

# COMMUNITY MEDICINE AS CAREER IN PAKISTAN: CHALLENGES AND OPPORTUNITIES

Naila Azam<sup>1</sup>, Bushra Anwar<sup>2</sup>

<sup>1</sup> Foundation University Medical College, Pakistan.

<sup>2</sup> Community Medicine Specialist, Surrey (BC), Canada

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## ABSTRACT

**Background:** Community Medicine is a unique specialty with community oriented focus on health care management and services. Though it remains under appreciated, reforms are underway in different countries to effectively train and utilize strengths of these field specialists to develop a strong public health system.

**Objective:** : To assess challenges of Community Medicine professionals in terms of dissatisfaction with job roles and opportunities available to them.

**Study Design:** Cross sectional study.

**Place and Duration of Study:** Social media and eight months.

**Material and Methods:** A cross sectional study was done in a period of eight months from April to December 2021 on a social media group of Community Medicine professionals including postgraduate residents and fellows. Their career challenges were assessed in terms of dissatisfaction, preference of roles in job and unmet needs. To identify the job opportunities, a survey was also done through extensive search online of all job ads related to public health in year 2021.

**Results:** Out of 68 doctors, who agreed to participate, 50 were employed in academics and 11 in public health practice. Majority doctors were fully satisfied with the choice of profession (77%), however academicians mostly felt dissatisfied and were willing to assume some role in hospital setting. Survey of job opportunities showed that only 2 jobs mentioned MCPS/ FCPS Community Medicine as acceptable degrees for eligibility.

**Conclusion:** Community Medicine professionals were found to be mostly engaged in academic jobs, while most of them prefer to pursue practical work of public health in future, though, practical job opportunities were not easily available.

**Key words:** *Community Medicine, job satisfaction, public health practice, academics.*

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## INTRODUCTION

Public health and Community Medicine are dynamic fields, with a lot of room for innovation<sup>1</sup>. Reforms are more often suggested by experts to keep pace with changing needs. These reforms may vary from conceptualizing public health<sup>2,3</sup>, to integrating Community Health Sciences with clinical practice and redesigning its services<sup>4,5</sup>.

Community medicine (CM) is very crucial for public health system but is somehow not getting the desired attention as our clinically-oriented health systems lack recognition of preventive work. There is ambiguity in the scope of CM experts at policy level who despite having medical background and preventive skills with a good grip on Public Health sciences, are outshined by clinicians. The multidimensional skill set of Fellows in Community Medicine place them in a great position where

they can creatively contribute to community health services in country<sup>6,7</sup>. Though this field has been globally low on national health budgets in the past but COVID-19 pandemic has adequately highlighted its importance, with an opportunity of getting the due recognition and resources by political forces<sup>8</sup>.

Situation analysis in Pakistan shows that gaps in public health functions are a reason of huge burden of diseases, due to poor governance in health and ineffective planning of services. Human Resources for Health (HRH) Vision 2018-2030 recommends a shift towards public health focus by stating that Pakistan being a resource poor and high disease burden country cannot afford an exclusive curative health care model. Therefore funding should be enhanced for entities working on prevention. HRH Vision 2018-2030 also recommends producing appropriately qualified health managers and employing public health specialists as provincial and district managers, replacing the generalists in all provinces<sup>9</sup>. The national health system demand of public health and CM experts is subsequently on rise. Advocacy experts demand that due attention should be given to these specialists, by providing more funds, opportunities of skill building and creative work. An analysis of needs of these professionals is required including training needs to provide Pakistan with a locally responsive health workforce<sup>10</sup>. Many researches have been published in our neighboring countries regarding

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Correspondence to: Dr. Bushra, Surrey (BC), Canada.

Email: bushra.anwar@live.com

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professional needs of CM experts and their scope in terms of involvement in clinical settings that varies between countries. In India, CM experts take up preventive and curative role also and are termed as “doctor+” due to these additional roles and align teaching with community health practice<sup>11,12</sup>.

