

Viewpoints

Systemic Leadership Gaps in Nepal's Medical Education: The Need for a PhD Program in Medical Educational Leadership

Kshitiz Upadhyay-Dhungel¹

Author's Affiliations

¹Professor and Head, Department of Physiology, KAHS, Jumla, Karnali Province, Nepal

Correspondence to:

Prof. Dr. Kshitiz Upadhyay-Dhungel
Department of Physiology
Karnali Academy of Health Sciences
Jumla, Nepal
Email: profkshitiz@kahs.edu.np

ABSTRACT

Globally, PhD-level qualifications are recognized as a marker of advanced scholarly expertise, critical thinking, and research competence, particularly in academic governance and policy formulation. The importance of a PhD program in Medical Education Leadership is increasingly acknowledged in both global and Nepalese contexts as medical education becomes more complex, evidence-driven, and system-oriented.

Internationally, doctoral-level training is widely considered essential for leadership roles in universities, accreditation bodies, and regulatory agencies to ensure research-informed governance and quality

improvement in health professions education. In Nepal, the rapid expansion of medical education has revealed ongoing challenges in governance, policy coherence, and academic quality, with the Medical Education Commission facing concerns of administrative dominance, limited research integration, and weak academic leadership. Thus, there is need to develop a national cadre of evidence-based, reflective, and transformative leaders to strengthen governance and align medical education with national health priorities. An initiative has been taken at the Karnali Academy of Health Sciences (KAHS) to launch a PhD program which could strengthen advanced research and academic capacity within the institution and is expected to promote a research-oriented academic environment and develop future medical education leaders through the PhD program. This paper advocates for establishing PhD programs in Medical Education Leadership across all medical and health science institutions in Nepal, not limited to Karnali Academy of Health Sciences.

Keywords: Evidence-based policy, educational reform, Medical Education, Medical Education Commission, Medical Education Leadership, Nepal

INTRODUCTION

Medical education in Nepal began with the training of Ayurveda health workers in 1933, followed by the establishment of the Institute of Medicine [1]. After the political movement of 1990 and the restoration of democracy, the development of health services and medical education accelerated significantly, marked by the establishment of several private medical colleges. In the subsequent years, various health academies were also developed to further expand medical and health professional education in the country [1-2].

Initially, until 2016, the monitoring and regulation of medical colleges in Nepal were primarily carried out by the Nepal Medical Council, the Ministry of Health, and the Ministry of Education. By 2017, following the establishment of the Medical Education Commission (MEC), the regulation and monitoring of medical education in Nepal came primarily under its jurisdiction, alongside oversight and coordination with key stakeholder bodies such as the Nepal Medical Council (NMC), University Grants Commission (UGC), Nepal Nursing Council (NNC), Nepal Health Professional Council (NHPC), Nepal Pharmacy Council (NPC), the Ministry of Education, and the Ministry of Health. In addition, universities including Tribhuvan University, Kathmandu University, Purbanchal University, Pokhara University, as well as various health academies running academic programs, are also involved in this multi-layered governance structure. Coordinating effective collaboration among these diverse stakeholders remains a major challenge in ensuring coherence and quality in medical education [3].

In addition to these contextual developments, educational leaders in the twenty-first century are confronted with multiple interrelated challenges, as this era is marked by uncertainty, complexity, and constant transformation [4]. Key issues include globalization and its influence on academic systems, rapid technological advancements, cultural convergence, and persistent debates on whether education should be treated as a public good or a market commodity. Furthermore, increasing commercialization of education, profit-driven institutional priorities, and the resulting governance complexities contribute to an environment of academic uncertainty and organizational instability, as previously discussed by the author [3,4].

As discussed earlier, medical education in Nepal is heavily regulated through a tiered system designed to ensure quality and compliance with national healthcare needs. The central authority for setting standards and managing admissions is the Medical Education Commission (MEC), while professional regulation and professional licensing are managed by the various council like Nepal Medical Council (NMC), NHPC, NNC, NPC etc. and UGC, NHRC, the Ministry of Health and Ministry of Education are other responsible stake holders [2]. They frequently exhibit shortcomings including poor coherence, obsolete frameworks, weak accountability mechanisms, and insufficient enforcement [5].

The Leadership Crisis in Medical Education Governance in Nepal: A Systemic Challenge

The 21st century presents exceptional challenges in medical education, marked by rapid technological advances, global health

crises, and evolving societal needs [2, 4, 5]. However, current policies, regulatory bodies like the Medical Education Commission (MEC), Nepal Medical Council (NMC), and the Ministry of Health often face weaknesses such as lack of coherence, outdated frameworks, limited accountability, and inadequate enforcement.

