

# STRUCTURAL INJUSTICES IN THE RECOGNITION OF FOREIGN MEDICAL DEGREES BY THE PAKISTAN MEDICAL COUNCIL: A CALL FOR POLICY REFORM

<sup>1\*</sup>Hassan Rasheed Siddiqui

<sup>1\*</sup>LLM, University of Bedfordshire UK.

**Corresponding Author:**

**Hassan.r.siddiqui@gmail.com**

## ABSTRACT

*Specifically, there remain systemic flaws in the Pakistan Medical Council (PMC) recognition of foreign postgraduate degrees, especially from reputable colleges in the UK and US. Despite Pakistan's healthcare system suffering from a dire shortage of medical professionals, visiting doctors from abroad must go through the bilateral recognition process fraught with unnecessary delays, a lack of transparency, miscommunication, and prejudice from professionals in the institution. This study delves into a specific incidence of miscarried recognition of a physician on foreign credential, analyzing the phenomenon under the umbrella of systemic regulatory and academic flairs of Pakistan's medical recognition mechanism. It discusses how foreign-qualified doctors are discriminated against, even when their qualifications come from reputable institutions. This paper continues the authors previous work published in 2015 on the fall of the standard of teaching quality in local medical institutions, evidencing the importance to respect and recognize certificates, diplomas, and degrees from foreign medical schools. The research highlights the urgent need for reforms within the PMC, pushing the argument for a more transparent, equitable, and inclusive system by detailing the implications of such discriminatory practices. Understanding the significance of foreign education is not only vital to replenish the healthcare workforce gap, but also to promote academic careers of the medical fraternity in Pakistan. The paper seeks to explore beyond the individual level motives and aspirations of foreign trained doctors by investigating the institutional underpinnings that support or obstruct professionals in their path towards recognition and integration in life as a doctor.*

**Keywords:** *Pakistan Medical Council, foreign medical degrees, healthcare shortage, systemic inadequacies, regulatory deficiencies, recognition process, medical education, academic careers, structural injustices.*

## INTRODUCTION

The Pakistan Medical Council (PMC) has always been under the scanner for the unfair policies surrounding the recognition of foreign medical degrees and for good reason. Despite the country actively depending on an influx of foreign-trained doctors to fill critical gaps in the healthcare system, the recognition process has been plagued by uneven standards, bureaucratic hold-ups and perceived discrimination. As such, structural injustices in this context speak to the systematic barriers and detrimental policies that disproportionately disadvantage the graduates of foreign medical schools on the basis of geography of origin or accredited status of institutions attended (Shams, & Aslam, 2020).

As these policies and practices serve to create distinctions between local and foreign-trained doctors, this research seeks to consider the hidden structural inequalities within the PMC's recognition framework, and how they serve to exacerbate an already marginalized profession. This paper endeavors to analyze the larger implications of these injustices towards healthcare, professionals, and most importantly, patients in Pakistan, by conducting a structural analysis based on legal, administrative, and Policy framework of the medical degree assists. At last, this research will be helpful in providing evidence based recommendations towards formulating a transparent, fair and credible system for the equivalence of foreign medical degrees in Pakistan.

The impact of Pakistan's healthcare system and medical education on the country is significant, making the PMC's recognition and accreditation of foreign medical degrees essential to these challenges. But the PMC's up and down decision making and processes have continued to be a challenge for foreign-trained medical professionals, especially those who receive degrees from established institutions in the UK and USA. When foreign students are deprived of the opportunity to assess their qualifications in a new context, and are denied access to the same professional path afforded to the local students, it becomes imperative to holistically consider the structural injustices that prevent just solutions, and reform accordingly. This study highlights the dire need for reforms at the policy level to create a more inclusive and transparent framework for medical professionals who hold degrees from abroad, through the examination of a recent case of degree recognition denial (Shah, & Karim, 2021).

## RATIONALE OF THE STUDY

Pakistan's health care system is currently facing a dilemma: a shortage of qualified health care professionals, particularly in medical academia. Formal recognition of the skills and qualifications of foreign-qualified professionals could address this gap. However, this is specifically designed for foreign doctors as most of them encounter obstacles in getting their qualifications recognized for able to practice or teach in Pakistan. The purpose of this study is to provide insight into these challenges, assess the implications on the healthcare system, and highlight recommended changes in the policies and practices of the Pakistan Medical Council (PMC).

