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CRITICAL APPRAISAL OF ACCREDITATION GUIDELINES VIDE NATIONAL ACCREDITATION AND ASSESSMENT COUNCIL IN COMPARISON WITH GUIDELINES VIDE LIAISION COMMITTEE ON MEDICAL EDUCATION : STUDENT SUPPORT AND PROGRESSION

Radiodiagnosis

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ABSTRACT

The process of accreditation is a benchmark of quality in higher education in any nation of the world. Across the globe, there are different authorities laying down guidelines for the same. The external accrediting agency responsible for accreditation of higher education institutions in India, NAAC, carries out its accreditating role effectively. In doing so, it covers all higher education institutions across the nation irrespective of their streams and domains. It eyes all higher education institutions on the same scale. An updation is therefore recommended and the backdrop of this study is solely based upon this juncture.

KEYWORDS

Introduction[1,2]:-

The Indian higher education system is one of the largest of its kind in the world. In the recent years, our nation has witnessed a tremendous increase in the number of higher educational institutions. This has significantly elevated the educational profile of our nation marking the laudable quantity of the higher educational institutions. Recently, there has been a steep rise on the ground of higher educational institutions with regards to overall institutional privatization, institutional autonomy and wide expansion. Hence, it is important to have a critical eye upon the quality of education provided in an overall sense. The quality factor does not come into play unless a regulatory body comes into the picture and operation. Therefore, the National Policy on Education (NPE, 1986) and the Programme of Action (PoA, 1992) unanimously emphasized and materialized the establishment of an independent National accreditation agency – giving birth to National Accreditation and Assessment Council (NAAC). However, NAAC accredits all higher education institutions using the same set of criteria. In order to specifically tailor it for medical sciences institutions and universities, the present study brings out comparison in NAAC and LCME guidelines with regards to criterion 5 – student support and progression.

Material and methods :-

The study was carried out in School of Health Professional Education and Research, Datta Meghe Institute of Medical Sciences, Sawangi (Meghe), Wardha after getting approval from the Institutional Ethics Committee. The sets of respective guidelines from NAAC and LCME were procured from their respective websites and compared at the level of subcriteria/ substandards.

Observation and results[1,2] :-

There is a single criterion in NAAC with regards to students in the form of criterion 5 as against 3 criteria/ standards for the same purpose in LCME in the form of standards 10, 11 and 12 respectively. The number of subctiteria in NAAC for the same are four in number – Student Support, Student Progression, Student Participation and Activities and Alumni Engagement. In LCME, there are three standards for the same purpose. There are 13 additions in the form of subcriteria/ substandards from LCME accreditation guidelines with regards to students apart from already existing criteria in NAAC guidelines with regards to criterion 5. These are as follows : Transfer students / Visiting students, Oversight of extramural objectives, Confidentiality of student educational records

Student access to educational records, Financial aid/ debt management counselling and educational debt, Tution refund policy, Non involvement of providers of student health services in student assessment or location of student health records, Student health and disability insurance, Immunization requirement and monitoring, Student exposure policies and procedures, Anti discrimination policy, Student mistreatment, Security systems for student safety respectively[2].

Recommended additions[2] :-

- **Transfer students –** learners/ students having selected an elective field/ branch/ project/ thesis and planning to visit a new place of learning for the same purpose**.**
- **Visiting students -** learners/ students having selected an elective field/ branch/ project/ thesis and planning to visit an institution of learning for the same purpose.
- **Oversight of extramural objectives –** when a learner has availed his training in an elective branch/ project/ thesis/ training under another medical institute, there should be the development of a centralized mechanism in the native Dean's office, for testing whether the learning objectives have been achieved or not, when the learner joins his native medical institution back.
- **Confidentiality of student educational records –** there should be maintainence of confidentiality with regards to the educational records of the learner and any public disclosure of the same should be prohibited unless the learner gives a consent for the same.
- **Student access to educational records -** the student/ learner should be armed with an essential right to information regarding his own educational records for the sake of transparency and self improvement.
- **Financial aid/ debt management counselling and educational debt –** there should be counselling staff/ departments for the sake of aiding the learner on how to manage an educational debt by himself.
- **Tution refund policy –** provision of a policy empowering the learner for the refund of tution fees.
- **Noninvolvement of providers of student health services in student assessment or location of student health records –** there should be a provision that the providers of student health services should be prohibited from any work or processes related to the assessment and evaluation of the learner/ student and also in location of his health records.
- **Student health and disability insurance –** There should be provision of insurance scheme ensuring student health and aiding him/ her in case of any disability.
- **Immunization requirement and monitoring –** there should be regular and compulsory immunization of the students, faculty, staff against various infections and diseases in order to maintain proper healthy status for all and this should be amalgamated with regular and periodic monitoring of the same.
- **Student exposure policies and procedures –** there should be publication of policies and procedures with regards to how to prevent student exposure and handle it in the best possible way.
- **Anti discrimination policy –** there should be no discrimination of

learner / student on the basis of age, sex, caste, race ,creed, religion etc.

- **Student mistreatment –** there should be appropriately imposed bylaws against any issues of mistreatment of the learner/ student in any possible manner.
- **Security systems for student safety -** there should be placement of proper security cameras and appropriate detection mechanisms for ensuring the safety of the learner / students.

Conclusion :-

This study has been undertaken in order to make an attempt to improve the overall circumstances of the students in our country. This implicates a high probability of improvement in the standards of education as far as student healthcare, safety and learning experiences are concerned. The recommended additons can be taken into consideration in order to tailor the criterion 5 in NAAC guidelines more and more student centric, thereby strengthening the basis of all education – the student.

References :-

1. "NAAC - An Overview", National Assessment and Accreditation Council, retrieved 2012-04-10
2. Functions and structure of a medical school – standards for accreditation of medical education programs leading to the MD degree, Liaison Committee on Medical Education. March 2017.