Over the past two decades, Nepal's medical education system has witnessed unprecedented growth. While this expansion has improved access, it has also exposed structural weaknesses in governance and quality assurance, which became predominant during pandemic COVID [6]. The Medical Education Commission (MEC), envisioned as a central regulatory body, has struggled to maintain consistency in policy formulation and implementation however several educational leaders and educational policies envisioned Nepal to be hub for medical, paramedical and mountain medicine [1, 7].

Good Medical education leadership, stable regulation are the key to building high-quality health care and health education. Frequent changes in faculty requirements, accreditation standards, and institutional guidelines often occur without transparent justification or robust evidence. Such inconsistencies undermine institutional stability and erode trust among stakeholders [2, 3, 5, 8] These challenges reflect not merely administrative inefficiencies but a deeper leadership deficit.

ekantipur on Poush 1 under title: 'Third application for the post of Vice-Chancellor of Shaheed Dasharath Chand Medical University' writes [9]:

'..... The third call for applications for the post of first vice-chancellor of Shahid

Dashrath Chand University of Health Sciences in Dhangadhi, Sudurpaschim Province, has received few applications. The recommendation committee had invited applications for the vice-chancellor for the first time on Kartik 16 and the second time on Kartik 30. After not receiving a single application, on Mangsir 23, the committee had extended the time to submit applications until Mangsir 28.....'

The above statements clearly show leadership crisis in Medical Education governance. Leadership roles within medical education are predominantly occupied based on clinical seniority or bureaucratic experience rather than expertise in educational science. While clinical experience is indispensable, it does not inherently equip individuals with the competencies required for curriculum design, educational research, or policy analysis.

Leadership Without Research: An Underlying Structural Constraint

Modern medical education is an increasingly complex and multidisciplinary field that demands decision-making grounded in robust evidence. In the absence of research-oriented leadership, policy decisions tend to become reactive, fragmented, and insufficiently aligned with both local health system needs and global educational standards [2, 5]. In Nepal, this challenge is further amplified by resource constraints, uneven institutional capacity, and limited integration between academia and regulatory bodies, which collectively hinder the development of consistent and context-sensitive educational policies.

PhD-level program provides the methodological and analytical foundation
Dhungel, KU

required for systematic inquiry, critical appraisal, and evidence-based decision-making. Leaders with such preparation are better positioned to design, implement, and evaluate educational reforms, ensuring that interventions are both contextually relevant to Nepal's diverse health system and sustainably impactful in the long term.

The limited presence of such research expertise within the Medical Education Commission (MEC) and other regulatory bodies in Nepal contributes to recurring policy inconsistencies, weak innovation, and inadequate evaluation of reforms. This underscores the urgent need for leadership that is not only administratively capable but also academically grounded, research-driven, and responsive to the evolving healthcare and educational needs of the country.

Leadership for Change: Critical Insights for Transformation

Upadhyay-Dhungel's previous works provide important perspectives on contemporary educational leadership. He argues that leadership in the twenty-first century must be adaptive, reflective, and committed to continuous change [4,8,10]. A key insight from his work is that leadership is not merely positional authority but a dynamic process of influence, learning, and institutional transformation shaped by context and evidence.

A central component of this approach is reflective leadership, which emphasizes critical self-evaluation and learning from outcomes to improve decision-making processes [2, 10]. This reflection becomes particularly important in policy institutions such as the Medical Education Commission (MEC), where the absence of structured feedback and learning mechanisms has

contributed to recurring inefficiencies and policy inconsistencies. Strengthening institutional reflection can therefore enhance accountability, coherence, and policy stability.

Furthermore, Dhungel underscores the significance of transformative leadership, wherein leaders function as agents of systemic change rather than routine administrators. A broader perspective of his philosophical framework, often referred to as Kalkism, highlights that crises should not be viewed solely as failures but as opportunities for systemic renewal and innovation. From this standpoint, leadership requires the capacity to interpret complexity, embrace uncertainty, and guide institutions through structured reform.

Applying these perspectives to Nepal's medical education system suggests that current leadership challenges may be reframed as a catalyst for meaningful transformation [1,9]. This requires cultivating leaders who are not only administratively competent but also academically grounded, research-oriented, and capable of driving evidence-based reform in medical education governance.

Why a PhD Program in Medical Education Leadership is Essential?