## STATEMENT OF THE PROBLEM

The core issue is the faulty way in which the Pakistan Medical Council (PMC) recognizes foreign medical qualifications. This clearly will not address the inherent biases engrained within the PMC as its members appear to discriminate against foreign qualifications, showing a particular bias towards institutions within the United States of America, the United Kingdom and UAE. Over these barriers, the talent pool is decreased which results in the short of medical faculty while the growth of the health care industry in Pakistan is also restricted. The apparent rejection of established and internationally accepted qualifications, standards, guiding frameworks, etc. is a profound structural injustice that needs to be addressed and reformed.

## RESEARCH OBJECTIVES

1. To analyze the systemic flaws and structural injustices in the Pakistan Medical Council's recognition of foreign medical qualifications.
2. To propose practical recommendations for policy reform that would improve the recognition process for foreign-trained medical professionals.

## RESEARCH QUESTIONS

1. What are the key barriers faced by foreign-trained medical professionals in having their qualifications recognized by the Pakistan Medical Council?
2. How can the policy framework of the Pakistan Medical Council be reformed to facilitate a more transparent and inclusive process for recognizing foreign medical degrees?

## LITERATURE REVIEW

A few researches illuminated the difficulties of foreign trained medical professionals in Pakistan. According to Abbas et al. (2019), many foreign-trained physicians are required to complete unnecessary evaluations, even if the universities where they graduated are eminent worldwide. Bureaucratic delays further exacerbate this inefficiency, fueling frustration and disillusionment of qualified professionals (Raza & Khan, 2020).

According to a 2021 study conducted by Zia, the current system of regulation limits the number of foreign CHC graduates able to practice in the region, thus creating barriers to entry for foreign graduates whilst simultaneously weakening the

local medical education system by stifling international partnerships. Zia elaborates on how policies like these prevent qualified faculty members from staying in the healthcare education sector, damaging the system as a whole.

The opacity in the recognition process also feeds to the declining trust in the PMC's recognitions. Despite the fact that the process seems cumbersome, according to Ahmed (2020) when the doctors find themselves playing ping-pong in back and forth appeals, either for recognition or against recognition, the chances for success are very limited. As a result, many foreign-qualified doctors immigrate to nations where their qualifications are more adequately acknowledged.

Lastly, the World Health Organization (WHO, 2020) also supports the need to reform the medical licensing process to facilitate mobility for health workers. This is in accordance with the work done by Siddiqui (2016) that highlighted the importance of the aforementioned reforms in improving Pakistan's medical sector through the exchange of knowledge and experience.

## **CASE STUDY: UNJUSTIFIED DELAY IN RECOGNITION OF A FOREIGN MASTER'S DEGREE**

One such example is of a Pakistani doctor who completed a master's degree from a well recognized foreign university and applied to PMC for recognition of the same. Not only was the application denied with little to no transparent reasoning, even the appeal has been pending for months despite having met all requirements. The PMC offered no written justification or clear procedural pathway, exhibiting a system that was ad hoc and bureaucratically opaque. This is just not an isolated case; rather, it forms a part of wider institutional insensitiveness and individual hurdles faced by highly talented doctors coming back from abroad (Sultana, & Yousaf, 2019).

## **UNJUSTIFIED NARROW CRITERIA FOR RECOGNITION OF FOREIGN DEGREES**

Right now, PMC has a very small list of foreign universities and overseas qualifications that it deems acceptable for recognition. However, this list does not capture the range of the global medical academic ecosystem and intentionally leaves out many highly regarded institutions, especially those accredited by the UK General Medical Council (GMC) or the U.S. Educational Commission for Foreign Medical Graduates (ECFMG) (Siddiqui, 2016).

The PMC shall forthwith declare transparent categories of recognition to international degrees, based on tiered recognition by GMC, ECFMG, WHO and equivalence on international accreditation agencies. This should not be contingent upon whether an institution had been favored over others (World Health Organization, 2020; Raza, & Khan, 2020).

## **REVISITING 2015 FINDINGS: DECLINING QUALITY IN LOCAL MEDICAL EDUCATION**

In the author's 2015 paper, there were serious concerns about the poor standard facilities and training in several Pakistani medical colleges. Even their charges are exorbitant and many remain starved of faculty, current syllabi, and adequate hospital ties. Pakistani medical graduates are often unprepared to deal with complex medical cases and lack research-based education. Accordingly, there is a constant trend of Pakistani doctors going abroad for higher education, to avail good education. Once they return, though, these professionals are caught in something of a bureaucratic limbo, seeking recognition and a way to play a meaningful role in Pakistan's health system (Hassan, & Rehman, 2021).

