs. Shambhu Upadhyay and Bruce Hayes and everyone insisted that Kundu should continue as the MSSC member despite the fact that Dr. Neelam Adhikary was back to work. The MSSC was entrusted to carry out two major tasks:

- a) To analyze all the key issues related to the establishment of a new medical school in Patan Hospital
- b) To prepare a blueprint (plan) to achieve that goal

Even though the committee was thinking of a new medical school, during its deliberation, it became clear that in order for a new medical school to be established one not only needs to fulfill certain prerequisites as laid down by the Nepal Medical Council (eg. curriculum, faculty, infrastructure including a 300 bed hospital) but also needs a formal blessing from a university. Because we already had a reputed general hospital with a comfortable size of clinical faculty, we decided to address the university issue first. Though we all wanted to fulfill the legal requirements, we wanted to make sure that we retain the maximal academic, administrative and financial autonomy so that we could launch an innovative medical education program with free hand. We had three options before us each with its merits and demerits. First among them was to affiliate with one of the existing universities the country. We ruled out this option, because we not only had to follow their existing curriculum strictly (which would close the door on innovative approaches in medical education) but were required to pay a sum of 10 million rupees annually as an affiliation fee – an amount that we used to spend to provide charity care to the poor patients who come to Patan Hospital. Second was to be a constituent part of a university that does not yet have medical faculty. We had a series of meetings with the then leadership of Purbanchal University (PU) regarding this issue. However, despite having many advantages over the first option, we abandoned this idea mainly because of the risk of potential disenchantment among the Patan Hospital staff because of the perception of potential sell out to PU. That led us to adopt the only option left and that was the establishment of our own Health Science University. Though creating a new university is a formidable task, this was the option that would give us the maximal autonomy possible. Therefore, the MSSC unanimously agreed on to pursue the third option of establishing a new health science university, which was later called the Patan University of Health Sciences (PUHS). That proposal was then presented before the various committees in the hospital, namely Hospital Officers, Chief of Services, Senior Doctors (26<sup>th</sup> January 2004), Department Heads Committee, Nursing Supervisors, Staff Representatives (27<sup>th</sup> January 2004), and Internal Management Committee, and was endorsed by an overwhelming majority. That proposal was then put forward before the Patan Hospital Board held on 9<sup>th</sup> March 2004 which not only endorsed the proposal but authorized the MSSC to undertake all the necessary steps needed to plan and establish the new medical school as an integral part of new Health Science University.

This is not to say that it was an easy sale. Many people were skeptical about this proposal and did not feel comfortable. Some were simply terrified because of the fear of the unknown. For reasons best known to themselves, some were actively and systematically

orchestrating different moves to not let this initiative come true. This moves continued even after two feasibility studies (academic and non academic) conducted by external reviewers concluded that it is not only feasible but a desirable initiative. However, the MSSC did not lose its hope and conviction. It continued to garner the national and international support resulting in two consultative meetings (24-26<sup>th</sup> October 2005 and 30<sup>th</sup> October – 3rd November 2006) and formation of a PUHS International Advisory Board comprising of prominent academic leaders affiliated with prestigious universities in North America, Europe, Australia and Middle East Asia. In addition, the MSSC also continued its preparatory works such as training workshops on Problem Based Learning (15-18<sup>th</sup> April 2004) and on Curriculum Development (27<sup>th</sup> February – 1<sup>st</sup> March 2006). Slowly through well-coordinated educational dialogues and the continued momentum of the efforts, the whole hospital rallied behind the proposal.

