



## Quality Assurance in Medical Schools of Rural India : the Seven Strategic Challenges

### KEYWORDS

Higher Education Institutes, Medical Education, Strategic Challenges

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### ABSTRACT

*The demand for Higher Education is dramatically outstripping the capabilities of the nations to expand access . Higher Education Institutes must change; and indeed, they are changing to meet future needs. As they continue to do so ; they are facing a number of strategic challenges which are needed to be addressed to persuade Quality assurance in higher education. These challenges are further accentuated in medical education scenario.*

*Internal Quality Assurance Cell of the stated University has been continuously reviewing the challenges coming in way of quality improvement specific to the Institute in particular and Medical Education Institutes in the country in general. This article identifies seven key strategic challenges from the experiences in achieving Quality Assurance , pertaining to Trained Human Resource, Funding, Community expectations, Accountability, Maintaining Quality of teaching learning process, Establishing interdisciplinary programs and Internationalization.*

*The paper infers that it is the need of the hour for the governing bodies in the country to address these challenges in a structured and time bound manner so as to meet an ever-growing demand for quality health manpower in country.*

### Introduction

Higher Education Institutes around the Globe face the growing problem of "Relevance" as they enter the second decade of 21<sup>st</sup> century. People and Nations are relying on colleges and universities to shape a positive future. However; to capture the advantage of this more central focus and role, Higher Education Institutes (HEIs) need to transform their structures, missions, processes and programs in order to be both more flexible and more responsive to changing societal needs [1].

After the attainment of independence in 1947, India has achieved considerable progress in the field of education. We have made tremendous advancement in terms of expanding the horizons of primary, secondary and higher education. Literacy has covered approximately two third of the population. The improved education system has been often cited as one of the main contributors to the betterment of India's economy [2].

The progress of education in India has been credited to the increase in the Institutions of higher learning along with technical progress. There are central, state, deemed, recognized self-financed universities and private universities. The state funded universities are either on bloc grant or maintenance grant. Private education market in India is estimated to be worth \$40 billion in 2008 and it is expected to increase to \$68 billion by [2]. However; it is perceived that while expanding horizons in consonance with increasing demands ; HEIs are facing major challenges to ensure quality in education which seem to be a concern of major medical Institutes across the country. The present article analyses the strategic challenges faced by the Internal Quality Assurance Cell (IQAC) of Datta Meghe Institute of Medical Sciences (DU), a National Assessment & Accreditation Council ( NAAC) accredited Grade 'A' University, over a period of three years. These challenges were identified by coming in way of quality improvement measures undertaken by the University which though were specific to us but can be generalized for the HEIs in the country.

### The Internal Quality Assurance Cell ( IQAC)

Post Accreditation of the University, IQAC was constituted as per the NAAC guidelines. The primary task of the IQAC was

to monitor the progress made based on the status reports on the issues raised in the Peer Team Report. IQAC in its maiden meeting, created three separate task groups at the constituent Institution/ Departmental levels which were assigned a specialized task based upon the NAAC Peer Team Visit Report.

1. Group 1: For monitoring the existing strengths & parameters as per the NAAC documents and its consolidation.
2. Group 2 : For mitigating the deficiencies as pointed out in the NAAC Report.
3. Group 3: For monitoring the progress of key areas identified by IQAC.

All the three groups were asked to report their progress on a three monthly basis to the Secretary IQAC who would act as conduit between the ground realities and management policies keeping in mind the quality standards set for the University The recommendations of these Committees were thoroughly discussed at periodic IQAC meetings. The Strategic Challenges faced during the last three years were noted .

### Observations :

During this period the Seven Distinct Strategic challenges which were identified were pertaining to Trained Human Resource, Funding, Community expectations, Accountability, Maintaining Quality of teaching learning process, Establishing interdisciplinary programs and Internationalization.

### A) Strategic Challenge 1 : Trained Human Resource

Establishing medical colleges requires huge capital and highly trained, qualified, competent manpower investment, adhering to the Medical Council of India guidelines. India is the hub of global human resources in all spheres of development due to its maintenance of standards of goodness of education, communication, knowledge of English language, and that too in the field of modern medicine. Evidently, medical education system has an unregulated growth over the last two decades. Even the 'prestigious' colleges, both in private and public sectors are facing staff crunch in a big way. Good

Faculty is a must for any higher education institution aspiring for Quality. Private managements accede to the difficulty in getting faculty and it is even more difficult to retain them in the wake of continuous lucrative offers from the newly established medical colleges. Regions in smaller cities or semi-urban areas do not have the facilities, ambience, or charm to attract teachers or other qualified staff to them. With the mere increased numbers of medical colleges, a higher quality health care delivery system is possible is debatable. We have been losing medically qualified post graduates to Western countries since till recently when medical college teaching jobs were low paid and did not give that richness or respect attained by private practitioners. Uniform pay scale implementation is need of the hour, all over the country to prevent medical teacher mass migrations.