No published study could be found which discussed scope or challenges of CM experts in Pakistan. Since recognition of CM as clinical subject by PMC, the debate regarding scope of subject in clinical settings is generated among experts. This study aimed to assess challenges of CM experts for field and clinical work and challenges related to long term pursuance of career. This intends to inform policy makers and authorities of the needs and opportunities for utilizing strengths of CM experts for benefit of health system, by engaging them in new roles that are not taken up by any specialists as discussed later in this paper.

### METHODOLOGY

In first part of this cross sectional study, a doctors’ survey was conducted in April 2021. A total of 120 doctors were approached through a social media platform made for Community Medicine doctors and requested to take part in survey, employing purposive sampling. This included fellows or trainees of College of Physicians and Surgeons Pakistan (CPSP) in Community Medicine. An online form in English was shared

**CAPSULE SUMMARY**

More Community Medicine specialists were involved in academics as compared to those in public health practice. However, the academicians were less satisfied with their role and wanted to contribute to public health services. Moreover, very few number of public health related jobs accepted FCPS/MCPS as their eligibility criteria.

The authors gave the following recommendations:

- Creation of opportunities for public health practice within hospital settings by strengthening linkages between Community Medicine Department and affiliated hospitals.
- Advocacy on the inclusion of FCPS/MCPS Community Medicine qualification as an eligibility criteria for public health jobs.

with them. Questions included information on their current role and future preferences for pursuing career in the field of Community Medicine and Public Health. They were asked if they prefer to work in hospital setting also to practice public health and what role they would like to play. They were given options of ‘Community diagnosis and health planning for catchment population of hospital’, ‘Infection prevention and control measures in hospital (IPC)’, ‘Designing and supervising clinical trials and guiding’, ‘Health education of patients’, and ‘Preventive pediatrics’. A few questions regarding their satisfaction with the choice of specialization and jobs were also included. Data was entered and analyzed in SPSS and results were presented using charts. Percentages were calculated for all variables and compared across groups using tests of significance.

In the second part of study, a survey of job opportunities from January till December 2021 was conducted by visiting an online forum where Pakistan health sector jobs are listed. This survey was conducted at the end of December 2021. All jobs were listed and categorized according to skills and qualifications required and opportunities for Community Medicine specialists were identified.

### RESULTS

#### i. Survey of Community Medicine Doctors Roles preferred in career

**Table 1: Current and future preferred roles of employed doctors (n=61)**

Variables		What role would you like to play in future?			p-value*	Odds ratio~
		Public health practice	Total			
<b>Current role in job</b>	Academics	24 (48%)	26 (52%)	50	0.013	0.52 (95% CI 0.398-0.679)
	Public health practice	0	6 (100%)	6		
	Both	0	5 (100%)	5		
	Total	24	37	61		

\*Data are expressed as n (%).

\*p-value calculated using Fisher exact test and a value of <0.05 was considered significant difference.

~OR calculated by excluding third category of current role in job (both practice and teaching). This value shows CM experts in teaching are 0.52 times less likely to choose for academic jobs in future.

Out of a total of 120 doctors surveyed, 68 responded to questionnaire. Among 68 doctors, 61 (91%) were employed at the time of data collection. Majority doctors (50) were in academics, 6 doing public health practice and 5 adjusted in both academics besides practice (refer to table 1). Future preference of jobs was compared between academics and practitioners. All practitioners preferred continuing their practice role, while half of those in academics (26) preferred switching to practical jobs and this difference was statistically significant ( $p=0.013$ ).

Doctors were asked if they would like to involve in public health practice in hospitals. Majority of them (61.8%) said they would love to do that, 22 (32.5%) said maybe they can think of it and only 5.9% said they could never think of public health practice in hospitals in view of competition and resistance by established clinical specialties. Detailed analysis revealed that doctors in academics also considered practicing public health in hospital filter or primary clinics. Even those who preferred continuing academic jobs (future academicians) also agreed on taking practical roles in hospital. Out of 24 future academicians, 11 said they would definitely opt for public health practice in hospital, 9 said they might think of it while 4 said they could never think of it.