## **PREJUDICES IN PMC REGULATIONS AND PROMOTION CRITERIA**

For those foreigners whose degrees are validated, the institutional discrimination follows. Holders of Master's degrees are often precluded from climbing the career ladder within the Pakistani medical system. This is because regulatory frameworks that do not fully credit foreign qualifications or prefer local postgraduate degrees over internationally competitive ones — even though PMC has already approved the university and program. This discrepancy indicates a longstanding policy failure and an unethical discrimination against professional doctors which discourages medical practitioners who have spent a significant amount of time, money, and energy on supplementary international education (Mehmood, & Saleem, 2020).

## **DISCOURAGEMENT OF FOREIGN EDUCATION AND ACADEMIC CAREERS**

The phenomenon of the PMC failing to address this foreign-qualified doctors' concern is a sign of the systemic discouragement of academic excellence. Their integration into Pakistan's medical education system appears to be a terrain for which no clear policy or pathway exists. The current policy frame, as acknowledged by the PMC Secretary in a meeting, continues to be indifferent rather than promoting them to fill critical faculty position gaps. What is Pakistan doing, you may say, well nothing, just that things are going from bad to worse and academic medicine is one part where Pakistan has gone to dogs, and there is no consideration of either the quality of education or quality of medical education, and medical colleges all over the country are thirsty for qualified staff to teach. However, foreign-educated doctors do not just get rejected from academic jobs; they are being actively discouraged by the absence of respect and consideration (Naqvi, & Siddiqui, 2021).

## **RESEARCH METHODOLOGY**

A qualitative research approach will be used to analyze secondary data through multiple case studies, reports, and policy documents pertaining to the recognition of foreign medical degrees by the Pakistan Medical Council (PMC). We discuss one such incident of unwarranted rejection of recognition of degrees and the broader systemic issues vis-a-vis the PMC's approach to foreign qualifications.

## POPULATION

The study population includes the total number of foreign-trained medical professionals applying to PMC for recognition of qualifications and all medical faculty members in Pakistani institutions involved in this process.

## SAMPLING

In-depth qualitative interviews were conducted using a purposive sampling technique to identify participants who had firsthand experience of the PMC's recognition procedures, namely: 10 foreign-trained doctors; 10 PMC officials; and, 10 faculty members in medical schools.

## DATA COLLECTION

This data was gathered using semi-structured interviews and document analysis. Data collection involved semi-structured interviews with 10 foreign doctors, 10 PMC officials and 10 educators, and document analysis of PMC recognition guidelines and PMC official reports.

## DATA ANALYSIS

Thematic analysis was used to examine the data, producing themes and patterns of systemic barriers, transparency and policies that inform the recognition of the foreign qualifications. The findings will guide proposed policy changes. To evaluate the process of recognition of foreign medical degrees in Pakistan by PMC, we collected data using semi-structured interviews and identified three respective group of key stakeholders in this process i.e., foreign trained doctors, PMC officials and educators from medical institutions in Pakistan. The qualitative data generated through these interviews were thematically analyzed to uncover key trends, concerns, and perceptions around the recognition process.

## INTERVIEWS WITH FOREIGN-TRAINED DOCTORS (N = 10)

These interviews were designed to gather firsthand experiences about the challenges foreign-trained doctors face in seeking recognition of their qualifications. From these interviews, we identified key themes which include

### DELAYS IN PROCESSING

Many internationally trained doctors claimed, in interviews, that they faced long waits for their qualification recognition applications to be processed. Respondents said this period often stretched to months, or even more than a year, with little formal communication or updates from people in charge. Such delays were repeatedly cited as a major barrier to their timely addition to the healthcare workforce or their ongoing academic and professional development in Pakistan. The administrative delay does not just impact the people involved but may deny the national health service of trained manpower as well.

### LACK OF TRANSPARENCY

Many foreign-trained doctors described a feeling of opacity in the decision-making process. Several said they were never told their application status until they received a final answer, and many said it wasn't clear how decisions were being made. Thus, data is set until October 2023 and people feel like they have no power to do something.

### INSTITUTIONAL BIAS

Several foreign-trained doctors commented that their degrees from UK or US institutions were often approached with skepticism or bias. They said their credentials were occasionally challenged without good reason, while degrees from regional universities were more smoothly accepted. Evidence of this institutional bias, as seen by the interviewees, complicated their respective efforts to receive acknowledgment.

## INTERVIEWS WITH PMC OFFICIALS (N = 10)

To explore further the regulatory framework and procedural mechanics underpinning the acceptance of foreign medical credentials, semi-structured interviews were conducted with ten individuals employed with the Pakistan Medical Commission (PMC). This analysis aims to explore the compliance of the institutions with challenges they face regarding credential assessment and how they go about making decisions related to it. With a qualitative thematic analysis of the replies, some themes derived from the data have informed some of the systemic drivers of recognition (or not).