It is worth mentioning here that this was a period where the very future of Patan Hospital was uncertain in terms of its legal status and future governance. This situation occurred when the United Mission to Nepal (UMN) phased out its involvement in running the Patan Hospital along with the Ministry of Health. This was also a time when the whole country was going through political instability. The Maoist insurgency, the state of emergency, and the royal takeover did not create an atmosphere where people in power would listen to such a proposal. It was only after the new popular uprising nearly two years ago that things started happen. The government decided to bring the governance of Patan Hospital under what is called “Bikas Samiti” or Development Board. The governing board of Patan Hospital was changed. The new leadership of the hospital reviewed the PUHS proposal on 9<sup>th</sup> February 2007 during its board meeting and made the following decision:

1. Reaffirm its commitment to and provide the needed leadership to materialize the PUHS proposal of Patan Hospital.
2. Form the PUHS Project Committee to undertake all the needed work to establish PUHS.
3. Provide the PUHS Project Committee with the necessary resources to enable it to achieve its goal.
4. Spearhead the formal negotiation process with the government for PUHS approval

Following that decision, the PUHS Project Committee was formed and comprised of Drs. Rajesh Gongal (later substituted by Dr. Kundu Yangzom when Rajesh became the Medical Director), Bharat Yadav, Achyut Rajbhanadari, Shambhu Upadhyay, Arjun Karki, Mr. Dil Bahadur Bhandari, Mr. Macha Bhai Shakya and later joined by Dr. Gregg Tully as a PUHS volunteer. The committee was also provided with office space and necessary furniture. Soon after that on 27<sup>th</sup> February 2007 the Patan Hospital leadership along with PUHS Project Committee met with the then Hon. Deputy Prime Minister and Health Minister Mr. Amik Sherchan and submitted a formal application to get the PUHS approved by the government who told the delegates he is fully in support of this initiative and would like to move it forward. He also suggested that a draft of PUHS Act be submitted soon. In the mean time he was succeeded by current Hon. Minister of Health

and Population Mr. Girirajmani Pokhrel. The same team met with him on 29<sup>th</sup> May 2007 and resubmitted its application as well as the draft PUHS Act.

As our application was proceeding, we came to know that the PUHS proposal need to be concurred by the other Ministries of the Government of Nepal, namely Ministry of Education and Sports, Ministry of Finance and Ministry of Law and Justice. It is in this process of obtaining their concurrences that we were told that Ministry of Health can not propose and oversee an institution that bears the name of a University. A university related proposal could come only through the Ministry of Education. On the other hand, the Health Ministry could propose and be the line ministry if the institution is called “Pratisthan” (= “Institute” like BPKIHS or “Academy” like NAMS). It was a difficult moment for all of us to make a choice. We were therefore forced to review our basic mission behind establishing a new academic institution , which we did and keeping in mind the current situation in the country, decided to go for the “Pratisthan”. The name therefore was changed from Patan University of Health Sciences (PUHS) to Patan Academy of Health Sciences (PAHS) or “Patan Swathya Bigyan Pratisthan”. The PAHS will enjoy all the authorities and privileges that a university does except that under the law of the land, it can not give affiliation to other institutions.

As a result of the combined effects of the ownership taken by the Ministry of Health on PAHS initiative, the good will shown by the Rt. Hon. Prime Minister Mr. G. P. Koirala, the support provided by all the key leaders of seven political parties, the sympathy and solidarity shown by our PAHS National and International Advisory Board members and many, many known and unknown people within and outside Nepal, the government has granted its official endorsement on PAHS proposal on 20<sup>th</sup> August 2007. We are deeply thankful to all of them. Needless to say the credibility of Patan Hospital and the hard work made by the Patan Hospital leadership, PAHS project committee and the strong support from the entire staff of Patan Hospital also contributed significantly in making our collective dream come true, which we appreciate very much. Now the challenge before us is how effectively can we operationalize our vision into practical reality.

### **Features of PAHS**

As an autonomous and socially accountable academic institution of higher learning in health sciences, PAHS has adopted the following mission and goals:

#### **Mission**

PAHS is dedicated to sustained improvement of the health of the people in Nepal, especially those who are poor and living in rural areas, through innovation, equity, excellence and love in education, service and research.

