ORIGINAL ARTICLE

Quality Assurance Scheme (QAS) in Medical & Dental Colleges in Bangladesh -Teacher's Knowledge

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ABSTRACT

This cross-sectional study was conducted with the objective to assess the teacher's knowledge about ongoing quality assurance scheme (QAS) at different government and nongovernment medical & dental colleges in Bangladesh. Teachers of different categories were the respondents of this study. Self administered structured questionnaire was used to collect data adopting simple random sampling. The study was conducted in 2008 & 2009.

The study revealed that both government and nongovernment medical colleges are conducting the QAS in their respective institutions. The academic coordinator play a vital role to run the QAS and for phase coordination. Students also participate as the representative member of the committee. Existing infrastructure of QAS is performing at its best effort but needs further development for upgradation of the services with an aim to improve the performance of the institutes. Principles of QAS are accountability, self-evaluation and external peer review. Major areas of QAS are organizational & operational frameworks. Organizational framework consists of both academic council and course committee. External examiners are appointed by university. External assessors are appointed by academic council but needs faculty approval. Operational framework consists of course appraisal, faculty development, review scheme, & external review.

The study recommends that quality assurance scheme (QAS) should be thoroughly implemented and evaluated by the national quality assurance body. Both the organizational and operational frameworks should run along with faculty development and review scheme. Teachers should be more oriented to update their knowledge for better practices of QAS.

Key Word: Quality Assurance Scheme, Medical Education, Teacher's Knowledge

Introduction

The quality assurance scheme provides a systematic framework to measure the implementation and effectiveness of quality initiatives in medical institutions. It is intended that they will complement, but not duplicate, existing quality assurance programmes and they will provide an opportunity to share and disseminate good practice[1].

Quality assurance has been widely accepted as the arrangement by which an institute discharges its corporate responsibilities for the quality of teaching and learning it offers by satisfying itself that the structures and mechanisms for monitoring quality control procedures are effective and, where appropriate, they promote the enhancement of quality[2].

Quality of health care is influenced by several factors, but perhaps the most fundamental is the education and training of the doctors who delivers that health care. Quality assurance (QA) in medical education is one of the means of

maintaining or improving standards of health care delivery. Those who have responsibilities for the delivery of health care and those who have responsibility for training to deliver health care, therefore, have a common purpose, and should be working in partnership to achieve their goal. All medical colleges in Bangladesh recognize that, in educating the doctors of the future, they have responsibilities, not only to fund providers, employers of medical graduates and licensing authorities but ultimately to the society[1].

Aims of quality assurance scheme are—to support academic staff's professional development to enhance job satisfaction; to improve the performance of the institutes, and to provide means of communication between the staff member and the institutes. The quality of education and training programmes should be thoroughly assessed (quality-assured), internally and externally, to make sure that the standards are being met and that good practice is being shared. All quality-assurance (QA) processes should be efficient, effective, economical, valid, reliable, convenient, fair, competent, flexible, inclusive, accountable and co-ordinated. Responsibility should be separated between providers and their external quality-assurers[3]. In formulating the QA scheme, programs in medical colleges of Bangladesh have built on the three principles[2], such as accountability, self-evaluation & external peer review. These principles provide the basis for the organizational framework (councils and committees) within which the quality of teaching and learning can be considered and operational framework (processes and procedures) by which the MBBS/BDS course can be monitored and evaluated.

The organizational framework of QAS includes national framework & local framework. National quality assurance body (NQAB) was formed in January 1998 to oversee QA in medical education and ensure that standards are maintained in all medical colleges. They review MBBS course after every 3-5 years. In March 2008, decisions were taken to run the QAS in all undergraduate and postgraduate medical and dental colleges.

Members of NQAB includes[2,5] Director General of DGHS (Chairperson), Joint Secretary from MOH&FW, President of BMEDC, Director Medical Education, Director CME (member secretary) & Dean of Medical Faculty of Dhaka, Chittagong, Rajshahi, & Shahajalal Universities. Local framework of QAS includes, academic council, course committee, phase coordinator groups, subject coordinators, external examiners & external assessors. Within the operational framework there are three sets of procedures for QA in Medical education[2,4] such as faculty development and review scheme, course appraisal & external review.