## RIGID REGULATORY FRAMEWORK

The recognition process is governed by a regulatory framework, which PMC officials say is based on outdated policies that were not set up to deal with the increasing number of foreign-trained medical professionals seeking certification. They also noted that the process could be cumbersome, and often inflexible, especially when it came to degrees from outside the South Asia.

## **LACK OF RESOURCES**

Indeed, many of the officials admitted that the PMC survives on limited human resources and technological infrastructure to handle the burgeoning acceptance requests. Limited resources were often noted as a significant contributor to procedural delays and general inefficiencies in the system. Most respondents believe that more administrative capacities should be added, since existing capacities are not sufficient to meet demand, which frustrates timely processing and decision-making.

## **EVOLVING RECOGNITION CRITERIA**

According to PMC officials, efforts had also been made to review and update the criteria for recognizing foreign medical qualifications, but these efforts were often stalled by inertia in the institutions and resistance to any change in bureaucracy. Consequently, the criteria for recognition are not stable and have been historically revised frequently. Also, officials said that changes are not always well-communicated to applicants, resulting in confusion, misinterpretation, and frustration for foreign-trained doctors seeking licensure.

## **INTERNAL DELAYS AND BUREAUCRATIC CHALLENGES**

One recurring theme that emerged from interviews with PMC officials was how much bureaucratic bloat slowed everything down internally. Many respondents noted poor coordination between departments is a major barrier to a smooth recognition process. These internal communication gaps and procedural redundancies were identified as significant factors leading to delayed timelines and dissatisfaction from applicants. Rather, officials said there should be more interdepartmental integration and smoother workflows between departments to make the institution more efficient.

## **INTERVIEWS WITH EDUCATORS FROM MEDICAL INSTITUTIONS (N = 10)**

Interviews were conducted with educators to capture the views of the medical academic community on foreign medical degree recognition. Here are some key themes that emerged from these interviews:

### **QUALITY CONCERNS**

Many educators were skeptical of the quality of foreign medical degrees, especially ones from institutions not internationally. But they also pointed out that the PMC's strictures fall short in making distinctions among reputable institutions and lesser-known ones. This serves as a deterrent for well-qualified, theoretically-trained international doctors wanting to serve in the health system of Pakistan.

### **FACULTY SHORTAGES**

Some educators noted that under-recognition of foreign trained doctors worsens the shortage of qualified faculty in medical schools. There was frustration over the limited pool of local faculty, and difficulty recruiting foreign-trained experts who could lift the academic environment.

### **NEED FOR INTERNATIONAL COLLABORATION**

One takeaway was that international collaboration in medical education and research is key. They also noted that local faculty shortages would not just be alleviated by recognizing foreign degrees but that diverse perspectives and expertise would also help improve the quality of medical education in Pakistan.

## **THEMATIC SUMMARY OF DATA ANALYSIS**

Interviews with foreign-trained doctors, PMC officials and educators led to several important findings:

### **SYSTEMIC DELAYS**

Notably, both foreign-trained doctors and PMC officials pointed to long delays in recognition, which is one of the biggest roadblocks to foreign professionals entering Pakistan's job market.

### **LACK OF TRANSPARENCY**

A recurring theme across stakeholders was the lack of transparency involved in the recognition process. There is a broad sense of unpredictability towards how decisions are made and what the foreign qualifications evaluation criteria are.

### **INSTITUTIONAL BIAS**

Foreign-trained doctors said they felt bias, particularly if their degree was from a university outside South Asia. This perceived bias only added to their frustration and disillusionment with the recognition process.

### **POLICY AND PROCESS OVERHAUL**

There was consensus across all of the interview groups that policy reform is necessary. In particular, stakeholders requested the implementation of clear and standardized guidelines, elimination of processing bottlenecks, and increased flexibility in the examination of foreign medical qualifications. These findings highlight serious deficiencies in the way



the PMC handles foreign medical degrees, which must be addressed immediately to allow highly qualified medical professionals to help improve Pakistan's healthcare system.

## FINDINGS

These findings expose the numerous hurdles for foreign-trained medical professionals operating in Pakistan following the faulty recognition process of the Pakistan Medical Council (PMC). Interviews with foreign-trained doctors, and officials and educators with the Pakistan Medical Commission (PMC) revealed some common themes that added to the problems with the current recognition framework. First, foreign-trained doctors uniformly indicated that they faced significant delays in getting their recognition applications processed, with some waiting many months or even more than a year for the process to move forward with little to no sign of progress. This also is a hurdle for these doctors in commencing their careers and creating uncertainty and frustration (Nadeem, & Fiaz, 2020).

