Perspective

Some Pertinent Solutions to the Challenges Faced by the Pakistani Healthcare Systems

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INTRODUCTION

Health systems worldwide face various challenges. Disparities are evident among different geographic locations. There are several hurdles in providing high-quality professional education, especially in low- and Lower-Middle-Income Countries (LMICs), including insufficient basic infrastructure and a shortage of professionally trained staff. This issue presents a particular risk in LMICs that are ill-equipped to deal with complex and expensive treatments [1, 2]. Although developing and enhancing educational programs to yield more healthcare professionals is constructive, these efforts need to be accompanied by educational structuring that will provide postgraduates with the necessary competencies [3]. It is not uncommon for the patients in LMICs with a potentially curable disease to receive sub-optimal treatment because of a lack of competencies and a caring attitude. This prompts some interesting challenges around the speciality training of postgraduates. In particular, what we are trying to achieve in modern oncology training programmes? Are current examination systems an effective test of knowledge, skills, and safety to practice? And, if so, are they sufficient to prepare for independent practice? Or should training programmes incorporate non-clinical skills related to issues? Interestingly, according to World Health Organization (W.H.O.), there are six elements or system building blocks of the health system that includes (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance [4]. We believe that these elements overlap with our proposal of inclusion of non-clinical leadership skills during their early years so that they are aware of the gaps and develop a mindset to improve the healthcare system by themselves.

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In this paper, we propose these five concepts to be inducted into our postgraduate training that will pave the way to improve our healthcare system.

LEARNING OBJECTIVE (L.O.) BASED STRUCTURED TRAINING

Firstly, structured planning is an integral component of post-graduate training. It assists trainees in systemically achieving their learning objectives. Postgraduate trainees are responsible for running hospital services along with completing their training requirements. Training institutions must aid trainees to find this balance between providing appropriate care to present patients while also developing their skillset to allow them to treat patients as independent practitioners in the future. Trainees need to identify their Learning Objectives (L.O.s) from day one of residency. This results in inadequate development of competencies which ultimately affects patient care in the future. So, the first and most important step is to have clear L.O.s to focus on what we want to achieve and how we see ourselves in the future.

LIFE-LONG LEARNER

Secondly, the lifelong learning concept has to be incorporated into training. A lifelong learner is always looking for a structured way to enhance knowledge and skills. As a Team of Life-Long Learners (LLL), we would give equal importance to the following three '' key'' areas of professional development:

1. Attitude.
2. Knowledge.
3. Skills.

A Professional Development Plan (PDP) for further enhance-

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ment of the above mentioned three areas is the foundation stone of our self-structured plan. We recommend putting the Learner in the driving seat and allowing the Learner to take primary responsibility for setting PDP goals under the supervision of their trainer. The ultimate aim should be for all team members to work together to deliver present and future patient care as per the highest quality of internationally - set standards. ‘’ Caring The Carers’’ is our theme and our study plan is based on Learning Objectives “initiated” by the Lifelong Learner. It is a common understanding that medicine is all about caring for the patient. However, there is more to it than that. Provision of comprehensive also involves is also about providing care to the carer as well. If a healthcare worker’s well-being is neglected, the provision of health services to patients will ultimately be affected. Addressing only the knowledge and skills component is also detrimental as the “attitude” constitutes the base of all the competencies of a trainee. A positive attitude can be beneficial for patient care and can aid the practitioner in developing a thoroughly professional approach rather than gaining clinical knowledge alone. Furthermore, we strongly suggest not considering the final exit exam as a final goal. Although the Exit examination is considered an important milestone in postgraduate training, it cannot be considered the final destination of a carer who considers himself or herself a lifelong learner [5]. Therefore, the inclusion of quality and ethical practice training should be considered an integral part of the structured curriculum and assessment of all residency programs.

DEVELOPMENT OF LEADERSHIP SKILLS

Developed countries have identified leadership and managerial skills as an important core for their post-graduate trainees to meet the challenges of modern health care systems [6]. Health care systems in LMIC have their challenges and the systems in our region are different to those in more developed regions.

Certain models such as public, public-private partnerships, private, welfare and insurance-based systems do exist in this part of the world, but integration hasn’t been a success. Cancer patients generally depend on a public system with ever-mounting waiting lists. Problems linked to a non-uniform healthcare system must not give rise to inequity among cancer patients due to variability in expertise & facilities offering cancer care. This issue has to be identified as a problem, with a solution-oriented approach, rather than simply linking it with monetary factors and creating a self-constructed deadlock. Doctors in resource-poor regions need to learn about funding, organization, governance and management of their healthcare systems so that they can develop strategic roles for service development. This can help them direct their organizations and systems toward the improvement of patient care [7]. The concept of managers organizing infrastructure and supporting health care physicians to practice their professional responsibilities is still in the teething phase in our society. Being part of a resource-constrained region, an alternate cost-saving approach is to employ a clinical physician as a manager or a leader, even though they may have limited training in these skills required for those roles.