All doctors were further asked what role they would like to

**Table 2: Preferred role in hospital setting (n=68)**

What role would you like to play in hospital setting	Count of responses	Percent (%) of total responses (n=171)	Percent (%) of cases giving that response (n=68)
1. Community diagnosis and health planning for catchment population of hospital	42	24.6	61.8
2. Infection prevention and control measures in hospital	41	24	60.3
3. Designing and supervising clinical trials and guiding researches of clinicians	29	17	42.6
4. Hospital management and leadership	30	17.5	44.1
5. Health education of patients	27	15.8	39.7
6. Preventive Pediatrics	2	1.2	2.9

play in hospital from six options given including community diagnosis, IPC, research supervision, hospital management, health education and preventive pediatrics. Doctors selected multiple options. The most commonly selected option was community diagnosis and health planning for catchment

population of their hospital. Least selected was preventive pediatrics (refer to Table 2).

### Challenges in career

Satisfaction of doctors was assessed for their choice of specialization and current role in job. Majority (73.5%) of the 68 doctors were satisfied with their choice of specialization, however satisfaction was lower with their role in job. Almost half of the employed doctors reported being fully satisfied with their role played in job. Satisfaction rate was compared between academicians and practitioners. It was observed that those in practical jobs were more satisfied, however this difference was not statistically significant ( $p=0.051$ , Fisher Exact test), refer to Table 3.

We can relate this result with figure 1, showing that majority of academicians wanted to opt for practical roles in future, as it felt more satisfying. Despite this, we see a majority of doctors in academics. We assessed reasons for hesitation in switching to practice in 24 future academicians. Multiple responses were given by a doctor. Majority reported lack of practice opportunities and convenience of academic jobs (refer to Figure 1).

We also took their suggestions for improvement and majority of the suggestions noted were related to opportunities of working with diverse roles (refer to Table 4).

### ii. Survey of job opportunities: 2021 Jobs

A total of 33 job advertisements were found relevant for Community Medicine Specialists. Each advertisement announced more than one post for public health specialists. Out of these, 28 were government jobs employing specialists for mostly TB program, donor funded projects, primary and secondary healthcare departments, Ministry of health departments and National institutes of health. Remaining 4 advertisements were related to management positions in private hospitals or project managers for NGOs. A total of 67 posts were listed from these advertisements and were categorized according to different skills required. After categorization, it was observed that majority jobs were related to projects (refer to table 4). Majority advertisements invited applicants with post-graduation in public health (Masters and equivalent). Out of a total of 67 positions, only 2 mentioned clearly name of FCPS Community Medicine. These 2 posts were of Executive Director for Health Research institute/ CDC at National Institute of Health and required skills of getting grant and experience as head of an institute or department. Rest all were considered appropriate for MCPS or FCPS Community Medicine but had not mentioned explicitly the name of these degrees and had mentioned all equivalent degrees including Masters in Public Health. These jobs are listed in Table 4.

## DISCUSSION

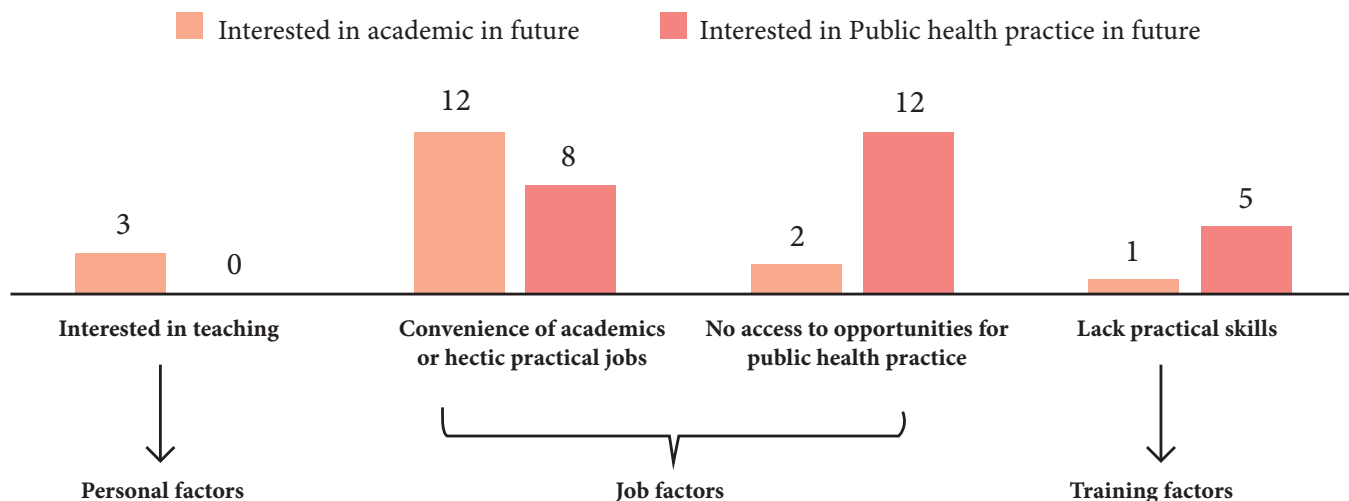
This paper aims to discuss challenges for Community Medicine specialists in their career. There was a 9% rate of unemployment.