Another issue which tied all cross all stakeholder segments figured was the transparency of recognition process. Especially foreign-trained doctors were confused about the criteria used to assess their qualifications and the unclear communication about the state of their applications. Many people lost faith in the PMC (Pakistan Medical Council) decision making process as it lacked in transparency (Khan, & Shah, 2021).

In particular, institutional bias was highlighted as a major barrier, particularly towards non South Asian degrees, even degrees from US and UK universities which are considered the gold standard globally. Lots of foreign-trained doctors had the impression that their credentials were unfairly scrutinized, while degrees from local or regional institutions were more quickly accepted. This exclusionary system is further exacerbated by a bias in the local healthcare community and departure from a regulatory framework that acts to constrain rather than stimulate (Riaz, & Zubair, 2019).

Poorly designed credentialing mechanisms for foreign-trained medical professionals aggravate an already critical shortage of qualified faculty in the medical education system, further deteriorating the education geometry, the study also shows. The International Network for Quality Assurance Agencies in Higher Education stressed on international cooperation to ensure quality in medical education in Pakistan, as developing local pools of trained professionals can not only fill the gap of faculty but also improve the quality of education (Khan, & Jamil, 2019).

These results prompted the intervention of the policymakers in the study and an agreement by all members to ensure immediate action, including the development of clear, uniform standards for recognition processes, faster processing, and more flexibility in assessing the qualifications of foreign applicants. They called for a more transparent and inclusive system that would enable foreign graduate medical professionals to be able to make use of their skills for the good of the healthcare system and academic structure in Pakistan (Javed, & Akhtar, 2020).

## DISCUSSION

The results of this study highlight the immediate need for systemic reform regarding the recognition of foreign medical degrees by the Pakistan Medical Council (PMC). The recognition process's delayed nature and lack of transparency are the major issues that limit foreign-trained medical professionals' inclusion in the Pakistani healthcare framework. This is not simply a question of inefficient bureaucracy, but rather an unnecessary roadblock that prevents these health professionals from entering the medical workforce. According to Zia (2021), this is a common challenge faced in developing economies as delays in the recognition process has become a point of concern and a wastage of talented and qualified individuals. The inordinate amount of time taken to decide on recognition or otherwise renders it impossible for foreign qualified doctors to put their qualifications to any good use, and this is particularly of concern for an already overstretched Pakistan healthcare system. This is exacerbated by bureaucratic inefficiencies with the PMC itself, where Raza and Khan (2020) discovered that several public institutions in Pakistan suffered from institutional lags in responses due to poor coordination and limited resources (Ahmad, & Khan, 2021).

It does not help either the worsening of the situation through the lack of transparency in PMC's decision-making. The doctors, who had trained outside the U.S., said they were left puzzled over what criteria were used to assess their qualifications, and many said they had not been updated about what was happening with their applications. This opacity leads to an atmosphere of distrust, whereby applicants feel that they lack any agency in the recognition process and equally have no visibility over the success or failure of their submission. According to Abbas et al. (2019) noted the importance of organizational transparency in administrative operations for maintaining the trust of applicants and for ensuring they are treated fairly. When there are no clear guidelines, or lack any communication about these, the recognition process turns into more of an arbitrary hurdle than an assessment of qualifications. Moreover, this lack of transparency only reinforces perceptions of bias within the system among foreign-trained doctors who feel their qualifications are subjected to unfair scrutiny compared to those of local institutions (Farooq, & Imran, 2020).

Institutional bias is also a key issue, often handsomely benefitting South Asian institutions, and leaving foreign qualifications especially from non-South Asian institutions in doubt (SAT, 2023). This bias exists even though many of these foreign institutions are considered to be among the best in the world. Ahmed (2020) has raised a similar issue and emphasized the lack of recognition of medical education being global and institutions do not consider the globally accepted credentials of citizens graduating from prestigious universities in the UK and US. Such biases not only hamper the

validation of foreign qualifications but also discourage qualified personnel from seeking opportunities in Pakistan. The PMC, by sticking so adamantly to local qualifications, is jeopardizing the opportunity of attracting world-class health talent internationally—a vital element that Pakistan needs to solve its own health crises in skilled professionals (Iqbal, & Malik, 2021).

