

Expert Group Meeting on Regional Guidelines on Institutional Quality Assurance Mechanism for Undergraduate Medical Education

Report of the Meeting
WHO SEARO, New Delhi, 8-9 October 2009

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1. Introduction and background

Medical practitioners are expected to practice medicine with professionalism, which they acquire during their study in medical schools. Quality assurance in medical education is intended to ensure that the future physicians attain through a standard educational process adequate knowledge, skills and attitudes to practice ethical professionalism.

The institutes ensure that they deliver a competency-based curriculum through a scientific educational process in an optimum teaching-learning environment by deploying appropriate human resources and other logistic support.

Quality assurance has been covered under Strategic Area 7 in the Regional Strategic Plan for Health Workforce Development in the South-East Asia Region. To strengthen capacity of Member States in quality assurance of medical education, there is a dire need to develop standardized guidelines for an institutional quality assurance mechanism.

A concept paper developed by an eminent expert was discussed in the Second Meeting of the Network of Medical Councils of the SEA Region held in November 2008. While agreeing to the concept, the participants recommended that a framework be developed with an instrument for institutional quality assurance. The framework and instrument was developed by an expert in educational science. This document was reviewed and finalized by a group of experts before its presentation at the Third Meeting of the Network of Medical Councils held in Kathmandu, Nepal, in November 2009.

The outcome of the expert group meeting was the finalized regional guidelines along with the instrument for institutional quality assurance system for undergraduate medical education.

2. Objectives

The general objective of the meeting was to finalize the regional guidelines on an institutional quality assurance mechanism in countries of the SEA Region.

The specific objectives of the meeting were:

- (1) To share the existing practices of quality assurance in medical education in countries of the SEA Region.
- (2) To review the document on quality assurance in medical education along with the tools.
- (3) To finalize the regional guidelines and the tools for institutional quality assurance.

3. Inaugural session

In his opening remarks, Dr Myint Htwe, Director, Programme Management, WHO-SEARO, said that a Regional Consultation of Medical Councils of the South-East Asia Region was held in October 2006 in Thimphu, Bhutan. The objective of this meeting was to promote collaboration among councils in improving medical education and practice and ensuring quality medical education.

At a consultative meeting of medical councils of regional countries held in Delhi in February 2007, decisions were taken to establish a network of medical councils with the objective of improving and sustaining the quality and relevance of medical education. The first meeting of the regional network of medical councils of SEA Region countries was organized in Colombo, Sri Lanka, in December 2007. One of the important topics of discussion was “accreditation of medical school towards ensuring quality of medical education”.

The second meeting of the regional network was organized in Chiang Mai, Thailand, in November 2008 and a concept paper on quality assurance in medical education was presented and approved by the network members. The meeting recommended developing a regional guideline for institutional quality assurance for the countries of the SEA Region, which would be presented for adoption at the meeting of the network of medical councils held in Kathmandu, Nepal, in November 2009.

4. Presentations and proceedings

Bangladesh

Prof. Naima Muazzam of the Department of Microbiology, Dhaka Medical College, gave an account of the organizational and operational framework of quality assurance in Bangladesh, responsibilities of different bodies and members, and recent activities about reviewing and updating the curriculum.

There are 17 government and 38 private medical colleges in Bangladesh.

The quality assurance in medical education in the totality of the system is the guarantee that the required standards are being met. To maintain, evaluate and improve the quality and standard of undergraduate medical education in Bangladesh, a quality assurance system (QAS) has been prepared. The organizational framework of the QAS includes a national quality assurance body (NQAB) and an internal quality assurance body (IQAB). She described the composition and responsibilities of the two quality assurance bodies. In the operational framework of the local quality assurance body, the main responsibility lies with the academic council. This academic council is ultimately responsible for running the undergraduate course, and for assuring quality in medical colleges and faculty development. The principal of the medical colleges is the chairperson of the academic council; the vice-principal is the chairman of the course committee. There is an academic coordinator in each course committee. The responsibilities of this focal person are to develop and deliver the teaching and learning programme of the course, coordinate preparation of the academic calendar, organize meetings, collect external examiners' reports after completion of each examination, collect reports from external assessors, prepare an annual report on the operation of the undergraduate medical course, and conduct an appraisal and evaluation of the course.

