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HEALTH WORKFORCE RESEARCH BRIEF

MEDICAL COLLEGE ADMISSION TRENDS IN PAKISTAN

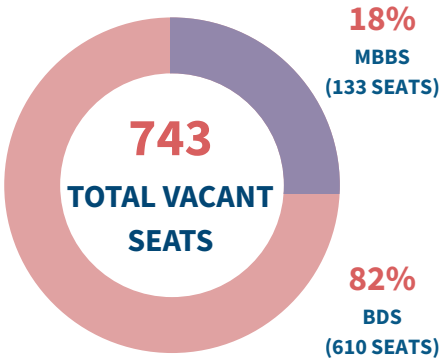
Unfilled MBBS and BDS seats in the 2025-26 cycle and what they mean for health workforce planning



June 2026

Overview

For decades, almost every medical seat in Pakistan was filled. The 2025–26 admission cycle broke that pattern: 743 MBBS (Bachelor of Medicine, Bachelor of Surgery) and BDS (Bachelor of Dental Surgery) seats stayed empty nationwide, even after admission deadlines were extended and entry requirements were eased.



This brief sets out what happened, how large the shortfall really is, why it is occurring, and what it means for human resources for health (HRH) planning. The summarized version is that the admission gap is mainly in expensive private medical and dental colleges, not across medical education as a whole. This shortfall is real and unprecedented, while public sector medical colleges remain heavily oversubscribed.

The Short Version

- The shortfall is real and unprecedented
- Higher in costly private medical colleges
- More vacancies in dentistry
- Preference of public colleges over private

(The News International, 2026)

From Full Seats to Vacancies

A HISTORY OF NEAR-FULL OCCUPANCY

Medical education has long been one of the most sought-after careers in Pakistan. Public sector colleges have subsidized tuition yet high prestige and have been a popular preference amongst students. Every year they receive far more applications than they can admit. Up until 2023, empty medical seats were unheard of.

THE FIRST SHORTFALL 2024-25

The first clear cracks appeared after the 2024-25 cycle, after standard merit rounds.

142
Empty seats reported in **private** medical colleges across Sindh and Punjab (MBBS)

Dental Programs had larger gaps

3 PTS
Entry criteria relaxed for MDCAT (one-time)
~50% MBBS **~45%** BDS
(Dawn 2026)

AN UNPRECEDENTED GAP 2025-26

The problem widened in 2025-26.

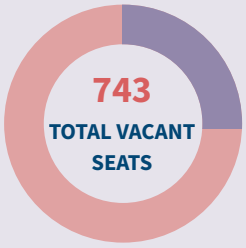
381 Unfilled seats in Punjab (UHS) across 33 private colleges after the final list

317 Candidates who had initially secured seats later withdrew their admissions

+45 +45 day relaxation was given in the admission deadline for both disciplines

47/52% MDCAT thresholds were reduced to 52% (MBBS) and 47% for BDS from 55% and 50%

FINAL FIGURES



18% MBBS (133 SEATS)

82% BDS (610 SEATS)

BY PROVINCE

Punjab	Sindh	Islamabad	KPK	Balochistan
381	295	50	17	0
				(none reported)

Why Seats are being left vacant?

Several forces are pushing down demand for private medical and dental places.

Cost and affordability: Although annual tuition fees have been capped, the overall cost of a private medical degree remains high. In addition to tuition, families must cover hostel fees, transport, examination charges, and living expenses. These extra costs place a significant burden on middle-class households, particularly those from rural areas whose children must relocate to attend medical college.

2.3-2.5 to 1.89 Million/Year

ANNUAL TUITION FEE (PMDC FEE CAP)

However

ADDITIONAL EXPENSES KEEP THE OVERALL EXPENSE HIGH

Hostel fee | Commute | Living | Exam fee | Other

(MedicalNews.pk, 2026)

Weak early-career returns: Students' career choices are increasingly shaped by the time, cost, and expected benefits of higher education. The long duration of medical training, combined with its financial demands and delayed career progression, may encourage some students to pursue alternative professional pathways.



20,000-30,000 Unemployed Doctors



Minimal beginning wage around Rs40,000/month

(MedicalNews.pk, 2026)

Quality and capacity concerns: Increasing the number of medical colleges alone does not guarantee better medical education. Expansion should be matched by adequate investment in qualified faculty, clinical placements, and academic infrastructure to ensure students receive quality training.