**Table 3: Satisfaction of doctors in relation with their current role in job (n=61 employed doctors)**

Questions compared		Current role in job			Total
		Academics	Public health practice	Doing both	
Are you satisfied with the choice of your specialization	Dissatisfied	1 (2%)	0	0	1 (1.6%)
	Partially satisfied	12 (24%)	1 (16.7%)	0	13 (21.3%)
	Fully Satisfied	37 (74%)	5 (83.3%)	5 (100%)	47 (77%)
Are you satisfied	Dissatisfied	5 (10%)	0	0	5 (8.2%)
with the role you are playing currently in your profession?	Partially satisfied	22 (44%)	0	4 (80%)	26 (42.6%)
	Fully Satisfied	23 (46%)	6 (100%)	1 (20%)	30 (49.2%)
Total		50	6	5	61

Data expressed as n (%).

\* p-value was calculated using Fisher exact test and a value <0.05 was considered significant difference.



**Figure 1: What stops Academicians from switching to public health practice (n= 43 responses)**

\*Data labels represent number of responses for a bar

**Table 4: What improvement can bring you more satisfaction in professional life? (n=56 responses)**

Responses	Count	
Ease of acquiring best qualification	4	} Training opportunities
Capacity building for practical skills in public health	8	
Recognition of subject as Public health	2	} Recognition of specialty
Respect of specialty and decent jobs	8	
Job opportunities for public health practice, preventive clinics	13	} Opportunity for diverse roles
Research opportunities and jobs	7	
Role in community	3	
Role in hospitals	2	
Collaboration with other sectors, primary health care, family medicine	3	
Key role for making impact, leadership	6	

**Table 5: Categories of jobs according to skills and qualification requirements and number of posts announced against each category**

Level	Job title	Skills required	Degrees mentioned	No. of posts
Management Jobs (District/ Province/ Institute)	District Manager, Hospital Administrator, Program Officer, Project Manager	Planning, implementation, M&E of Public health programs, policy making, data analysis	MBBS with MBA, MPH or equivalent	53
Epidemiology & Data Analysis (Project)	Surveillance Officers, Epidemiologist, Research officer	Disease surveillance, data analysis	MPH, FELTP	12
Communication (Project)	Health Communication Officer	Communication, Health education	MPH	2

Those who were employed were mostly satisfied with their choice of specialization, and half of them were fully satisfied with their job roles. Majority academicians wanted to pursue public health practice, however, they reported of some barriers in switching to practice. These were mostly related to lack of opportunities and fear of leaving comfort zone.

A notable finding from our survey was that CM experts were less satisfied with teaching jobs. Reasons maybe that CM is not regarded as an important or interesting subject by students<sup>13</sup>. Another reason maybe that CM experts, having a diversity of skills and being well versed with management and leadership find it difficult to adjust with monotonous or low profile jobs, work environment and ineffective leadership<sup>14</sup>. A research in Ethiopia also confirmed the importance of leaders' recognition and development opportunities for public health professionals to stay satisfied in jobs<sup>15</sup>.