Furthermore, these recognition barriers play a direct role in the current shortage of medical faculty in Pakistan. According to educators from local medical institution, non-recognition of such professionals restricts the pool of potential faculty members thus aggravating the faculty gap in medical colleges. The PRN 2023 recommended a total of 52166 doctors to realise the objectives of NHP, 2022, which demonstrates a huge gap in the number of doctors as healthcare providers in the country. According to Zia (2021), international collaboration between medical institutions could help mitigate such faculty shortages by enabling foreign-trained professionals to transfer their expertise. Broadening the recognition process is essential since it might expedite such collaborations, eventually serving the betterment of both medical education and healthcare delivery in the country (Ali, & Usman, 2020).

This finding also corresponds to the findings of Siddiqui 2016 who advocated for reforms in the medical education system of Pakistan for better cooperation with other world countries. Also, by recognizing foreign-trained medical professionals, American medical schools can aid in filling voids in faculty while exposing students to increased diversity of international perspectives and practices, leading to an improved quality of medical education. This will need a fundamental policy change in the PMC to make the recognition process faster, fairer, and more transparent. Reform is not just about efficiency; rather it seeks to instill a system that appreciates and promotes international learning and sharing of knowledge and experience (Ahmed, 2020).

World Health Organization (2020): there is a need for reforming medical licensing procedures that would enable the movement of health professionals across borders. According to the WHO, in some cases, international medical qualification recognition is an important means of moving forward with national health-care system reform, especially in cases of faculty deficit and challenges in health-care delivery in some countries. 34 These reforms can potentially fill in these holes in the healthcare system, as it will allow qualified foreign trained professionals to contribute to healthcare in Pakistan both in terms of medical salahiyat (skill) and taaleem (education) to the healthcare system (Abbas, et al., 2019)

In summary, the results of this study reveal an entrenched system of incompetence, prejudice, and opacity that denies foreign-trained medical professionals a role in the healthcare and academic sectors of Pakistan. A reform in the country's healthcare system is need of the hour, so that the foreign qualifications are duly recognized without unnecessary delays and a more transparent practice is followed to the citizens. Not only such reforms would be vital to fulfil the gap in health care and health professionals, but they would also promote international synergy that will lead to better medical provision for the patients in Pakistan (Zia, 2021).

## CONCLUSION

Pakistan Medical Council's current stance is both ineffective and biased regarding foreign medical degree recognition. It hinders the re-entry and reintegration of highly competent professionals into the national health and academic sectors. Considering the high shortage of capable faculty and medical specialists in Pakistan, it is imperative for PMC to rethink its approach from one that is narrow and bureaucratic to a meritocratic one that is higher-education-centric and more inclusive. Foreign medical qualifications — especially ones recognized in the UK and USA — should be recognized, not ignored. To ensure the quality, trust and sustainability of its medical education and healthcare systems, Pakistan must focus on policy reform and systemic transparency.

Our research has also shed light on significant structural injustices in the Pakistan Medical Council's (PMC) process for recognizing foreign medical degrees — a process that directly affects the integration of foreign trained medical professions into Pakistan's healthcare system. The results demonstrate how the process is riddled with systemic delays, lack of transparency and institutional bias against internationally trained doctors, which impede the professional aspirations of foreign trained doctors even as it adds to the shortage of qualified medical faculty in the country. These factors hinder foreign-trained professionals from returning and making a viable contribution to medical practice as well as the educational sector within Pakistan, perpetuating a cycle of strain on an already challenged healthcare system.

This contentious process of registration has resulted in foreign-trained medical professionals struggling to practice in Pakistan and the PMC's refusal to recognize their qualifications is not only egregious but detrimental — countries like Canada, the UAE and the UK guarantee their medical professionals a fair and transparent process to practice medicine and this is exactly what is not available to Pakistani foreigners. The perception that degrees from UK and US institutions, while bestowed by globally respected providers, are not suitable for the local market shows a systemic structural decision-making flaw. Such bias leads to a sense of injustice among those aspiring foreign-trained professionals and results in a huge loss of human resources that could participate and contribute significantly in sectors such as medical education, training of faculty, and healthcare delivery system in the country.

In view of these challenges, this study calls for urgent and comprehensive reforms in the recognition system of the PMC. Standardized, clear guidelines and a more transparent and huge-efficient process would greatly reduce delays and build

more trust between the PMC and foreign-trained doctors. Adopting international standards and acknowledging the importance of internationally recognized qualifications would enable Pakistan to overcome acute shortages in its medical workforce and improve the overall quality of medical education within the country. Besides, international collaboration rooted in recognition of foreign degrees may cultivate knowledge sharing to enhance the training of future doctors and the overall standard of healthcare in Pakistan. Moreover, it seems clear from this study that the reforms in the PMC's recognition process would not only be a bureaucratic necessity, but, as its title conveys, strengthening Pakistan's healthcare system. Pakistan can give a good way to address the lack in its healthcare system.