Since 1998 different medical and dental colleges are practicing QAS for the improvement of medical & dental education in Bangladesh. There was quality assessment & audit review (QARR) at three Medical Colleges (Dhaka Medical College, Chittagong Medical College, Rangpur Medical College) under the leadership of national quality assurance body (NQAB) for a single time. There is lack of formal auditing of QA activities every year except the informal way of yearly reporting on QA activities. As the teachers are the implementers of local quality assurance scheme(QAS), so the teacher's knowledge about the ongoing QAS in medical and dental colleges of Bangladesh will help the planners, policymakers for future planning to enhance the ongoing activities of quality assurance scheme at different govt. & non govt. medical & dental colleges of Bangladesh.

Materials And Methods

This cross-sectional study was conducted with the objective to assess the teacher's knowledge about ongoing quality assurance scheme (QAS) at different medical & dental colleges in Bangladesh. All government and nongovernment Medical and Dental Colleges of Bangladesh were included in the study. Teachers of different categories were the respondents of this study. A self-administered structured questionnaire (with few open questions) was used for data collection. Simple random sampling was adopted to collect data. The study was conducted in 2008 & 2009. Sample size was 348

Results

Table I shows the distribution of the respondents regarding ongoing quality assurance related activities in different institutions. Among them, 42.8% were from govt. and 57.2% were from non govt. institutes. The respondents were, 23.6% Professors, 24.7% Assoc. Prof, 25% Assist. Prof and 23.6% Registrars. Chairman of the course committee were academic coordinators (36.4%). Principals and Vice Principals were 25.1% and 38.5% respectively. Course committee is responsible to academic council (88.3%) and DGHS (11.4%). Academic coordinator is appointed by academic council in 79.4% and course committee in 18.3%. Focal person of the local QAB is both by academic coordinator and by Principal (52.6 & 38.1%). Phase co-ordination groups are responsible to course committee (57%). Phase coordinators are appointed by academic council (92.3%) and responsible to academic coordinator (78.5%). Subject coordinator is usually the Head of the Department (73.1%). Student's representatives are selected as the members of different committees of QAS on the basis of merit (96%). QAS at the existing medical colleges are fully functioning in 46.5%, partially functioning in 45.9%, non functioning in 3.9%, and absent in 3.6%. 57% of index population have heard about the QAS and 96% need more orientation about it. Almost 99% agree that QAS in medical college is essential for maintaining quality education & quality product.

Table I: Distribution of the respondents as per their knowledge regarding ongoing quality assurance related activities in their respective medical colleges.

	Nature of the Institute	Frequency	Percentage %
	Government	149	42.8
	Non government	199	57.2
	Total	348	100.0
Designation of respondent	Professor	82	23.6
	Assoc. Prof.	86	24.7
	Asstt. Prof.	87	25.0
	Registrar	82	23.6
	Asstt. Registrar	6	1.7
	Indoor Medical Officer	1	.3
	Medical Officer	3	.9
	Consultant	1	.3
	Total	348	100.0
Chairman of the course committee	Principal	86	25.1
	Vice Principal	132	38.5
	Academic co-ordinator	125	36.4
	Total	343	100.0
Course Committee is responsible to	Academic council	303	88.3
	DGHS	39	11.4
	MOH&FW	1	.3
	Total	343	100.0
Academic co-ordinator is appointed by	Academic Council	274	79.4
	Course Committee	63	18.3
	DGHS	8	2.3
	Total	345	100.0
Focal person of the Local QAB is	Aca. co-ordinator	181	52.6
	Vice principal	32	9.3
	Principal	131	38.1
	Total	344	100.0
Phase Co-ordination groups are responsible to-	Course Committee	192	57.0
	Academic Council	135	40.1
	DGHS	10	3.0
	Total	337	100.0
Phase Coordinators are appointed by-	Academic Council	313	92.3
	DGHS	26	7.7
	Total	339	100.0

Table II shows that the aim of QAS are to improve the performance of the institute in 92%, Principles of QAS are accountability and self-Evaluation (82-84%), major areas of QAS are Organizational framework (82%), local organizational framework of QAS consist of both academic council and course committee (81%), external examiners are appointed by university in 90% cases, assessors are appointed by academic council in 67% cases but needs Faculty approval in 54% cases. Operational framework of QAS in medical colleges consists of faculty development & Review scheme in 82% cases.

