ISBN: 978-81-944856-3-6

Higher Education in India: Issues, Opportunities and Challenges
Editors: Dr. Vinayak A. Jadhav and Dr. Arvind M. Nawale

First Published: January 2020

Published by
Dr. Kalyan Gangarde
for New Man Publication
66, Ramdasnagar, Parbhani - 431401.
Mob. + 91 8329000732

Printed at
Snehal Printers and Book Binders,
Ramdasnagar, Parbhani – 431401
Mob. + 91 9730721393

Price: ₹ 299/- $ 4.19

The editors and IQAC of Shivaji Mahavidyalaya, Udgir acknowledge and express indebtedness to National Assessment and Accreditation Council (NAAC), Bangalore for sanctioning financial assistance to organize NAAC sponsored One-Day National Conference on "Importance and Implementation of Academic, Administrative, Green and Gender Audits in HEIs" in our institution on 30/01/2020 and to bring out conference proceedings in form of present book. The editors are equally thankful to the Management of Kisan Shikshan Prasarak Mandal, Udgir for extending whole hearted cooperation.

CONTENTS:

22.

QUALITY ASSURANCE IN MEDICAL EDUCATION IN INDIA : PERSPECTIVES, CHALLENGES AND RECOMMENDATIONS.

Dr. Narayan Jadhav * Dr. Shital Ghorband **

*Prof. & Head, Dept. of Rognidan & Vikrutivigyan, Dhanvantari Ayurved Medical College & Hospital, Udgir ,Dist. Latur (MH)

**Ayurved Consultant, Sushrut Ayurved Hospital &Research Center, Udgir.

Introduction:

यस्तु केवलशास्त्रज्ञ: कर्मस्वपरिनिष्ठित: ।स मुह्यत्यातुरं प्राप्य प्राप्य भीरुरिवाहवम् ॥
यस्तु कर्मसु निष्णातो धाष्टर्या: शास्त्र बहिष्कृत: ।स सत्सु पूजां नाप्नोति वधं चर्च्छति राजत: ॥
उभावेतावनिपुणाव समर्थो स्वकर्मणि ।अर्धविदधरावेतावेकपक्षाविव द्विजो ॥ सु.सू. ३\४८-५०.

A physician , well-versed in the principles of Science of medicine but incompetent in his art because of want of practice as well as the physician ,experienced in his art but short on the knowledge of ayurveda, is like a one – winged bird that is incapable of soaring high in the sky(1)

-Sushrut Samhita (300-400BC)

Throughout the ages, doctors have been revered by the society because of their capabilities and competence. Thus, it is the responsibility of each physician to maintain this trust , based on professional competence and high ethical standards.

The Government of India recognizes "Health for All" as a national goal and expects medical training to produce capable "Physicians of First Contact" towards meeting this goal. However, the Indian health care and medical education is facing standard challenges(2)

Need of Quality Assurance in Medical Education :

Standard of medical education, as adopted and maintained by the educational institutions, go a long way in shaping the medical practitioner of today and tomorrow social and economic factors have impacted the medical education to such an extent that time has come to take a fresh look at the quality of medical education. The significance of medical education in delivering quality healthcare is assuming greater importance as many stakeholders have realized that without addressing quality in medical education, improving healthcare delivery is not possible.(3)

The need for quality assurance programmes for medical education worldwide has been recognized by the *World Federation for Medical Education* (WFME), which has committed itself to the project "International Standards in Medical Education Assessment and Accreditation of Medical Schools Education Programs" (4)

The primary objectives of the said project are to stimulate all medical schools to identify their own needs and those of the communities they serve, to assess their strengths and weaknesses, and to consider their potential for reorientation to existing and emerging health imperatives. However this general quality assurance instrument for medical education is purely used on a voluntary basis worldwide.