REQUIRED
~26K
Faculty Members



AVAILABLE
~22K
Faculty Members



SHORTFALL OF
~3K
Faculty Members

Emigration: An estimated of 10,000-15,000 medical graduates leave Pakistan each year, and only a minority return, draining the very workforce the system trains (MedicalNews.pk, 2026). The fact that seats remained vacant despite lower fees and reduced admission requirements suggests that financial and academic barriers are not the only factors influencing students' decisions. Reflecting on this trend, a senior PMDC official stated that the profession is "gradually losing its charm among young people" (The News International, 2026).



1,000-1,500
Doctors leave every year
(few return)

Results in



Extinct Workforce

What is driving the 20,000-30,000 unemployement figure?

FEMALE DOCTORS NOT ENTERING OR REMAINING IN THE WORKFORCE

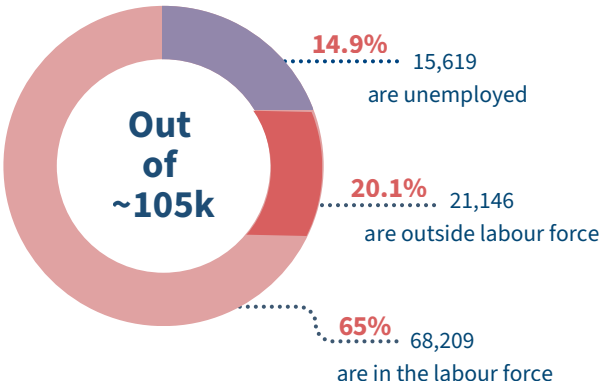
Female doctors represent a major but underutilized component of Pakistan's health workforce. Gallup Pakistan and PRIDE (2023) found that approximately 35% of female medical graduates were either unemployed or outside the labour force, highlighting the importance of improving workforce participation and retention.

This is often referred to in workforce discussions as the "doctor bride" phenomenon, where women complete medical education but do not continue into long-term clinical practice (Gallup Pakistan & PRIDE, 2023; The Express Tribune, 2023).

Increasing the number of graduates alone is unlikely to strengthen the healthcare workforce unless policies also address the barriers that prevent qualified female doctors from remaining in clinical practice.



~105K
Total female graduates





~35%
of female graduates are either unemployed or not participating in the workforce

GEOGRAPHIC MALDISTRIBUTION RATHER THAN ABSOLUTE UNEMPLOYMENT

Pakistan faces a challenge of geographic maldistribution rather than an absolute oversupply of doctors. While rural and underserved areas continue to experience persistent workforce shortages, urban centres report unemployment and underemployment among doctors, alongside continued emigration of health professionals. These patterns suggest that this imbalance is driven by several factors, including limited incentives to work in rural areas, inadequate healthcare infrastructure, fewer opportunities for career advancement, and lower salaries compared with urban centres. As a result, many doctors prefer to remain in cities or seek employment abroad. (Gallup Pakistan & PRIDE, 2023; MedicalNews.pk, 2026).

1.



Shortages in rural and underserved areas

2.



Unemployment and underemployment in Urban centres

3.



Continued emigration of doctors abroad

Implications for Health Workforce Planning

The number of vacant seats alone does not tell the full story. The real concern is what these vacancies reveal: a mismatch between the cost of private medical education and the opportunities available after graduation. At the same time, many rural communities still lack doctors, showing that Pakistan's challenge is not producing doctors, but placing and retaining them where they are needed most.

Policy Considerations

The 2025-26 admissions cycle highlights several considerations for policymakers and health workforce planners (The News International, 2026; MedicalNews.pk, 2026; Gallup Pakistan & PRIDE, 2023; PMDC, 2025).

1. 
Align training capacity with workforce demand by regularly reviewing medical and dental seat allocations against projected HRH needs and labour market absorption.

2. 
Improve graduate employment pathways through expanded internship, residency, and early-career placement opportunities, particularly in underserved areas.

3. 
Address affordability barriers by strengthening oversight of private-sector fee structures and exploring mechanisms to support qualified students from lower- and middle-income households.

4. 
Strengthen retention strategies to reduce outward migration of health professionals and encourage service within Pakistan's public health system.

5. 
Promote equitable workforce participation, particularly among female medical graduates, through policies that address barriers to employment, career progression, and workforce re-entry.

6. 
Strengthen health workforce intelligence systems to monitor admissions, graduate outcomes, employment trends, and geographic distribution of health professionals for evidence-based planning.

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This policy brief reflects the independent professional opinions of public health experts and the team at SPHERE Consulting. All recommendations are based on evidence from globally recognized scientific literature and recent surveillance data. This document is intended to inform and support policy dialogue on the medical college admission trends in Pakistan.

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