

Quality assurance in medical education: Need of the hour

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Defining “quality” is difficult as it is subjective and dynamic. It has different meaning for different stakeholders.

The quality assurance and total quality management philosophy, which initially emerged from industrial and commercial practice, has soon embedded very much into the higher education and both internal and external quality assurance are now high on agenda.¹

Striving for quality means entering a circle where continuous quality improvement is required.

Quality assurance is a broad-based range activity under which both quality management and quality control are included. It includes all the policies, standards, systems and processes that are in place to maintain and improve the quality of medical education and training. Quality assurance can be managed through an institutional monitoring that should include the course evaluation, peer evaluation and the assessment. In educational institutions, the curriculum, the teaching learning methods, 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.² Quality assurance is a process that requires transparency and dissemination of results to all the stakeholders.

The quality assurance is a cyclical process, where quality of the educational program is measured, the collected data are judged to identify strengths and weaknesses and an improvement plan is delineated.³

Quality assurance in health sciences institutes refers to quality of medical education and quality of health care services. 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.²

Quality of health care is influenced by several factors, but perhaps the most fundamental is the education and training of the doctors who delivers that health care. Quality assurance (QA) in medical education is one of the means of maintaining or improving standards of health care delivery. The quality of education and training programmes should be thoroughly assessed to make sure that the standards are being met and that good practice is being shared.

Medical education is a continuously evolving field and quality in higher medical education has become an integral part in recent years. Therefore, continuous feedback through program reviews are required to keep pace with the changing trends to ensure quality. This is done through regular cycle of analysis of curriculum and identification of challenges

leading to development of educational strategies with implementation and impact followed by analysis of impact and identification of new challenges and development of new strategies and the process goes on.⁴

Quality can be assured by transparent selection procedures, well-established entrance examinations, centrally regulated curricula, self-evaluation and academic audits conducted by the institutions themselves, appointing external examiners and requirement of national examinations before licensure.⁵ 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.

In an educational setting like undergraduate medical education or postgraduate residency program, quality assurance can focus on the quality of curriculum and assessment, quality of teaching staff, faculty development, and also on input processes, output and human resource management.¹

Medical Council of India, in its vision 2015 document has mentioned that the overall goal of medical education in India is to prepare a competent Health Professional who is capable of serving as a physician of first contact while being globally relevant.⁶ In order to achieve this the quality of medical education must be at par with the global standards.

Globalization of medicine is increasing, as manifested by the growing number of migrating doctors and cross-border education providers. In addition, new medical schools of dubious quality are proliferating. This situation accentuates the need to define standards and introduce effective and transparent accreditation systems.

If we examine the medical education in India in this light, the initiatives taken by MCI recently in their Vision 2015 document⁶ 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 examinations are 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 manpower, infrastructure and hospital bed strength.

With this background, and reflecting the important interface between medical education and health care delivery, a World Health Organization (WHO)/World Federation for Medical Education (WFME) strategic partnership to improve

medical education was formed in 2004. In addition to working on reform processes, capacity building, and evaluation of medical education at the regional and national levels, the partnership in 2005 published guidelines for accreditation of basic medical education. Only a minority of countries have quality assurance systems based on external evaluation, and most of these use only general criteria for higher education. The WHO/WFME Guidelines recommend establishing accreditation that is effective, independent, transparent, and based on criteria specific to medical education.

An important prerequisite for this development was the WFME global standards program, initiated in 1997 and widely endorsed. The standards are now being used in all regions as a basis for improving medical education throughout its continuum and as a template for national and regional accreditation standards.⁷

Quality assurance in India by NAAC

In India, National Assessment and Accreditation Council (NAAC) was established in 1994, by the University Grants Commission (UGC), to assess and accredit higher education institutions in the country. NAAC's vision and mission focus on making quality assurance an integral part of the functioning of higher education institutions.⁸ Although NAAC has addressed the issue of accreditation of health science institutions, not all the medical colleges are eligible for external review by NAAC. To remain in competition with global institutions, the medical education in India needs to catch up with international accreditation standards, based on WFME global standards.²

Constructive feedback and establishing the systems 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.

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.

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