



Critical Appraisal of National Accreditation and Assessment Council Accreditation Guidelines with Reference to Medical Sciences Universities/ Institutions as Against US and UK and Proposing an Upgraded Model of Accreditation Guidelines – A Study Protocol

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Authors' contributions

This work was carried out in collaboration among all authors. Author TS designed the study, author GM performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors RS and PP managed the analyses of the study. Author RD managed the literature searches. All authors read and approved the final manuscript.

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Study Protocol

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ABSTRACT

Background: Accreditation forms chief platform to the fact that higher education should be accurately directed towards betterment, sharpening, honing and nourishing intellectual persona of learners.

There is palpable need to critically analyze manuals embodying accrediting guidelines for Medical Sciences Universities / Institutions prescribed by NAAC as against guidelines in vogue in U.S. and

U.K. with reference to any identifiable inadequacy pertaining to meaningful accreditation of Medical Sciences Universities / Institutions and proposing an ideal model towards meaningful accreditation .
Aim and Objectives: To critically evaluate manuals of accreditation of Medical Sciences Universities / Institutions notified by National Accreditation and Assessment Council with reference to those in vogue in U.S. and U.K. and generate updated manual for accreditation of Medical Science Universities / Institutions in India.
Methods:
Type of study: Descriptive study.
Duration of study: 2 years.
Place of study: Jawaharlal Nehru Medical College, Sawangi Meghe, Wardha.
Expected Results: Generation of upgraded manual of accreditation of Medical Universities / Institutions in India.
Conclusion: Updated manual of accreditation of medical Sciences Universities / Institutions in India could be availed by National Assessment and Accreditation Council for its utilization as a basal / referral document towards the necessary policy frame.

Keywords: NAAC; WFME; LCME; accreditation.

1. INTRODUCTION

The essence accreditation is basically feedback and drawing attention of stakeholders towards this feedback which plays the role of true mirror in case of what needs improvement and effort. Accreditation forms chief platform to the fact that higher education should be accurately directed towards betterment, sharpening, honing and nourishing intellectual persona of learners.

Looking critically with reference to regulatory councils with accrediting jurisdiction, it is observed that none of the regulatory councils created vide the appropriate parliamentary enactment for regulating health professional sciences have any authority in respect to accrediting health sciences colleges under them through an appropriately created / constituted autonomous accrediting body [1,2,3].

Resultantly all institutions of health professional sciences independent of their apical regulatory councils are required to be accredited by National Assessment and Accrediting council for the purposes of their rating or grading [4,5].

Therefore, there is need to critically analyze manuals embodying accrediting guidelines for Medical Sciences Universities / Institutions prescribed by NAAC as against guidelines in vogue in U.S. and U.K. with reference to any identifiable inadequacy pertaining to meaningful accreditation as required step towards internationalization of Medical Education on the basis of certified quality centricity.

1.1 Aim

To critically evaluate manual of accreditation of Medical Sciences Universities / Institutions notified by National Accreditation and Assessment Council with reference to those in vogue in U.S. and U.K. and resultantly generate updated manual for accreditation of Medical Science Universities / Institutions in India.

1.2 Objectives

- To study the chronological update of the accrediting guidelines notified by the NAAC in its manual for Medical Sciences Universities / Institutions.
- To compare the accrediting guidelines in the manual notified by the NAAC for medical universities and institutions as against those in vogue in U.S.
- To compare the accrediting guidelines in the manual notified by the NAAC for medical universities and institutions as against those in vogue in U.K.
- To propose an upgraded manual of accrediting guidelines for Medical Universities / Institutions in India.

1.3 Need of the Study

Looking critically with reference to authority vested with regulatory councils to have accrediting jurisdiction with them, it is observed that University Grants Commission Act, 1956 provides for creation of accrediting body vide which National Assessment and Accreditation Council came to be created for accreditation of educational institutions in higher education

including those pertaining to professional education. Likewise, All India Council for Technical Education Act provides for creation of accrediting authority presently by name National Accreditation Board which has jurisdiction for accrediting educational institutions under domain of engineering and technology. However, none of the regulatory councils created vide appropriate parliamentary enactment for regulating health professional sciences have any authority in respect to accrediting health sciences colleges under them. Resultantly all institutions of health professional sciences independent of their apical regulatory councils are required to be accredited by National Assessment and Accrediting council.