The technical report of International Comparison of Ten Medical Regulatory Systems states that the bodies responsible for quality assurance in medical education vary from country to country.(5) While in some (India, South Africa, Pakistan) the formal regulation of medical education is primarily the remit of the medical regulatory body, in others responsibilities are shared between medical councils, local authorities, and ministries or health and/or education (Spain, Poland, Germany, Egypt, Greece). The evolution of medical education regulation and quality assurance is at different stages in some of the countries, and face different challenges. In Pakistan, for example, one of the key concerns regarding the regulation of medical education is that many new private medical schools were started by professionals who are members of the regulatory body, thus compromising the transparency and reliability of regulatory and quality assurance processes. In Egypt, there are growing calls including from international bodies such as the WHO – to centralise some of the functions of medical education regulation, such as the setting of curricula which is still the preserve of individual medical schools.

The situation in India regarding medical school quality oversight is of great importance because of the large number of medical schools in the country. Aim of this review paper is to study the challenges and present status in Quality Assurance in Indian Medical Schools. It recommends time-bound approximately 85% are private institutes. (1,6) Mandatory recognition and accreditation are conducted by the respective Council i.e. MCI & CCIM, the governmental agencies. The both councils prescribes minimum standards that are based on the size of the medical school; these standards focus mainly on infrastructure and human resources and less on the quality of education or outcomes. The National Assessment and Accreditation Council (NAAC), an autonomous body established by the Indian agency University Grants Commission (UGC); also accredits higher education institutions in India, although, as of the end of 2008, only seven medical schools had successfully achieved this voluntary marker of quality.[3] Students are admitted in medical schools primarily on the basis of entrance exam results. There is, therefore, little emphasis in the MCI or NAAC accreditation standards on entrance requirements or specific prerequisite courses. The involvement of faculty in research activities is encouraged in the NAAC standards but is not emphasized by the MCI.

Concept of Quality Assurance:

Defining "quality" is difficult as it is subjective and dynamic. It has different meaning for different stakeholders. Quality in medical education can be defined in relative terms as state of reaching required standards as prescribed by the external agencies and meets those standards time and again.(12) Other ways of looking at different definitions of quality in education are (13):

Harvey and Green grouped differing conceptualizations of quality into five discrete but interrelated dimensions and viewed quality as exceptional, as perfection or consistency, as fitness for purpose, as value for money and as transformative.

1) The quality as exceptional implies that quality is high standards.
2) The perfection or consistency focuses on process and sets specifications that it aims to meet perfectly.
3) Quality as value for money has to do with efficiency and cost-effectiveness.
4) Quality as deemed fit for purpose suggests that quality has meaning in relation to the purpose. i. e. research and teaching in educational institution
5) Quality as transforming force is rooted in the concept of qualitative or a fundamental change in an individual (a student or trainee) i.e. for fulfilling the vision and mission of an institution.

Quality assurance is implied in all these definition; in the first definition, Quality assurance is implied as high standards, in second it focuses on process and sets specifications for perfection, and in third as an accountability to the public and meeting the requirements of the external standards, whereas in the fourth and fifth definition, it is seen as essential for enhancing and maintaining the quality of teaching and learning at an institution.

An education can be compared to a service industry. In education, quality can be considered at both the production side that is, the creation of the next generation of appropriate medical graduates, and the perceptual side, which is the maintenance of the value and principles of the medical educational institution.

Quality control is a procedure or set of procedures, intended to ensure that a manufactured product or the performed service adheres to a defined set of quality criteria or meets the requirements of the client or customer.[4[in quality control, one look at the end product to check if it is according to the requirements. If we extend this industrial definition to medical education, we need to make sure that the students admitted to the course are as per the standards, the curriculum is delivered as planned, the teaching –learning activities are of specified standards and the teachers and the teachers who help the students to reach the final stage are qualified to do so. In medical institution and the universities, respective council (MCI & CCIM) takes care of these quality control procedures, intended to ensure that a product or service under development (before work is complete, as opposed to afterwards) meet specified requirements.[2] it has also been defined as the product that is not only as per specification but also fit for the purpose. Quality assurance is a continuous process which involves measurement, judgment and steps taken for improvement in the process so that the final product meets the specifications of quality. This systematic, structured and continuous improvement helps in ensuring that the products is always relevant to the current demands. In educational institutions, the curriculum, the teaching learning method, and the assessment methods should be reviewed and revised on a continuous basis to satisfy ourselves and our stakeholders that quality is assured during each and every stage of student's career. Quality assurance is a broad-based range activity under which both quality management and quality control are included. It includes all the medical education and training. Quality assurance, can be managed through an institutional monitoring that should include the course evaluation, peer evaluation and the assessment. For an external quality assurance, accreditation standards by international agencies such as World Federation for Medical Education (WFME) are to be followed.