Across the world, doctoral-level (PhD) qualifications are broadly considered as a benchmark of advanced intellectual capability, rigorous research training, and high-order critical thinking, particularly in relation to academic administration, institutional governance, and policy formulation. The following points will highlight why PhD Program in Medical Education Leadership is essential:

Strengthening Evidence-Based Policy: A PhD program would produce leaders capable of integrating research evidence into policy formulation. This would reduce arbitrariness in decision-making and enhance the credibility of regulatory bodies.

Advancing Curriculum Reform: Medical curricula must be aligned with national health priorities and global standards. PhD-trained leaders can conduct needs assessments, apply educational theories, and evaluate outcomes to ensure relevance and effectiveness.

Building Research Culture: The presence of doctoral-level leaders fosters a culture of inquiry and scholarship within institutions. This enhances academic output, encourages innovation, and strengthens institutional reputation.

Enhancing Faculty Development: PhD-trained leaders can design structured faculty development programs, improving teaching quality and promoting professional growth.

Navigating Complexity: Modern medical education involves multiple stakeholders and dynamic challenges. Doctoral training equips leaders with systems thinking and analytical skills necessary for managing such complexity.

Reimagining MEC through Academic Leadership: For MEC to fulfill its mandate effectively, it must transition from a purely regulatory body to an intellectually driven institution. This requires embedding research capacity within its structure and prioritizing academic expertise in leadership roles.

Adopting Upadhyay-Dhungel's concept of "super leadership" with a characteristic of servant leadership and Kalkism as leadership model explained elsewhere [10]. MEC can

shift from centralized control to empowerment, enabling institutions to innovate while maintaining accountability [1, 10]. Such a transformation would create a more responsive and resilient medical education system.

Proposed PhD Program in Medical Education Leadership [11]

A PhD guidelines committee headed by Prof. Dr. Kshitiz Upadhyay Dhungel was formed to initiate and plan PhD program in Karnali Academy of Health Sciences recently, which has envisioned medical education and Medical Education leadership as a PhD program along with other medical subjects.

The Committee has designed a program with coursework in biostatistics, research methodology and philosophical science with issue seminar, workshops, journal club, software work etc. as supporting course for rigorousness to prepare a scholar who can critically analyze any curriculum, policies, present and upcoming health issues and update themselves with recent advances in theories and practices in health care and healthcare education. The PhD holders (Medical Education leadership) after finishing the degree will be eligible to solve any issues regarding healthcare service, healthcare education and health care management of any organization or general public of nation.

The main objective of this program is to strengthen leadership capacity at both university and policy levels within medical education. It aims to develop competent academic and administrative leaders including Principals, Deans, Directors, Vice Chancellors, Rectors and Registrars for medical and paramedical institutions, as well as policymakers and officials associated with national regulatory bodies such as the

Dhungel, KU

Medical Education Commission and other health professional councils. The program is designed to cultivate holistic leaders equipped with a comprehensive understanding of leadership principles, curriculum development, organizational behavior, and evidence-based decision-making grounded in empirical research. In this context, the need for systemic reform has become both timely and imperative.

The need for a PhD program in medical education leadership should not be limited to a single institution such as Karnali Academy of Health Sciences, but should be expanded across universities and health science institutions nationwide in Nepal. Leadership in medical education requires advanced scholarly training to develop academic and administrative leaders who can effectively manage curricula, institutions, and policy systems. Establishing such programs widely would ensure a standardized, evidence-based approach to leadership development, strengthen health professional education systems, and promote equitable capacity building across institutions. This expansion is essential for producing competent leaders capable of addressing the evolving challenges of health professions education at both national and global levels.

Strategic Recommendations

1. Establish a structured PhD program in Medical Education Leadership as the foundational pillar for strengthening Nepal's medical education system.
2. Develop a dedicated national framework for medical education leadership in Nepal by identifying, training, and positioning academically qualified leaders in universities, the

Medical Education Commission, and regulatory institutions.

3. Establish a national PhD program in Medical Education Leadership with an interdisciplinary focus. KAHS has already initiated this process, and all stakeholders should support and facilitate its successful implementation.
4. Develop a structured, competency-based PhD program under national universities and similar institutions to produce scholarly leaders in curriculum design, accreditation, and health professions education governance.
5. Introduce policy reforms requiring academic qualifications, including PhD, for key leadership positions which has been started by Shaheed Dasharath Chand Medical University.
6. Establish dedicated research units within the Medical Education Commission (MEC) to strengthen evidence-based policymaking, with a strategic integration or coordination mechanism involving the Nepal Health Research Council (NHRC).
7. Align national medical education policies with leadership development goals, ensuring recognition of PhD-level qualifications in promotion, accreditation roles, and institutional governance.
8. Strengthen international collaboration for capacity building, research, and knowledge exchange by promoting sustained partnerships among medical schools, academies,

and universities through collaborative research projects, faculty and student exchange, joint publications, and shared academic and research resources.

