



A Study of Private Medical Education in Punjab

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ABSTRACT

Providing quality medical education is pivotal to strengthening healthcare systems and ensuring the well-being of society. In Pakistan, particularly in Punjab, the most populous province, the rapid growth of private medical institutions has significantly contributed to meeting the increasing demand for healthcare professionals. However, this expansion has also raised critical concerns regarding equity, affordability, and educational quality. The present study aimed to explore the main challenges faced by private medical colleges in Punjab. A qualitative design was employed. The study population included teachers and principals from private medical and dental colleges across Punjab. Data were collected using semi-structured interviews with five teachers and five principals. Qualitative data were thematically analyzed to extract recurring patterns and insights. Findings revealed governance and policy gaps in maintaining educational standards and ensuring equitable access. It concludes that while private medical colleges have addressed the shortage of medical professionals, immediate attention is required to revise outdated curricula and promote inclusivity to enhance the quality and accessibility of medical education in Punjab.

Introduction

Medical facilities play a key role in the well-being and healthy lives of people in any society (Kapur et al., 2024). Such facilities play a key role in preventing and treating diseases, and in improving the quality of life. People should have equal access to all hospitals and other health centers, large and small. These institutions foster people's well-being and promote healthy communities (Pronk et al 2021).

Significant changes have occurred in medical education over the past few years, with the private sector now playing a vital role. Punjab is the largest province of Pakistan in terms of population and has more public and private medical colleges than any other province. However, over the previous two decades, the number of private medical colleges has increased significantly (Pakistan Medical and Dental Council, 2024). The increasing number of private medical institutions has also met the additional demand for healthcare professionals, but this growing number of doctors poses challenges and issues that degrade the quality of medical education. Such concerns include the quality of education, lack of professional skills, outdated curricula, and limited access to private medical education for people with low socio-economic backgrounds (Rehman et al., 2024).

Public sector institutions play a major role in providing medical education in Pakistan. However, due to rapid population growth and increasing demand for doctors, private medical educational colleges were established. The establishment of these private educational institutions, especially since 1990, has been seen as enhancing the capabilities of public universities and providing more opportunities for students. This rapid growth has also raised some issues, particularly concerns about high fees that have made this degree unattainable for lower-middle-income families. In addition, there are ongoing criticisms of their infrastructure, faculty quality, and clinical training. It is sometimes said that their commercial interests overshadow their academic excellence (Jaleel et al., 2023).

All the rules and regulations of medical colleges are framed under the supervision of PMDC, but the question arises as to how this body maintains the standards of private and public medical colleges. There are many problems in this sector, including teacher provision, practical medical training, and infrastructure. Awareness of the problems with this system is important for improving it. There is a need to formulate such policies so that medical colleges can be strengthened and the best, most honest healthcare facilities can be provided to people in the future. The main purpose of this study was to explore the main challenges of private medical colleges in Punjab. This research is important because it highlights the authentic voices of faculty and principals working in private medical colleges in Punjab. Their experiences provide valuable insights into how these institutions are managed day to day. The study adds to academic knowledge by highlighting the strengths and weaknesses of private medical education, a rapidly growing sector in Punjab. It is also important for policymakers, as the findings reveal areas where reforms are most needed, such as governance, quality control, and faculty development.

Private medical education in Punjab grew significantly in the 1990s when the government, under pressure to produce more doctors, invited the private sector to participate after recognizing that public colleges alone were insufficient to meet demand (Ayub Medical College Abbottabad, 2011). The establishment of the University of Health Sciences was a significant step in the history of private medical education in Punjab. This university was a statutory body to coordinate private and public dental institutions and colleges. Its main purpose was to establish a unified curriculum and evaluation procedure. The university's mandate is to improve quality and coordination across institutions throughout Punjab (Khan et al., 2011)

In subsequent years, the University of Health Sciences implemented reforms focused on performance-based outcomes, compulsory behavioural sciences, and standardized inspections to ensure private institutions met regulatory requirements (Khan et al., 2011). Significant differences exist between private and public medical institutions regarding academic environment, faculty quality, curriculum implementation, infrastructure, and clinical exposure. While private medical colleges may lag in student performance and support, they help meet the growing demand for professionals and provide easier access to medical education (Khan et al., 2011). As a result, private medical education in Punjab has evolved from being virtually non-existent to playing a significant role, as efforts to improve quality and regulatory oversight continue. Over the past decade, Punjab has experienced significant growth in private medical education, driven by the demand for doctors. Many new colleges offer advanced facilities and enroll large numbers of students. However, quality has not always matched this expansion. Recent studies show considerable variation among institutions; some provide excellent labs and faculty, while others lack basic resources or qualified staff (Khan, 2024; Khalid, 2025). As a result, although private colleges have increased the number of graduates, not all are equally prepared for clinical practice.