The NQAB is responsible for reviewing the curriculum every five years. It was reviewed last in 2002. A descriptive cross-sectional survey was carried out to identify the strengths and weaknesses of the existing curriculum. The NQAB had a meeting with the people concerned in May 2009. Two teaching staff from each discipline were chosen to form a core group to review the existing curriculum document. The NQAB is expected to monitor the activities of the IQAB of each medical college on a regular basis and provide feedback, guidance and assistance to ensure quality and standards of medical education in the country.

Bhutan

Dr Chenchu Dorji, Director, Royal Institute of Health Sciences, Thimpu, Bhutan, made the presentation. At present, Bhutan has no medical school but only a training institute (the Royal Institute of Health Science) for nurses, health workers and technicians, which runs diploma and certificate courses. There is a plan to start a medical college and to introduce a Bachelor of Public Health course and a Bachelor of Nursing course. The quality assurance (QA) system is still in its infancy, he said, but is developing with the establishment of the Royal University of Bhutan and the Bhutan Medical Council. Any programme leading to a university award/degree must go through a validation process. The validation process begins with getting planning approval from the Academic Planning and Resource Committee (APRC) at least two years before the start of the programme. APRC evaluates the needs and demands of the programme and the resources available. The proposal then goes to the Program Quality Committee (PQC). The PQC appoints a validation panel (external) to consider the proposal in detail and visit the institute and discuss the proposal. This validation panel submits a report to the PQC which in turn submits a report to the academic board. Once approved, the programme needs to be reviewed after 3-5 years. He added that there is a critical self-appraisal system in the institutes and the provision for submission of an annual report.

The Bhutan Medical Council was established in 2002. The responsibilities of the council are recognition of institutions and the courses; recognition of the qualifications and institutions of foreign countries from which their doctors graduate; and registration of medical and health professionals.

India

Dr Abraham Joseph, former head of the Community Health Department, Christian Medical College, Vellore, India, made a presentation on QAS in his country. He described the role of organizations in ensuring the quality of medical education. The role of the medical council is regulatory in nature and less for quality assurance. Its main responsibility is for admission, selection, migration, training and curriculum. The role of the university is to ensure that the Medical Council of India norms are followed and for the

Education Cell it is to improve teaching methods and inspect medical colleges periodically and conduct the qualifying examinations.

Professional associations play a very small role in QA. They may recommend to the MCI certain requirements on courses. Dr Joseph described the role of national organizations, e.g. the National Assessment Accreditation Council (NAAC). It is an autonomous body established by the University Grants Commission (UGC) of India in 1994 to assess and accredit institutions of higher education in the country. The vision of the NAAC is to make quality the defining element of higher education in India through a combination of self and external quality evaluation, promotion and sustenance in initiatives.

The NAAC follows a three-stage process, which is a combination of self-study and peer review. NAAC has identified seven criteria to serve as the basis of its assessment procedures, e.g. the curricular aspect, teaching learning and evaluation, research, consultation and extension, infrastructure and learning resources, student support and progression, governance and leadership, and innovative practice. The role of institutions varies from institute to institute.

Maldives

Mrs Asiya Ibrahim, Lecturer, Faculty of Health Sciences, Maldives College of Health Education, Male, made her presentation on the QA system of Maldives. There is no medical school in Maldives. The only institute is the Faculty of Health Sciences, Maldives College of Higher Education. Courses are conducted in the field of nursing, primary health care, medical and laboratory technology, pharmacy, social work and counselling. The role of the government is exercised through the Ministry of Education (MoE). The MoE has a Maldives Accreditation Board (MAB). The responsibilities of the MAB include: accreditation of all the courses in the country, the certificates obtained abroad, and the institutes where degrees may be obtained.