9. Prioritize appointment of academically qualified leaders PhD qualifications in Principals, deanships, Registrars, Rectors, curriculum committees, and regulatory bodies to reduce administrative dominance in academic decision making.

CONCLUSIONS

PhD level qualification is widely regarded globally as a marker of advanced scholarly expertise, critical thinking, and research capacity, particularly in academic governance and policy development. In many countries, senior positions within medical education regulatory and accreditation bodies are often held by individuals with PhD degrees or equivalent advanced training, ensuring that decision-making is guided by evidence, academic rigor, and international standards. In the context of Nepal, institutions such as the Medical Education Commission and other professional councils would benefit from similar prioritization of PhD holders in leadership and advisory roles to strengthen policy formulation, curriculum standardization, and quality assurance in medical education. Aligning leadership with doctoral level expertise can enhance credibility, promote evidence-based governance, and bring Nepal's medical education system closer to global best practices.

Strengthening medical education in Nepal requires urgent investment in structured leadership development. Establishing a PhD program in Medical Education Leadership, JMCJMS: ISSN 2091-2242; eISSN 2091-2358

grounded in evidence-based, change-oriented, and reflective leadership principles, can help address existing structural gaps and build a competent cadre of leaders. Ultimately, the advancement of healthcare in Nepal is directly dependent on the quality of its medical education system, which in turn rests on the strength of its leadership through PhD holders.

Acknowledgement:

The author extends profound appreciation to the distinguished leadership of Karnali Academy of Health Sciences for their visionary initiative in advancing doctoral education. Special acknowledgment is also given to the members of the PhD Committee for their exemplary coordination, scholarly input, and continued commitment in shaping and supporting this endeavor.

Conflict of interest: None declared

Funding: None

Author's Contribution: Conceptualization of the viewpoints, literature insight, drafting of the manuscript, critical revision for intellectual content, and final approval of the version to be published-**KUD**. The author is accountable for overall content of the manuscript.

REFERENCES

1. Upadhyay-Dhungel K. Nepal can be a hub for medical and paramedical students of the world: a big business to contribute to the Nepalese economy. *Janaki Med Coll J Med Sci.* 2022;10(2):1-3.
2. Dixit H. Development of medical education in Nepal. *Kathmandu Univ Med J.* 2009;7(1):8-10.
3. Sigdel S, Ozaki A, Dhakal R, Pradhan B, Tanimoto T. Medical education in Nepal:

Dhungel, KU

- impact and challenges of the COVID-19 pandemic. *Acad Med.* 2021;96(3):340–342.
4. Upadhyay-Dhungel K. Challenges of twenty-first century educational leaders and way-out. *Asian J Soc Sci Manage.* 2020;1(1):15–26.
 5. Shankar PR. Challenges of medical education in Nepal. *J Janaki Med Coll J Med Sci.* 2013;1(1):1–2.
 6. Prakash S, Upadhyay-Dhungel K. The COVID-19 pandemic: lessons for academicians and institutions today and tomorrow. *Janaki Med Coll J Med Sci.* 2023;11(1):1–5.
 7. Upadhyay-Dhungel K. Mountain medicine development in Nepal: Karnali Academy of Health Sciences as a strategic institution. *J Karnali Acad Health Sci.* 2025;8(3):1–3. doi:10.61814/jkaks.v8i3.1145.
 8. Upadhyay-Dhungel K. Leadership change: a case study of a medical college in Nepal. *Asian J Soc Sci Manage.* 2021;2(1):33–39.
 9. Ekantipur. Third application for the post of Vice-Chancellor of Shaheed Dasharath Chand Medical University [Internet]. 2025 Dec 16 [cited 2026 May 5]. Available from: <https://ekantipur.com/Education/2025/12/16/en/third-application-for-the-post-of-vice-chancellor-of-shaheed-dasharath-chand-university-32-14.html>
 10. Upadhyay-Dhungel K. Kalkiism: eschatological re-imagination of dharma in contemporary philosophy. *Int J Curr Res.* 2025;17(11):35289–35292. doi:10.24941/ijcr.49739.11.2025
 11. Upadhyay-Dhungel K, et al. PhD Guidelines 2026 (unpublished draft). Karnali Academy of Health Sciences; 2026.