Teachers who are available, knowledgeable, and compassionate are essential for effective learning. Recent research shows that students at private universities notice significant differences in teacher availability and quality. Large class sizes, a lack of competent clinical teachers, and teaching strategies that rely on lectures and memorization instead of active learning or clinical reasoning are common issues (Zaheer, 2024). As a result, students become less confident and have fewer opportunities to practice providing patient care. Students perceive improved learning when teachers are more involved, but this is not always the case.

Medical education is crucial for producing qualified professionals who can address a nation's health needs. Developing and implementing effective curricula is a major challenge for medical colleges in Pakistan. These issues stem from inadequate monitoring, outdated teaching methods, a shortage of qualified faculty, and limited resources (Santiago, 2002).

Modern medical education worldwide emphasizes problem-solving, student-centered learning, and integrating theory with practice. However, many institutions in Pakistan still rely on outdated methods, with lecture-based teaching and limited opportunities for critical thinking and research (Rahmat et al., 2025). This results in a gap between societal expectations of doctors, and the education students receive.

Numerous scholars contend that Pakistan's medical curriculum falls short of international norms, particularly in certain private universities. Instead of emphasizing problem-solving, patient communication, and current medical knowledge, the curriculum often emphasizes rote memorization and information (H.Bond et al., 2025). The integration of new subjects such as artificial intelligence, digital health, and current clinical recommendations is lacking. Graduates are less equipped for contemporary health systems because of this disparity. According to recent studies, curriculum reform should incorporate community health, active learning, and modernized instruction in clinical skills.

Accurate and safe medical practice depends on strong laboratory skills. However, several studies in 2024 found that many institutions provide inadequate laboratory instruction. Problems include weak links between clinical and laboratory training, outdated or faulty equipment, and a shortage of skilled laboratory technicians (Khan, 2024). Without hands-on lab experience, doctors may disorder or misinterpret tests, negatively affecting patient care and student learning.

Strengthening laboratory facilities and training medical laboratory technologists (MLTs) should be a priority.

The regulatory framework that governs private medical schools has been evolving recently. Uncertainties regarding uniform accreditation, inspection, and compliance standards make it challenging to ensure quality everywhere. To ensure that all universities meet basic criteria for professors, labs, and curriculum, some studies call for tighter accreditation procedures, more frequent inspections, and more transparent oversight (Zia, 2023; Khalid, 2025). Patients and students can be safeguarded by improved regulation.

While private universities differ, some demonstrate effective practices worth adopting. These include research units pairing students with faculty, simulation-based labs, active supervision, smaller clinical groups for hands-on learning, and grants for deserving students. These approaches improve student performance and confidence. Highlighting and expanding such practices could raise overall standards.

METHODOLOGY

RESEARCH DESIGN

This study used simple qualitative research design provided in-depth insight into the lived experiences and perceptions of stakeholders.

POPULATION AND SAMPLING

Target population of this research was all teachers and principals of the medical and dental private colleges working in the province of Punjab. Purposive sampling technique was used to select the college's key informants. Five teachers were interviewed. Similarly, five interviews were also conducted with principals.

DATA COLLECTION

Semi structured interviews conducted for the collection from data from teachers and principals. They were asked to explain policy and governance matters while managing these private medical colleges. They were also asked to describe their lived experience about the challenges and how they were managing these challenges. All the interviews were recorded and transcribed interviews were conducted in English. Participants were insured that their data was kept confidential and only used for research purposes.

DATA ANALYSIS

Thematic analysis was used to analyze the interview transcripts from teachers and principals. This process follow all the necessary steps required for qualitative data analysis including transcribing the interviews, coding the data, identifying recurring themes, and interpreting the findings to build a comprehensive narrative on the challenges and potential solutions.

FINDINGS

1 Policy and Governance Challenges

The principals made it very clear that the frequent changes in government policies and the daily changes in the regularity authority lead to uncertainty in their management. Two out of five principals believed that government policies should be consistent so that they can overcome challenges in medical education and be able to run their institutions better.

2 Financial and Fee-Related Issues

All the principals mentioned in very clear terms that they have to depend on student fees to run these institutions hence the fees of these institutions are higher than government institutions. Explaining the situation of this issue, these principals believed that the government should help private colleges in some way or the other to reduce this high fee structure.

3 *Teaching and Academic Pressures*

All teachers mentioned that they have to teach a large number of students, are also given less support staff. Due to these problems, they have difficulty interacting with students. Explaining the solution to this problem, Participant 3 suggested that teachers should be given fewer and smaller classes to teach, and the number of teachers and support staff should also be increased.

4 *Clinical Exposure and Practical Training*

All the teachers and principals felt that clinical experience was a weakness of private medical colleges as students had very few opportunities for practical experience. Due to the lack of opportunities for practical experience, such students lag behind compared to students studying in government colleges. Participant three believed that clinical experience should be enhanced as much as possible so that Students studying in private colleges can also compete with government students.