In our study, half of the academicians in our study wanted to switch to practical jobs in order to feel satisfied where they get an opportunity to make an impact on population health and all academicians agreed to take on any practical role if the opportunity is provided within hospital setting. This should be considered as an opportunity for health system that should be harnessed by redesigning their jobs. The subject of Community Medicine has recently been recognized as a clinical discipline by Pakistan Medical Commission (PMC). It was brought to attention of PMC that Community Medicine specialists acquire skills of public health practice that are beyond teaching, as evident from public health role in pandemic and their services can be extended to clinical settings. A researcher in India published a similar idea of creating a post of Community Medicine specialist at every Community Health Center for monitoring the health-care services. Their role should include identification and prioritization of health needs of community, identification of determinants influencing health and undertaking interventions to improve health<sup>16,17</sup>.

CM professionals in our study expressed the need of getting opportunities for diverse roles in their field and capacity building for improving their satisfaction. This reflects the huge burden of unmet professional needs of CM experts<sup>17</sup>. They

also expressed that opportunities for better training should be provided, showing that they are aware that current trainings still have gaps. Public and community health training is a debatable issue discussed by many authors globally. This field has seen a lot of evolution in the recent past and competencies keep updating with changing needs with time. Recently, an orientation towards entrepreneurship and systems thinking is being incorporated in trainings globally to satisfy complex needs of future.

A survey of job opportunities revealed no deficiency of potential jobs, but the advertisements mostly didn't clearly invite MCPS or FCPS Community Medicine for applying. This maybe because these degrees are considered suitable for academics as majority of these degree holders have been serving as academicians since past. Also, CM is not given due recognition as its alternative degrees in public health. Some professionals in our survey also stated that this degree should be given the name of public health and be given respect in public health and doctors' community. Similar to this, CM experts in India also feel low esteem and confused due to identity crisis of their field and overlapping with public health and family medicine. Many Indian experts consider public health and CM as same subjects while others project them as separate fields and advocate for retaining clinical tag in name of CM which differentiates them from public health. This ambiguity of scope and roles is a source for confusion and dissatisfaction of experts<sup>18</sup>.

## CONCLUSION

CM professionals mostly become academicians because employment opportunities for them are mostly teaching based. However, satisfaction of academicians was observed to be low and most experts showed interest in pursuing practical work. However, job opportunities for practical work were not mostly available for CPSP community medicine qualified experts in year 2021.

## RECOMMENDATIONS

In order to satisfy professional needs of Community Medicine specialists and helping them in achieving their best potentials, two options can be considered. One option is advocacy for



including FCPS/ MCPS in advertisements of public health jobs. Organizations employing public health specialists should be made aware of the fact that MCPS/ FCPS specialists are trained during training in policy and program planning, implementation and evaluation, management and leadership, disease epidemiology and prevention, statistics and health communication. Restricting their role to teaching impedes their growth and deprives the field of trained professionals. It also shrinks the job market for doctors opting for this specialty. When their skills are not being utilized effectively in medical college jobs, they may feel demoralized and consider changing jobs and opt for NGOs.

Meanwhile, another option to consider is providing opportunities for public health practice within hospital setting by strengthening linkage between Community Medicine department and administration of affiliated hospital. This will be a gateway to make an impact on catchment population of these hospitals. If each medical college starts working on catchment population, disease burden can be largely reduced in Pakistan. A challenge here would be that the activities of these professionals should be designed according to their interests that may vary. Many find interest in planning and management aspects while others are inclined towards interaction with community for disease control and prevention. Whatever role they take, their objectives should be aligned to target the preventive care needs of catchment population to improve their health status. They will be in the best position to guide the hospital on policy matters, having known the characteristics of catchment population. Private hospitals will also benefit by enhanced linkages with the community. This should also be considered part of social responsibility of private organizations. In addition to benefits for community and organization, practice role of CM will make their teaching also more effective and interesting for students. However, a necessary condition for this to implement is to keep staffing strength for Community Medicine department at maximum requirement of PMC so that they are not left at risk of being overburdened. More budgets should be allocated for this department to effectively utilize their skills.

**AUTHORS' CONTRIBUTION**

Naila Azam	Conception and design, Drafting the Article, Critical revision
Bushra Anwar	Acquisition of data, Analysis and interpretation of data, Drafting the Article

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