It is also crucial that an Indian Higher Educational Service, along the lines of the IAS, is formed. This has the advantage of quality control of the teaching faculty for higher education. A new Human Resource Development Policy shall be evolved to facilitate this. This could assure that there is continuous infusion of young blood in to the teaching cadre; which is not happening at the moment. With some restrictions on faculty appointments, the present evil of inbreeding can be eliminated.

### B) Strategic Challenge 2 : Funding

The cost of higher education in India is supported by the central and state government sector and by the nongovernmental sector (including student/parents and the rest of the community). The Central universities receive maintenance and development grants from the central government through the UGC, while other universities and colleges receive maintenance funds from state governments and some development grants from the UGC. Private colleges, instead, are either privately managed and publicly funded (aided colleges) or privately managed and funded (unaided colleges). Private aided colleges are required to admit 50 percent of their students based on their performance on entrance exams (free seats). These students are not required to pay any extra fees or tuition. The other 50 percent of students are admitted based on their willingness to pay extra tuition (payment seats). Unaided private colleges set their own fee levels (below a government-set ceiling) that are generally extremely high in comparison to the aided private colleges and government colleges [3].

To finance higher education expansion, the government has consistently increased its share in the total expenditure on higher education. However, fee contributions may vary considerably between Central and state institutions with student fees contributing a significant amount to university income in the state universities. Several universities offer fee waivers to women students. The higher education financing system is beginning to change and a policy of fostering financial independence in Universities and degree colleges (reducing government allocations to universities and increasing user fees) has been in place since 1997. Despite policy pronouncements over the last six years, however, it is only fairly recently that action has been taken. While the UGC has the legal right to set tuition and fees, it has not done so – in practice, it is the individual state governments and Institutions that take the initiative.

### C) Strategic Challenge 3 : Community expectations

The Community demands that education and training of health professionals be equipped with new skills and instilled with many attitudes towards their profession, their patients, the Institutes in which they practice and the community. A major part of the responsibility for the new approaches to the medical education inevitably falls on the teaching hospitals. A unique new challenge thus confronts the medical education institutes whose part is to bring the health professionals from test tubes and dissection halls to the bedside of a sick patient. Community expects that the task of teaching

hospitals is to restore the patient to health and his place in society and in the course of doing this pass on to the young professional the skills, the techniques and attitude for a better inter-personal communication [4].

### D) Strategic Challenge 4 : Accountability

The new paradigm of social accountability of medical schools implies that medical schools should be held accountable for their products, be they medical graduates, research results, or models of health service delivery, and should demonstrate how these products contribute to improving quality, equity, relevance, and cost-effectiveness in health services. The concept of "social accountability" can be defined as "the obligation [of medical schools] to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have the mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public"[5].

### E) Strategic Challenge 5 : Maintaining Quality of teaching learning process

The Medical Council of India contemplates that there is shortage of 7,50,000 doctors in India and has shown willingness on behalf Government of India to facilitate production of more doctors by relaxing various norms required to be fulfilled for opening new medical colleges. In view of the same, with the increase in intake capacities of medical schools in the country; maintaining the quality of teaching learning processes undertaken by the schools is a herculean task. For this to be achieved, all hands must be on deck to educate and inform teachers, trainers and planners about these trends in order to bring desired changes in medical education to produce need-based human resources for health in the country. The teachers, educators, planners and policymakers have important role to play in this regard [6].

### F) Strategic Challenge 6 : Establishing interdisciplinary programs

The major limitations for a health sciences University to undertake interdisciplinary programs is the stringent guidelines given for operations by apical regulatory councils. This indisputable hurdle prevent the Universities to offer academic opportunities across and between a wide range of subject fields and create an arena to ignite creative, innovative, and profound research in the Inter-disciplinary domain.

### G) Strategic Challenge 7 : Internationalization

Higher Education in India has expanded many folds in last few decades. The road ahead for India is related to creation of quality Higher Education Institutions to meet the challenge put forth by the foreign universities desirous of setting up campus in India or entering joint ventures. The "Foreign Education Providers Bill" , a proposed legislation to allow entry of foreign Universities in India, will open a new horizon and a potential place for commercialization to the foreign players in the field of higher education. India's ability to emerge as an economic powerhouse will depend on the enough availability of high skilled human resources, which in turn needs up gradation in the education system to international standard. [7].

### Conclusion

HEIs are clearly in the midst of rapid change in response to environmental, social, economic, technological and political transformations sweeping the globe. As a result colleges and universities face numerous broad based challenges. The seven strategic challenges faced by our Institute are more or less encountered by all the HEIs across the country, more so by the Medical Institutes and Universities. In order to be effective and sustainable , the strategies and processes must be developed in an environment offering openness, intense and honest reflections and opportunities for participation and action by all members of the academic community. Colleges and universities cannot make these changes by themselves.

It is the need of the hour for the governing bodies in the country to address these challenges in a structured and time bound manner to meet an ever-growing demand for quality professionals in country.

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