5 *Research and Institutional Culture*

Reflecting on the fact that, as has been proven in the previous literature review, students are rarely given research opportunities in medical education, three faculty members, explained in great detail that these students Few research opportunities are provided, and faculty members do not have many grants to sponsor these students' projects and encourage a healthy research culture in the institutions.

6 *Management of Social and Student Support Issues*

Teachers shared concerns about students' mental health, citing stress from high fees, academic workload, and family pressures. All teachers and principals mentioned that students face mental stress due to high fees and workload, and family pressures adds to their burden, leading to many social problems. Since students' families charge high fees and have high expectations of their students, these high expectations cause more stress and social burden on the students. As a result, the workload increases significantly and students have to work very hard to meet their family's expectations causes them to face mental stress.

Coping Strategies and Way Forward

All the teachers reported that they help their students and also give them practical advice to relieve stress so that they can overcome the stress of the present day and use their skills to get their degree.

Conclusion

Private medical colleges in Punjab are both a challenge and an opportunity. They fill a critical gap in the healthcare education system, but they also require thoughtful regulation and support to truly meet their purpose. Listening to the voices of teachers and principals reminds us that behind every policy and institution are human beings who are trying to balance competing demands while shaping the future of medical education. For this reason, reforms in private medical education should be guided not only by rules and market forces but also by the values of equity, responsibility, and care for society. Based on the findings of this study, several recommendations can be made to strengthen private medical education in Punjab. These recommendations are directed toward policymakers, regulatory authorities, college administrators, and educators to ensure that the system grows in a balanced and sustainable way. Stronger Policy and Governance

Government should provide clear and transparent policies in order to improve the governors of private medical colleges in Punjab, for this purpose all the stake holder maybe consulted for framing clear and well informed policy. By adopting these recommendations, private medical

education in Punjab can move toward a system that is more fair, dependable, and student-focused, while also contributing to the overall improvement of healthcare in society.

References

- HBond. (2025). *Challenges in the medical education curriculum in Pakistan: A critical analysis*. <https://hbond.org/challenges-i>
- Jaleel, J., Naurin, S. S., & Gul, A. (2023). The crisis of Pakistan railways: Unveiling the nexus of competence and corruption. *Liberal Arts and Social Sciences International Journal (LASSIJ)*, 8(1), 64–87.
- Kapur, D. R. (2024). Structure of Health Care System: Vital in Promoting Community Well-Being. *International Journal of Preventive Medicine and Health*, 3(6), 13-18.
- Khalid, S., et al. (2025). Social accountability in medical school curricula in Punjab: An exploratory study. *BMC Medical Education*. <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-025-07268-7>
- Khan, A. H. (2024). Advancing medical laboratory practice in Pakistan: Insights from a focus group study on technologists' training needs. *BMC Medical Education*, 24, Article 938. <https://doi.org/10.1186/s12909-024-05836-x>
- Khan, Z. A., et al. (2025). Barriers to conducting and completing research in Pakistan: A cross-sectional study. *PMC (Open Access)*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11911738/>
- Khan, J. S., Biggs, J. S., & Mubbashar, M. H. (2011). Evaluation techniques in Punjab, Pakistan: eight years of reforms in health professional education. *Journal of Ayub Medical College Abbottabad*, 23(1), 154-158.
- Pakistan Medical and Dental Council. (2024). *List of recognized medical colleges*. Retrieved from [Insert relevant PMDC link if available]
- Pronk, N., Kleinman, D. V., Goekler, S. F., Ochiai, E., Blakey, C., & Brewer, K. H. (2021). Promoting health and well-being in healthy people 2030. *Journal of Public Health Management and Practice*, 27(Supplement 6), S242-S248.
- Rehmat, L., Fatima, S., Mazhar, R. A., Fatima, S. S., & Rehman, R. (2025). Innovations in Case-Based Learning to Enhance Clinical Reasoning among Graduate Students: A Mixed-Methods Study: Case Based Learning for Graduate Students. *Journal of Postgraduate Medical Institute*, 39(4).
- Rahman, F., Bhat, V., Ozair, A., Detchou, D. K., & Ahluwalia, M. S. (2024). Financial barriers and inequity in medical education in India: challenges to training a diverse and representative healthcare workforce. *Medical education online*, 29(1), 2302232.
- Santiago, P. (2002). Teacher demand and supply: Improving teaching quality and addressing teacher shortages.
- Zaheer, S. (2024). Challenges of medical education in Sialkot. *Pakistan Journal of Professional Practice*. <https://pjp.pps.org.pk/index.php/PJP/article/view/1653>
- Zia, M. (2023). *An overview of private medical education in Pakistan*. ResearchGate. https://www.researchgate.net/publication/376644670_An_Overview_of_Private_Medical_Education_in_Pakistan
- Zia, T. (2023). *An overview of private medical education in Pakistan*. SSRN. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4971515