Objective evaluation of recent data indicates that nearly 2/3rd of the 2162 medical schools presently listed in World Health Organization world directory of medical schools are all accredited by external accrediting body. Explicit criteria are available in the public domain for the same in developed nations but data on intercomparison of accreditation practices in developing countries like India is indeed rare.

At present, NAAC have introduced new guidelines for Medical Sciences Institutions/ Universities. It is imperative to evaluate these as against international sets of guidelines in order to come up with an upgraded model for the same. It is on this backdrop and analogy that the present study has been undertaken.

2. METHODOLOGY

2.1 Type of Study

Descriptive study.

2.2 Duration of Study

2 years.

2.3 Place of Study

Jawaharlal Nehru Medical College, Sawangi Meghe, Wardha.

2.4 Steps Involved

1. Procurement of official documents notified by National Assessment and Accreditation Council with reference to accreditation of Institutions of Higher Learning.
2. Procurement of manuals notified by National Assessment and accreditation

Council for accreditation of Medical Universities / Institutions.

3. Evolving chronological update of the accrediting guidelines notified by National Assessment and accreditation Council till generation of manual of accreditation for medical sciences Universities and Institutions.
4. Procurement of accrediting guidelines including manuals for accreditation of Medical Sciences Universities / Institutions in U.S. and U.K as follows :-
 - i. Basic Medical Education WFME Global Standards For Quality Improvement The 2015 Revision (UK AND EUROPE) [6].
 - ii. Postgraduate Medical Education WFME Global Standards For Quality Improvement The 2015 Revision(UK AND EUROPE) [7].
 - iii. Continuing Professional Development Of Medical Doctors WFME Global Standards For Quality Improvement The 2015 Revision (UK AND EUROPE) [8].
 - iv. Standards for Master's Degrees in Medical and Health Professions Education WFME Global Standards for Quality Improvement (UK and Europe) [9].
 - v. Functions and Structure of a Medical School Standards for Accreditation of Medical Education Programs Leading to the MD Degree (US) [10].
5. Comparison of accrediting guidelines in the manual notified by NAAC for accreditation of medical Universities / institutions with those in vogue in U.S. and U.K.
6. Generating updated manual of accreditation of medical Universities / Institutions in India.

3. EXPECTED RESULTS

Generation of an upgraded manual of accreditation of Medical Universities / Institutions in India for its appropriate usage in policy making on the required count.

4. DISCUSSION

Roffe et al (1998) mentioned in their study that the nineties of the previous millennium have evidently shown a rise in the awareness as well as materialization in the field of higher education. There have been numerous studies in regards to analysis, assessment, investigations and

research and as a result, there is credible and huge chunk of revealed knowledge and therefore a deeper understanding of the related subjects has emerged [11].

According to Dill et al the focus which is drawn specifically towards the aspect of feedback, taken from both the learner as well as the teacher acts as a catalyst towards improving the standards of higher education. The degree of higher education is directly proportional to the height of ambition, entrepreneurship as well as the cognitive and psychomotor skills of the society [12,13,14].

According to Srikanthan et al, the overall terminology incorporated in higher education quality monitoring has been inspiringly taken from business practices and proceedings. However, these processes are very subject specific, unique to the implementor and are harder to exactly reciprocate by others when speaking about their comprehension and thereby harder to control and measure [15].

4.1 Present Scenario of Accreditation of Indian Medical Institutions / Universities

To place on record that the maiden initiative by the UGC was in the year 1986 which turned out to be a step towards quest of accreditation and due to which accreditation bodies came into force as NAAC (1994) and National Accreditation Board (2010). There have been various revisions and updates of the NAAC proforma for institutional assessment and evaluation, thrice to be precise, but yet, there has not been an update which tailors it accurately to meet the assessment and accrediting parameters in respect of medical sciences institutions in standalone manner or in the form of medical sciences universities in an umbrella like manner, having institutions of various health science / profession streams under it.