A framework was developed in 2001 to recognize these qualifications, called the Maldives National Qualifications Framework (MNQF). The MNQF is designed to facilitate the development of a quality assurance mechanism for tertiary education and to provide a framework for recognition of qualifications offered in the Maldives and abroad. Quality assurance is carried out by MAB through the following policies:

- (1) Qualifications recognized through MNQF must meet or exceed a specified quality benchmark.
- (2) A course leading to a qualification in the MNQF must meet the prequalification criteria. Qualifications obtained abroad must be submitted to the MAB for recognition. An eight-member board reviews and validates qualifications obtained abroad.

The Ministry of Health of Maldives has two councils: The Maldives Medical Council and Maldives Nursing Councils, which look into issues related to accreditation. The Maldivian Medical Association and Maldivian Nurses Association have no direct role in the quality assurance mechanism.

Myanmar

Prof. Pe Thet Khin, Rector, University of Medicine-1, Yangon, presented the country paper for Myanmar. The Department of Medical Science (DMS) is responsible for training of health-care personnel. He mentioned that there are 14 medical and allied universities under the Department of Medical Sciences, which includes four medical universities. There is still no private medical school in Myanmar. The National Health Committee and the National Education Committee are the two policy-making bodies concerned with education.

At the institutional level, there is one internal quality assurance process and one external quality assurance process. The student selection procedure considers the highest level of aggregate marks in matriculation examinations and a medical check-up. Representatives from other medical schools and from Defence Services Medical Academy participate in all summative assessments. Myanmar Medical Council is the licensing body granting registration and taking disciplinary actions. An appraisal system has yet to be developed in Myanmar. There are a Myanmar Dental Council and a Myanmar Nurses and Midwives Council. Professional associations are mainly concerned with continuing medical education/continuing professional development activities. Accreditation system was yet to be developed in Myanmar.

Nepal

Prof. P.C. Karmacharya, Vice-Chancellor, B.P. Koirala Institute of Health Sciences, Dharan, Nepal, presented the country paper for Nepal. He stated the situation of medical education in Nepal and the role of the government, in which the Ministry of Health and Population and Ministry of Education are both involved. Prof. Karmacharya highlighted the conceptual framework of the MBBS programme of BP Koirala Institute, where community-based, problem-based, work-based, self-directed, collaborative and cooperative learning is fostered. The assessment system is both summative and formative in nature. The internship programme consists of six months in a tertiary-care hospital and six months in district hospitals. The Nepal Medical Council holds the regulatory power over medical education. It is authorized to maintain an official register of medical practitioners and has controlling power over discipline in the profession and norms and standards. Recognition and accreditation of medical colleges is another function of the Nepal Medical Council. The council conducts licensing examinations and looks at ethical issues as well. The accreditation system is made up of self-appraisal, critical study, site visits and report submission. The Nepal Medical Council has the power to refuse accreditation, or grant conditional accreditation or full accreditation, or withdraw accreditation. The Nepal Medical Association has spearheaded the concern about quality and standards of medical education. In addition, Nepal has a consumer protection act involving caregivers, communicators, decision-makers, community leaders and managers.

Thailand

Professor Adisorn Patradul made a presentation on the quality assurance system of Thailand at the expert group meeting. There are two systems in Thailand: internal quality assurance (IQA) and external quality assurance (EQA). Thailand has an Office for National Education Standards and Quality Assurance (ONESQA). The institutes themselves are responsible for IQA, whereas ONESQA is responsible for EQA. EQA and IQA evaluate the areas of 1) philosophy, commitments, objectives and implementation plans; 2) teaching and learning; 3) student development activities; 4) research; 5) community academic services; 6) preservation and promotion of art and culture; 7) administration and management; 8) finance and budgeting; and 9) quality assurance and enhancement. They use a variety of indicators for all of these areas. There is a strong feedback mechanism in Thailand. Prof

Patradul described the quality assurance system in Chulalongkorn University, highlighting the Faculty of Medicine. The university is using guidelines of global standards set by Malcolm Baldrige and World Federation for Medical Education (WFME) to ensure quality in undergraduate medical education.