The concept of physician leadership is not new. This involves a physician acquiring a set of organizational and leadership competencies that traditional medical school curricula do not teach. These competencies have been stratified into four domains including 1) Technical skills (operations, finances, information systems, human resources, strategic planning), 2) Industrial knowledge (clinical processes and healthcare institutions), 3) Analytics and conceptual reasoning, 4) Problem solving via interpersonal, emotional intelligence, communication. Developing skills in these areas can form a bridge between clinical and administrative sides for 9the growth and success of the health care system [8-10]. We strongly believe that leaders “by accident” can harm the existing process and may contribute to poorer delivery of health care in future if they are not equipped with the required skills to lead teams and systems in healthcare delivery [11].

The concept of Physician – Leader proposed by Ackerly *et al*, suggests an “active cultivation” of future leaders to adopt the rapidly changing demands in the field of medicine during their post-graduate training years [12]. A multidisciplinary team (MDT) approach is suggested to achieve a patient-centred approach rather than considering oneself as a sole decision taker [13]. Today, quality improvement in healthcare is assessed by understanding one’s limitations, building effective communication, reducing treatment delays, being efficient with avail-

Table 1. Soft Skills Tiers.

Core team hallmark diviser	Essential skills desirable to learn need of all doctors	As mentor as education person capacity building of few leaders	Additional = Misc. Extra
Strategic Vision	Problem solving	Caring the careers	Quality improvement
Ideation + concept development	Time management	Mentoring the mentors	Health economic models
Change management	Communication skills	Learning methodologies	Emotional intelligence
Goal setting	Assertiveness without aggression	Reflective learning	-
Team building	Conflict resolution	-	-
Entrepreneurship mindset	Negotiation skills	-	-
	Presentation skills	-	-

able resources, and defining a role and taking responsibility for one's patient as an individual and a team. These all factors are being gauged to assess quality in health care. Our concept of leadership is based on developing a patient-centered leader that knows how to define, measure, analyze, improve and control the factors associated with the challenges of the healthcare system in Pakistan. We suggest the development of these core values in our training programs so that we may train the next generation of leaders that can help, not in just improving the current facilities, but also to be ready to tackle newer challenges posed by ever-growing cancer-related challenges with a solution-oriented approach.

We believe that these concepts should be taught during training. We have stratified these soft skills into 4 tiers, 1) Core, 2) Essential, and 3) As Mentors & 4) Additional; as shown in Table **1**.

INTERNATIONAL EXCHANGE PROGRAMMES

International exchange programs act as capacity builders or developers for any professional individual or organization. These programs facilitate the acquisition of new sets of skills, knowledge, and patient-centered approaches to improve healthcare systems. Exchange programs allow linking a bridge between LMIC and developed regions which can help improve global equity of care for patients with cancer. Representatives from LMICs and more developed regions can use these programs to identify strengths and weaknesses in both systems and to help each other to grow in the field of oncology. Developed regions can learn about the management of locally advanced cases and of diseases with higher prevalence in the LMIC in question, the use of the fundamental radiation techniques which are a core clinical skill required by all radiation oncologists, and rationalization of resources and triage of oncology patients from LMIC. From the Developed regions, those in LMIC may learn about the routine implementation of advanced radiation techniques, the use of newer technologies including Artificial intelligence (AI), Radiomics, Big Data and centralization of patient data, and research and development in the field of genetics and its implication in oncology. In addition, those in LMIC can experience a setting where training in non-clinical aspects of professional practice has been further integrated into the training curriculum. These exchange programs can play an important role in the growth of any individual or an organization if properly designed with learning objectives. They act as a source of mutual learning, and by facilitating cultural growth, can open minds to develop lateral thinking in solving current and future clinical challenges [14]. After the COVID experience, there has been a mass adaptation to the eLearning methods. Connecting remotely with the aim to learn from each other has never been simpler [15].

IMPORTANCE OF MENTOR AND MENTEE RELATIONSHIP

Finally, the last step is all about focusing on all the aspects together. Strong teams rely on excellent communication. One of the key methods for focus in our structured plan is "regular discussion with team members/ mentor". This will allow us to reflect on progress and keep on track to achieve our goals. Periodic meetings with supervisors can help keep trainees focused and solve any barriers at an early stage. Life is full of achievements. As professionals, we have many tasks to perform in our academic careers. It is important to have a purpose and vision in our minds to ensure our practice is performed in a professional way and with a patient-centred approach [16].

CONCLUSION

The above-mentioned suggested solutions are worth exploring by all the professionals who wish to see improvement in our healthcare systems by training the next generations of healthcare workers. We have to transform them as the patient - centered professional decision-makers. Major positive change can be achieved in our Pakistani healthcare systems via bringing relevant, appropriate & cost-effective solutions to our training programs. We as authors of this manuscript strongly believe that a vital patient cantered can be planned with minimal funding. Planning is the only factor missing from our perspective.

CONFLICT OF INTEREST

Declared none.

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