Bringing out the importance of quality centrality in the life of an educational institution specially with reference to its relevance and impactful consequence it has been brought out candidly and emphasizes the scope, need and mandate necessary for ensuring quality assurance in higher education so that it turns out to be a genuine and credible edifice for the purposes of an allround national development which ends up in actualizing the core concept of 'welfare state' as enshrined in the Constitution of India.

Accreditation is a specific process in which external regulatory bodies which have been appointed externally evaluate an educational institution using stipulated criteria, prescribed standards and procedures to make sure that quality of education is particularly excelled at.

It is in the context of this very definition and in order to ensure quality benchmarking and its objective assessment for the purposes of grading / rating of the educational institutions, the guidelines are prescribed by the NAAC in the form of a required manual which is updated from time to time.

The medical sciences institutions in the country are affiliated to the examining Universities. However, there are exclusively State Health Sciences Universities, whereunder colleges exclusively under the ambit of health sciences are affiliated. Further there are exclusively health sciences Universities which have been granted a Deemed University status in terms of provisions included under section 3 of the University Grants Commission Act, 1956. Thus, the health sciences educational institutions presently are in three distinct categories namely those that are affiliated to traditional Universities created under section 2(f) of the University Grants Commission Act, 1956, those State Health Sciences Universities, which are created by the appropriate legislative enactment from the concerned State, and deemed to be health universities created under section 3 of the University Grants Commission Act, 1956.

5. CONCLUSION

The updated manual of accreditation of medical Sciences Universities / Institutions in India could be availed by National Assessment and Accreditation Council for its utilization as a basal / referral document towards the necessary policy frame as a required step towards internalization of medical education as the quality centrality contemplated therein would be on par with that in vogue in U.S. and U.K. the two leading developed countries in the world.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. National Assessment and Accreditation Council. NAAC - An overview. India: National Informatics Centre; 2012.
2. Government of India Ministry of Human Resource Development Department of Higher Education. Higher Education in India. India : National Informatics Centre; 2011.
3. NAAC - Assessment & Accreditation [Internet]. www.naac.gov.in; 2021 [cited 19 March 2021]. Available:<http://naac.gov.in/assessment-accreditation>
4. Singh DP. Implementation of revised Grading System of NAAC. India: National Informatics Centre; 2021.
5. Akash Yadav, 'Regulatory bodies of education in India: A review,' European Journal of Pharmaceutical and Medical Research. 2016;3(3):112-119.
6. Basic Medical Education WFME Global Standards For Quality Improvement The 2015 Revision. WFME Office Ferney-Voltaire, France Copenhagen, Denmark; 2015.
7. Postgraduate Medical Education WFME Global Standards for Quality Improvement. The 2015 Revision. WFME Office University of Copenhagen Denmark; 2015.
8. Continuing Professional Development of Medical Doctors WFME Global Standards For Quality Improvement The 2015 Revision. WFME Office University of Copenhagen Denmark; 2015.
9. Standards for Master's Degrees in Medical and Health Professions Education WFME Global Standards for Quality Improvement. WFME Office University of Copenhagen Denmark; 2015.
10. Functions and Structure of a Medical School. Standards for Accreditation of Medical Education Programs Leading to the MD Degree. Published March; 2020.
11. Roffe IM. Conceptual problems of continuous quality improvement and innovation in higher education, Quality Assurance in Education. 1998;6(2):74-82.
12. Dill DD. Academic administration. In B. R. Clark and G. Neave (eds.), The encyclopedia of higher Education. Oxford: Pergamon Press. 1992;1318-1329.
13. Dill DD, Massy WF, Williams PR, Cook CM. Accreditation and academic quality assurance: Can we get there from here? Change. 1996;28(5):16-24.
14. Dill DD, Soo M. Academic quality, league tables, and public policy: A cross-national analysis of university ranking systems. Higher Education. 2005;49(4): 495-533.
15. Srikanthan, et al. A conceptual overview of a holistic model for quality in higher education. International Journal of Educational Management. 2007;21(3):173-193.

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