Feedback at regular intervals from the students and alumni on the courses offered, a ructured and objective peer evaluation, and the use of wide range of assessment methods will improve the quality of doctors produced, which in turn should improve the healthcare delivery to the society. Methods, employed to evaluate knowledge, skill and attitudes, with well- defined learning outcomes that are made known to students, help in aligning the teaching and learning to assessment. A reliable and valid assessment adds to the quality assurance system.

In the background of an intense competition and globalization of the medical profession, it is

Imperative that our graduates and postgraduates are ready to face the challenge to take up professional positions anywhere in the world. They need to be knowledgeable, clinically competent and constantly strive to enhance them through innovations and regular monitoring. The motivation to maintain quality may come from external agencies such as regulatory bodies, which prescribe minimum requirements or from internal impetus.

Internationally, the World Health Organization and World Federation for Medical Education (WFME) have decided to establish a joint policy on improvement of health system performance through improvement of the education of health professionals. The overall mission of WFME is to improve the health for all through promotion of high-quality medical education. over past few years, a number of initiatives have been taken internationally to insure quality assurance in higher education, establishing accreditation standards for basic medical education, postgraduate medical education and continuing professional development of medical doctors.

Accreditation is a process, widely used in higher education to evaluate the quality educational programs. Quality can be assured by transparent selection procedures, well-established entrance examination, centrally regulated curricula, self-evaluation and academic audits conducted by the institution themselves, appointing external examiners and requirement of national examination before licensure. if we examine the medical education in India in this light, the initiatives taken by MCI recently in their version 2015 document, meet most of these criteria for quality assurance. MCI has proposed common entrance examinations, the curricula are regulated by MCI, and it has also proposed a national common licensure examination to be implemented from 2015. The final university examination is conducted by using external examiners. One aspect, that is partly addressed, is the self-evaluation and monitoring. Though MCI conducts periodic inspections, they are limited to verification of resources in terms of man power, infrastructure and hospital bed strength. The curriculum implementation, innovations in teaching- learning processes and assessment are rarely looked into. If our educational standards have to meet the global standards, quality assurance measures need to be put in place.

More than 70 countries in the world are following the quality assurance and accreditation system based on an external review. In India, national assessment and accreditation council (NAAC) was established in 1994 by the university Grants Commission (UGC), to assess and accredit higher education institution in the country. NAAC's vision and mission focus on making quality assurance an integral part of the functioning of higher education institutions. although NAAC has addressed the issue of accreditations of health science institutions, not all the medical education in India needs to catch up with international accreditation standards, based on WFME global standards.

Medical students play a pivotal role in quality assurance in medical education. During accreditation, independent reports of the students get considerable weightage. A validated and regular feedback from students on the course and teaching are considered essential and integral part of quality assurance. this data should be both qualitative and quantitative and expected to be focused on learning and improvement. Other stakeholders such as patients, medical professionals and society will also play an important role in quality assurance. Inputs from these stakeholders will go a long way in shaping the mission and vision of an institution. Their views will have an effect on the competence, a medical graduate should possess.