#### **Goals**

- Train technically competent, caring and socially responsible physicians and other health care professionals who:

- believe in compassion, love, respect, fairness and excellence.
  - communicate well with patients, family and colleagues
  - are committed to life long learning and
  - have the willingness and ability to become inspiring leaders in their respective fields and deal with the existing and emerging health care challenges in Nepal.
- Sustain and upgrade the quality of the current health services of the PAHS related hospitals preserving the tradition of giving special consideration to the needs of the poor and disadvantaged.
  - Undertake appropriate clinical, public health and biomedical research.
  - Work in collaboration with the national health system (NHS) to contribute to the improvement of the health status of the people in Nepal and proactively encourage the national government in the development of appropriate health policies, programs and systems to uplift the health of the rural poor.
  - Enable deserving students from disadvantaged sectors of Nepali society to access health science education including medical, nursing and other allied health science education.

In achieving these goals, PAHS is committed to pursue innovative approaches in all aspect of its endeavors. That would include, but not limited to, student admission policies, curriculum, teaching methodologies, training sites, faculty recruitment and promotion, research and scholarship, partnership with all key stakeholders in the field of health and incentive packages and technical support for its graduates who choose to go out and work in rural areas.

### **Current Status and Challenges of PAHS**

Although considerable progress has been made towards actualizing the vision of the Patan Academy of Health Sciences, many substantial challenges remain. The success of PAHS depends on the efforts and dedication of the PAHS team, the staff and supporters of Patan Hospital, and the international network of supporters of PAHS.

As articulated in the original concept paper, PAHS envisions to engage in the training of different kinds of human resources required to meet the needs of our national health system. However, at the operational level, it will start its academic activities with the launching of MBBS training program. With the consolidation of the needed infrastructure and faculty strength combined with the enrichment of our institutional experience and credibility, we plan to move beyond the MBBS level.

First, the project has an urgent need for start-up funding for the construction of classrooms, laboratories, a library, and a student hostel. Funding is also required to provide these rooms with furniture, laboratory equipment, books, computers, and other

educational and medical supplies. This funding must be obtained in the near future to enable construction of the infrastructure to begin in a timely manner.

PAHS has already been endorsed in principle by the Cabinet of the government of Nepal. The approval of PAHS Act by the Parliament is still awaited. However, barring major political disaster, the approval is expected to take place in the very near future. Once this occurs, the PAHS will come into existence as a statutory body. That will pave the way for the formation of the Senate, the highest policy making or legislative body of the PAHS. Likewise, the senior leadership of PAHS including the Vice-Chancellor, Rector, Registrar, Dean etc will be appointed by the government and which in turn will guide the development and operationalization of the PAHS vision and goals through creating appropriate structures, system and launching the academic programs.

Committees for the creation of the curriculum and the development of the community health aspects of the MBBS program are working on the considerable task of creating an innovative new curriculum that will enable the Academy to accomplish its goals. The PAHS team is also recruiting faculty who share the vision and value of the Academy and who specialize in various basic health sciences. These faculty members are expected to help design the components of the curriculum in their fields of expertise.

The PAHS team is also aware of the need to orient and train its entire faculty representing the basic science, clinical science and community health science areas not only on PAHS vision and values, but also on the fundamental pedagogic principles of innovative medical education system. A series of training workshops are underway to help educate and empower our colleagues to become effective faculty members. Given the chronic shortage of basic science faculty in Nepal, it is possible that the PAHS may experience difficulties in recruiting native faculty in some areas of the basic sciences. However, an effective contingency plan is already in place to deal with that situation. And the pledge of support made by our PAHS Advisory Board Members during the recently held third PAHS Consultative Meeting (11-15<sup>th</sup> October 2007) will prove invaluable in this regard.

Assuming everything goes as planned, we envisage that the Academy will enroll students for the MBBS program beginning in early 2009. This is an ambitious goal, and requires widespread coordinated effort. However, given the substantial barriers that the PAHS team has already overcome, the obstacles that remain are not insurmountable. In the more distant future, after the MBBS program is established and PAHS is financially stable, the Academy will expand to include a nursing school and schools in allied health fields.

The Patan Academy of Health Sciences has strong potential to become a center of excellence of health education in Nepal. Furthermore, it can be a pillar of a small group of centers of health care, education, research that will enable Nepal to not only become self-sufficient in the management of its medical challenges, but to become known worldwide for its superior health care system.