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Review Article

Quality Assurance In Medical Education

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ABSTRACT

Quality assurance has assumed increasing attention over the past years as various stakeholders appreciate that improving healthcare system and patient outcome is not practically possible without improving the quality of medical education, and in turn the medical curricula across different medical colleges. The growing climate of public accountability in healthcare education and social responsibility to justify allocated funds makes medical education institutes liable to demonstrate that their training programmes meet the desired quality standards.

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INTRODUCTION:

Quality in the context of education has multiple definitions as it can be viewed from different perspectives; for instance, students, faculty, patients and funding organizations will have differing opinions regarding the quality of the education programme. Harvey and Green [1] proposed five criteria to define quality in education: exception, perfection, fitness for purpose, value for money, and transformation. They however, reinforced that it is stakeholder relative, meaning different things to different groups. In context of medical education, 'quality' is considered in terms of 'fitness for the purpose' implying whether the product or service meets patients' needs (accountability) and as 'value for money' stressing on effectiveness and efficiency [2].

Quality assurance (QA) is the process through which the institution ensures that a product (healthcare professional) or service meets specified requirements. The specified requirements may be laid down by a formal body which validates the educational programme like General medical council (GMC) in the UK or Medical council of India (MCI) in India. QA in medical education has a direct impact on students and trainees and an indirect effect on patients as the ultimate goal of any QA process is to improve patient outcome.

External and internal reviews are the two forms of QA and may be considered summative and formative processes respectively [3]. Former is required to confirm social, economic and political accountability, in addition to accreditation of the programme. Accreditation or validation is a process widely used in higher education to control educational quality. Quality can be assured by transparent selection process through well-established entrance examinations, centrally regulated curricula, self-evaluation and academic audits conducted by the institutions, appointing external examiners and placing requirement of national examinations before licensure [4]. The educational institutes are expected to provide reasonable evidence demonstrating that the graduates or postgraduates are competent and safe to practice medicine, and fulfil the needs of the accrediting body.

For the external review purposes, most countries establish an independent agency, which is usually called the accrediting authority or quality assurance agency, which functions in a continuous and transparent manner. This external agency may include representatives of medical colleges, the medical profession, the health care authorities, the registration authorities and the community. Internationally, the World Health Organization and World Federation for Medical Education (WFME) have established accreditation standards for basic medical education, postgraduate medical education and continuing professional development of medical doctors [5-7] to promote high-quality medical education.

Internal QA is a continuous process that involves measurement, judgment and steps for improvement so that medical curricula meet the specifications of quality. It basically follows the "three step cyclical process of continuous improvement" [8]. This involves elaborate data collection using a variety of validated and reliable instruments seeking feedback from all possible stakeholders. These may involve students, teachers, clinical practitioners and even patients and policy designers. The data generated and reports on the result should initiate a process of discussions and dialogues to plan improvements in future implementations of the curricula. Responsibilities for evaluating different aspects of the course, interpretation and reporting results and subsequently charting out improvement strategies should be distributed and clearly defined among the faculty.

Internal review should focus on the curriculum goals and objectives, teaching content and delivery, assessment methods, student feedback and resources available (human, financial and physical). The aim of the review is to identify areas of deficiency in the programme and develop approaches to improve and support curriculum; thereby, making it effective for learners and efficient for staff and institutes. Continuous and regular review ensures that the programme is always relevant to the ever-changing needs of the society. In many countries, the reports of the internal review process are incorporated into the

external QA process. While both processes aid in identifying strengths and weaknesses to decide on areas for improvement, internal review is considered more powerful in terms of materializing improvement through authentic estimation of teacher-student interactions and the quality of provisions that the students are receiving [9]. Additionally, there is enhanced ownership of the review process, leading to increased compliance with improvement schemes.

Various terminologies have been used in past related to the process of estimating and ensuring the quality of medical educational programmes. "Quality control" is perhaps the oldest term in this context which predominantly focused on compliance with the standards and laid emphasis on detection and elimination of areas or products that do not meet the pre-defined standards [10]. Recently, the term Total quality management (TQM) is being increasingly used, which implies creating a "quality culture" at every level of the organization. A successful creation of quality culture is possible through engaging individual teachers as well as institutional management in the quality assurance processes described above as well as improvement schemes based on these.

Quality management and enhancement requires changes in attitudes and values towards the entire process of quality assurance. The academics and clinicians involved in medical education must cease to perceive QA process as a managerial gimmick. They should not view the institutional or external evaluation as being threatening and disempowering to their academic freedom [11]. For QA or TQM, whichever be the term endorsed by the institute, to result in continuous and permanent improvements in the educational programme, each member of the staff involved in teaching and learning has to be dedicated towards enhancing quality through their own individual contribution. At the same time, the structure of the organisation and management at the institutional level allows them to do so by coordinating individual efforts [12]. This requires persistent long-term efforts but is more likely to result in sustainable improvements.

This article has attempted to describe evolution of quality in medical education in the current climate of

public accountability. The author discusses the internal and external review processes in QA and their role in improvement and accreditation. Involvement of various stakeholders is critical to capture a holistic view of relevant quality standards and materialize improvement schemes. It is empirical that academics and institutional management work together to ensure quality in medical education to eventually improve healthcare system.

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