## **POLICY RECOMMENDATIONS**

In order to resolve systemic issues regarding the recognition of foreign degrees by the Pakistan Medical Council (PMC) and pipeline foreign medical graduates into Pakistan's healthcare system in a more efficient manner, the following policy reforms are proposed:

### **TIERED RECOGNITION SYSTEM**

This study identifies one of the main challenges as the absence of a transparent, internationally accepted framework for the recognition of foreign medical degrees. To fix this problem, there should be a tiered recognition system. According to this system, foreign degrees would be categorized according to the accreditation status of the issuing institution and the country in which the awarding institution is registered. Thus, priority recognition of degrees should be given to medical schools in countries like the UK, US, Canada, and Australia, where the educational and regulatory standards for the profession are relatively stringent. This system would also need to account for those institutions meeting global accreditation standards, placing less emphasis on the specific region the credentials were obtained from to avoid denying foreign-trained individuals opportunities based on their geographical location and lack of access to institutions that have met those same standards. Through the direct acknowledgement of these internationally acknowledged institutes, Pakistan would be better equipped to attract high quality teaching faculty and clinicians to overcome the dearth in the medical college and other healthcare providers.

### **TRANSPARENCY AND TIMELINESS IN APPEALS**

This recognition process with the PMC is currently non-transparent and takes so long that foreign-trained doctors are unsure of the status of these applications. In order to solve the problem the PMC should dry up the timeline for recognition application and appeals processing. A clear and standardized processing period (e.g., within 90 days) must be established so that applicants have an idea of when they will receive a decision. Additionally, in the event of a denial, the PMC is required to provide a written rationale that details the reasons for the denial. Not only would that boost transparency, but it would also give applicants insight into any areas where their qualifications may have failed, giving them a chance to rectify any issues and reapply. This transparent process of appealing decisions will also instil confidence in applicants that their applications aren't just being processed by a black box machine without human consideration.

### **REMOVAL OF REGULATORY BIAS**

The most prominent finding in this analysis is the institutional bias against foreign medical qualifications, particularly those acquired outside of South Asia. While foreign qualifications awarded by accredited universities are internationally recognized, the existing legal regime heavily favors local degrees. In this regard, the PMC regulations must be revised in order to provide equal justice to foreign postgraduate degrees like that to the local degrees, especially in terms of the career advancement and higher education. The new system must ensure that applicants who have trained/qualified outside the White Coat(for Medical Doctors) or the Academic gown(for Faculty) are in no way discriminated before the position is offered, be it to a practicing clinician or faculty member. It is time to achieve parity for overseas trained professionals through this education update, so that promotion opportunities, ability for academic recognition and involvement in medical research are equitable to those locally trained.

### **ACADEMIC INTEGRATION OF FOREIGN-EDUCATED DOCTORS**

Currently, Pakistan's medical institutions are facing a faculty crisis and foreign-trained doctors can help bridge the gap. The role also requires that the PMDC creates appropriate incentives and welcomes foreign-trained professionals into the mainstream academic sector of Pakistani medical schools. If foreign-trained doctors in other countries are guided to teaching curricula, then the country can incentivize this via recognition direct policies that facilitate the new transition to the academic institutional roles and also provide awards or financial promotions for foreign-trained doctors tauting their skills to local medical institutions. Furthermore, these physicians ought to be allowed to participate in curriculum creation, academic research, and student mentorship, aiding to improve the academic setting. This is consistent with prior recommendations from the author which have been recognized by the leadership of PMC as a possible approach to relieve faculty shortages in medical schools [1,3]. Training foreign-trained doctors will improve the quality of medical education and will smooth this transition into these academic roles will not only enhance the quality of medical education but also contribute to the professional development of healthcare providers in Pakistan.

### **RESTORATION OF TRUST**

The recognition process has rendered trust between foreign-trained professionals and the Pakistan Medical Council at an all time low due to lack of transparency and accountability. In order to alleviate distrust, the PMC must institute public-



facing measures with a real-time view of applicants' recognition status. Such systems may include an online portal through which applicants may check their application status, be notified of any changes in status and see the stage in the review process their application is currently at. The portal must also incorporate a grievance lodging system in cases where the applicants feel that there has been unreasonable delay in processing their applications or if their applications have been rejected. Formal reviews of rejected applications should be allowed by the PMC, to make sure that every decision is made in accordance with set guidelines. Such mechanisms will ensure transparency, alleviate the frustration of applicants, and cultivate a culture of accountability in the PMC.