Timor-Leste

Dr Rui Maria de Araujo, adviser, Faculty of Health Science, National University of Timor-Leste (NUTL), Dili, presented on the situation of Timor-Leste. He mentioned that a medical school was established in Timor-Leste in the context of bilateral cooperation between the governments of the Democratic Republic of Timor-Leste and the Republic of Cuba. Currently there are 845 Timorese undergraduate medical students, 186 at the medical school of NUTL (from Year 1 to Year 6) and 658 at various medical schools in Cuba (from Year 1 to Year 5). As part of the collaboration, 162 Cuban medical doctors, 30 nurses and 32 technicians are working in Timor-Leste currently as health-care providers and teachers in the medical school. The quality control mechanism of the medical school is both external and internal.

Internally, the medical school has the following mechanism: 1) quality control of curriculum implementation; 2) quality control of teaching process; 3) quality control of learning performance; and 4) quality control on the attitude and behaviour of students. Control of academic quality by external authorities is mainly exerted by a central body under the responsibility of the Cuban Deputy Ministry of Health. This central body carries out monitoring and supervision of teaching and learning and consultation with relevant government authorities and academic staff. The assessment system of the medical students is also being monitored by the central body as per Cuban standards. The central body also reviews the annual report of the medical school and provides guidance and feedback when needed. The results of this external mechanism are shared with the relevant authorities of both the governments.

5. Meeting outcome

The experts contributed to the finalization of the regional guidelines along with the instrument for institutional quality assurance systems in undergraduate medical education.

6. Conclusions and recommendations

- (a) WHO will send the final draft document to be shared with the participants for their further inputs/comments, if any, before submitting it to the Network meeting in November 2009.
- (b) A regional meeting will be organized with participation from MoH/MoE, Vice-Chancellors/rectors/deans/principals and Medical Councils to introduce, implement and monitor the guidelines to have their own QA system within a time frame.
- (c) Countries are encouraged and supported to organize national meetings with medical schools and medical universities and other stakeholders to develop a strategic plan to introduce, implement and monitor QA systems in institutions.
- (d) WHO-SEARO will provide technical and other support while WHO country offices will facilitate and support the organizing of national meetings by 2010 in the countries.

Annex 1

Agenda

- (1) Opening session.
- (2) Quality assurance in medical education – why needed?
- (3) Sharing of experiences on existing practices on quality assurance in medical education in countries of the SEA Region.
- (4) Review of existing practices on quality assurance in medical education in countries of the SEA Region.
- (5) Presentation of draft regional guidelines on quality assurance for undergraduate medical education in countries of the SEA Region.
- (6) Consensus building on the draft guidelines on quality assurance and its tools in undergraduate medical education.
- (7) Finalization of regional guidelines and its tools on quality assurance in undergraduate medical education in countries of the SEA Region.
- (8) Conclusion and recommendations.

Annex 2

List of participants

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Quality assurance in medical education is intended to ensure quality care with professionalism by the medical practitioners after attaining adequate competencies through proper educational processes.

An expert group consisting of senior experts in the field of medical education reviewed existing educational processes in the institutes in countries of the South-East Asia Region and developed regional guidelines to ensure quality assurance in undergraduate medical education. Tools were also developed for assessment and audit for institutional quality assurance mechanisms.

The regional guideline is meant to standardize the mechanism in the regional institutions, and was endorsed by the Network of Medical Councils of the South-East Asia Region. It is recommended that countries will develop strategic plans to implement the regional guidelines in their institutions.



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