Issues and Challenges before Higher Education:

The Standing Committee on Human Resource Development Chaired by Dr. Satyanarayan Jatiya submitted its report on Issues and challenges before higher educational sector in India after studying the higher education institutions in the country on 8th February, 2017.The key observations and recommendations of the Committee are as follows:

1. Shortage of Resources: Bulk of the enrolment in higher education is handled by state universities and their affiliated colleges. However, these state universities receive very small amounts of Grants in comparison. Nearly 65% of the University Grants Commission (UGC) budget is utilized by the central universities and their colleges while state universities and their affiliated colleges get only remaining 35%. The Committee recommends that mobilization of funds in state universities should be explored through other means such as endowments , contribution from industry, alumni etc.

2. Teacher Vacancies: According to UGC, the total number of sanctioned teaching posts in various Central Universities are 16,699 for professors,4,731 for associate professors, and 9,585 for assistant professors. out of the total sanctioned teaching post,5,925(35%) professors post,2,183 (46%) associate professor posts and2,459 (26%) assistant professor post are vacant.

The Committee reasoned that this could be due to two reasons : (i) young students don't find the teaching profession attractive ; (ii) the recruitment process is long and involves too many procedural formalities. The recruitment process should start well before a post is vacated. In addition, to make the profession of teaching more lucrative, faculty should be encouraged to undertake consultancy projects and be provided financial support for start-ups.

3. Accountability and performance of teachers: At Present , there is no mechanism for ensuring the accountability and performance of professors in universities and colleges. This is unlike foreign universities where the performance of college faculty is evaluated by their peers and students. In this context, a system of performance audit of professors based on the feedback given by their students and colleagues should be set up. Other inputs like research papers ,publications by teachers should be added in the performance audit in due course of time.

4. Lack of employable skills: Lack of employable skills in students of technical education has been observed. Identification of skill gaps in different sectors and offering courses for enhancing employability in them has been recommended. Some strategies in this regard can include: (i) Industry Institute Student Training Support,(ii) Industrial Challenge Open forum, (iii) Long Term Student Industry Placement Scheme ,and (iv) Industrial Finishing Schools.

5. Accreditation of institutions: The Committee notes that accreditation of higher educational institutions needs to be at core of the regulatory arrangement in higher education .Further ,quality assurance agencies should guarantee basic minimum standards of technical education to meet the industry demand for quality manpower. The National Board of Accreditation should act as a catalyst towards quality enhancement and quality assurance of higher technical education.

Credit rating agencies, reputed industry associations, media houses and professional bodies should be encouraged to carry forward the process of rating of Indian universities and institutions. A robust rating system will give rise to healthy competition amongst universities and help improve their performance. (11)

Recommendations:

Based on the qualitative inputs and thorough review of existing practices, the authors recommend a time-bound implementation of certain changes as mentioned herewith in the existing system / policies so as to meet the expectations of the nation and the globe.

1. *Change from Inspection to Accreditation :* The present system of recognition of a medical & AYUSH colleges by their respective Councils (MCI, DCI,CCIM &CCH) focuses mainly on number of teachers, building, infrastructure and other facilities which are not the measures related to quality of medical education. There is hardly any interaction between inspectors and faculty, students, parents or patients to find out academic achievements and quality of care. Inspection should give way to a comprehensive system of quality assurance and accreditation with focus on academic quality.

   Emphasis should shift from quantitative judgment to a continuous monitoring of the quality through institutional self study and peer appraisal.

2. *Health Profession Education Policy:* Serious efforts should be made to develop a National Health Profession Education Policy. Representatives of Regulatory Councils (like Medical, Dental, Ayush Nursing and other Councils), National Board of Examinations, medical educationists and other stakeholders through advocacy and discussions, persuade Parliamentarians , Health ministry and Ayush Ministry officials to develop a Health Profession Education Policy. Medical Education Policy should be a component of this policy. The medical education policy should set guidelines for medical HRD (human resource planning and development). The plan should lay down after thorough review and debate: (a) criteria for starting medical colleges in the country in future in an equitable way; (b) admission procedures to medical colleges including age at admission,

   (c)fee structure; (d) realistic norms on requirements of teachers;

   (d)procedures for recruitment of teachers including eligibility; weightage for aptitude for teaching;

   (e)faculty development and career development avenues;

   (f) long term, medium term and short term strategies to overcome shortages and mismatches of teachers.