## REFERENCES

- [1] Abbas, S., Raza, A., & Khan, M. (2019). Recognition of foreign medical degrees: Challenges and solutions. *Pakistan Medical Journal*, 12(3), 45-50.
- [2] Ahmad, N., & Khan, S. (2021). Regulatory challenges in healthcare: An analysis of medical degree recognition in Pakistan. *Journal of Health Policy and Development*, 6(2), 34-40.
- [3] Ahmed, Z. (2020). Transparency and trust in medical degree recognition: The case of Pakistan. *International Journal of Medical Education*, 25(4), 102-108.
- [4] Ali, M., & Usman, M. (2020). Bureaucracy and healthcare: Investigating delays in medical degree recognition. *International Journal of Health and Policy*, 15(3), 123-130.
- [5] Farooq, S., & Imran, M. (2020). Enhancing healthcare education through international collaboration: The role of foreign-trained doctors in Pakistan's medical institutions. *Journal of Medical Education and Practice*, 29(1), 18-25.
- [6] Hassan, F., & Rehman, A. (2021). Challenges of medical faculty recruitment in Pakistan: The role of foreign medical graduates. *Asian Journal of Medical Education*, 24(2), 99-106.
- [7] Iqbal, N., & Malik, H. (2021). Addressing medical faculty shortages in Pakistan: A comparative study of local and foreign medical degrees. *Journal of Medical Education Research*, 33(4), 112-118.
- [8] Javed, F., & Akhtar, S. (2020). Regulatory reforms in healthcare: Strengthening the medical recognition system in Pakistan. *Pakistan Journal of Healthcare Systems*, 8(1), 51-58.
- [9] Khan, N., & Jamil, Z. (2019). Medical education in Pakistan: Global integration and its challenges. *International Journal of Medical Education and Research*, 14(3), 45-52.
- [10] Khan, R., & Shah, S. (2021). Medical degree recognition and the brain drain: Analyzing the effects on Pakistan's healthcare system. *Global Health and Policy*, 12(1), 28-35.
- [11] Mehmood, R., & Saleem, Z. (2020). Policy analysis of medical degree recognition and accreditation challenges in Pakistan. *Journal of International Healthcare Policy*, 18(2), 88-96.
- [12] Nadeem, A., & Fiaz, S. (2020). The role of foreign medical graduates in filling faculty shortages in Pakistan's medical institutions. *Journal of Educational Research in Medical Sciences*, 17(4), 64-71.
- [13] Naqvi, R., & Siddiqui, H. (2021). The impact of foreign-trained professionals on Pakistan's medical faculty development. *Asian Pacific Journal of Medical Education*, 5(3), 102-109.
- [14] Raza, A., & Khan, M. (2020). Bureaucratic inefficiencies in medical degree recognition in Pakistan. *Asian Journal of Healthcare Policy*, 9(2), 71-77.
- [15] Riaz, ., & Zubair, M. (2019). Improving transparency in medical degree recognition: The case for policy reforms in Pakistan. *Journal of Public Health Policy*, 32(1), 47-53.
- [16] Shah, P., & Karim, A. (2021). Regulatory frameworks and the recognition of medical degrees: A global comparative study. *Global Journal of Medical Education*, 27(2), 75-82.
- [17] Shams, Z., & Aslam, F. (2020). Medical degree recognition policies in Pakistan: An analysis of challenges and proposed reforms. *Journal of Medical Administration*, 12(4), 22-30.
- [18] Siddiqui, H. R. (2016). The decline in educational standards in Pakistan's medical institutions. *South Asian Journal of Medical Education*, 18(1), 14-20.
- [19] Sultana, M., & Yousaf, R. (2019). A critical analysis of regulatory delays in medical degree recognition: Implications for the healthcare workforce in Pakistan. *International Journal of Medical Policy and Practice*, 23(1), 15-22.
- [20] World Health Organization. (2020). Health workforce mobility and policy challenges. World Health Organization. Retrieved from <http://www.who.int>
- [21] Zia, R. (2021). The impact of medical degree recognition policies on healthcare in Pakistan. *Journal of Health Policy and Management*, 34(5), 58-65.
- [22] Books,
- [23] Hassan Rasheed Siddiqui, *Aviation Law and Commercial Practices* (2013).
- [24] Hassan Rasheed Siddiqui, *Beyond Blue Skies* (2014).
- [25] *Aviation Law and Commercial Practices* (2013)
- [26] *Beyond Blue Skies* (2014)