3. *Support for Faculty Development:* Faculty development is constrained by

lack of commitment at various levels – Central and State Governments, regulatory bodies, college management and teachers. For instance, financial grant given to NTTCs was not only low but also the release was irregular. Unfortunately, Ministry of Health and Family Welfare stopped financial grant from 2002 which was a retrograde step. As of now teachers have to fulfill their teaching and clinical commitments and then spare time for faculty development activities. Their work does not receive any recognition or reward from college management. While University Grants Commission has given importance to faculty development and has established 46 Academic Staff Colleges, a little is done in health profession education. Periodic teacher training should form an essential requirement for career development, promotion and empanelment as examiners. Medical Council of India though has gone a fair distance in this regard by establishing Regional Centres and Nodal centres for Faculty Development, other regulatory bodies for health profession like DCI/ CCIM/ INC are lagging way behind.(3)

Conclusion:

Quality assurance is a process that requires transparently and dissemination of result to all the stakeholders. Constructive feedback and establishing the system to continuously review and implement the changes based on scientific conceptual framework will help the medical education to move from quality assurance to quality improvement. Striving of quality means entering a circle where continuous quality improvement is required. Quality education is the responsibility of all, the teachers, students, administrators and management of the institution. Our ultimate goal should be to improve the quality of healthcare and that will happen only if we take care of the quality of medical education. (12)

There should be mandatory regulatory mechanisms such as accreditation, validation and audit by the external agencies regarding quality assurance in Medical Education with certain changes like 1. Change from Inspection to Accreditation, 2. Support for Faculty Development and 3. Health Profession Education Policy in the health care system to meet the global expectations. Accreditation processes can encourage Institutional improvement and help promote high-quality education experiences resulting in generation of the optimally trained manpower commensurate with global expectations and requirement.(13)

Works Cited:

1) Anant Ram Sharma,Sushrut Samhita,Chaukhambha Surbharti Prakashan,Varanasi Su.Su.3/48-50..
2) Medical Council of India. Website Available at http;//www.mciindia.
3) Quality Assurance in Medical education: Medha A. Joshi, Indian Journal of Pharmacology, 44(3)2012,p285-287.
4) WHO Guidelines for Quality Assurance of Basic Medical Education in the Western Pacific Region published in Juley2001.
5) Han de Vries, Paul Sanderson, Barbara Janta, Lila Rabinovich, et al: Technical

Report on International Comparision of Ten Medica. ...gulatory Systems, 2009 UK General Medical Council.
6) Central Council of Indian Medicine, Website Available at http//www.ccimindia.
7) Narasimha V,Brown H, Pablos-Mendez A, et al. Responding to the global human resource crisis. Lancent 2004; 363:1469-1472. Available on http www. Thelancent. com.
8) Health in the Asia and the Pacific Chapter 11 Health Resource :424-478.WHO Regional Office for South East Asia and the Western Pacific.
9) Bansal P,Supe A: Training of medical teachers in India : Need for change .Indian J Med Sci,2007,61:478-84.
10) Avinash Kumar Jain, Bhuvanesh Kumar Sharma: Developments in The Field of Ayurveda –Past To Present: AYUSHDHARA, An International Journal of Research in AYUSH and Allied systems.2014; 1(2): 51-64.
11) Standing Committee report Summary: Issues and Challenges before higher educational sector in India: Nivedita Rao.PRS Legislative Research, Institute for Policy Research Studies, New Delhi.Feb.28,2017,p-1.
12) Quality assurance and Its application in Medical education: M. Tareik, S.A.Ali, Journal of the College of Physician and Surgeons, Pakistan, 24(3):2014,p151-152.
13) Quality Assurance of Medical Education in India: Perspectives and Recommendations: Dr .L. S. Waghmare, Dr. T .K. Srivastava, Dr. S. R. Tankhiwale, Dr. Z. Quazi, Global Journal For Research Analysis,3(1): 2014,p-3-4.

❑❑❑