Table II: Distribution of the respondents as per their knowledge by their responses regarding ongoing quality assurance related activities in respective medical college

Category label		Count	% of responses	% of cases
Aim of QAS are to	Support academic staffs	238	33.5	69.2
	Improve the performance of the institute	315	44.4	91.6
	Provide a means of communication between staff and institute	143	20.1	41.6
	Others	14	2.0	4.1
	Total responses	710	100.0	206.4
Principles of QAS are	Accountability	289	41.2	83.8
	Self-Evaluation	284	40.5	82.3
	External Peer Review	113	16.1	32.8
	Others	15	2.1	4.3
	Total responses	701	100.0	203.2
Major areas of QAS are	Organisational frame work	279	50.9	82.3
		259	47.3	76.4
	Others	10	1.8	2.9
	Total responses	548	100.0	161.7
Local organizational frame work of QAS consist of	Academic Council	273	28.7	80.8
		272	28.6	80.5
	Phase Co-ordination groups	212	22.3	62.7
	External examiners	105	11.0	31.1
	External assessors	90	9.5	26.6
	Total responses	952	100.0	281.7
External examiners are	Appointed by university	312	58.8	90.2
	Appointed for single round of examination	101	29.2	19.0
	Mainly for quality improvement of the medical colleges	118	22.2	34.1
	Total responses	531	100.0	153.5
External assessors are	Appointed by academic council	223	38.2	67.0
	Needs Faculty approval	179	30.7	53.8
	Renewable	102	17.5	30.6
	Take examination mainly	80	13.7	24.0
	Total responses	584	100.0	175.4
Operational framework of QAS in medical colleges consists of	Course appraisal	239	37.3	72.9
	faculty development & Review scheme	268	41.8	81.7
	External review	120	18.7	36.6
	Others	14	2.2	4.3
	Total responses	641	100.0	195.4

Discussion

Globalization of medicine is increasing, as manifested by the growing number of migrating doctors and cross-border education providers. In addition, new medical schools of dubious quality are proliferating. This situation accentuates the need to define standards and introduce effective and transparent accreditation systems. With this background, and reflecting the important interface between medical education and health care delivery, a World Health Organization (WHO)/World Federation for Medical Education (WFME) strategic partnership to improve medical education was formed in 2004. In addition to working on reform processes, capacity building, and evaluation of medical education at the regional and national levels, the partnership in 2005 published guidelines for accreditation of basic medical education. Only a minority of countries have quality assurance systems based on external evaluation, and most of these use only general criteria for higher education. The WHO/WFME Guidelines recommend establishing accreditation that is effective, independent, transparent, and based on criteria specific to medical education. An important prerequisite for this development was the WFME global standards program, initiated in 1997 and widely endorsed. The standards are now being used in all regions as a basis for improving medical education throughout its continuum and as a template for national and regional accreditation standards[6].

In Bangladesh there are 59 Medical Colleges out of which 18 govt. & 41 non govt. and 14 Dental Colleges out of which 3 govt. & 11 non govt[8]. Most of the undergraduate institutes are practicing quality assurance scheme (QAS). There are 33 postgraduate medical institutes out of which 23 government and 10 non government[9]. Most of the postgraduate institutes are not practicing formal QAS. Standards of education and practices at all the undergraduate and postgraduate institutes are supervised and regulated by the BM&DC. The first regulatory body was the Bangladesh Medical Council established in 1973 by an Act of Parliament. Subsequently, the Bangladesh Medical and Dental Council (BM&DC) was duly constituted under the Medical and Dental Council Act (No XVI) of 1980. It is empowered to look after the public interest by maintaining proper medical and dental standards, ensuring high quality medical and dental education in the country, and maintaining a register of qualified medical/dental practitioners qualifying from recognized institutions. The BM&DC also recognizes and approves degrees awarded by foreign universities. Constitutionally, the BM&DC is not an association or a union. This is to protect the greater public interest. It has the regulatory mandate to impose sanctions on non-performing medical colleges and has done so in recent years[10].

Challenges faced by medical education in Bangladesh are pedagogical, structural and policy related[11]. To maintain the quality of medical education in Bangladesh lots of issues are to be taken into consideration. For smooth functioning of quality assurance scheme in medical institutes strong commitment from policy level in regards to training, resources, manpower, logistics etc are very essential. This study recommends that quality assurance scheme (QAS) should be thoroughly implemented and evaluated by the national quality assurance body. Both the organizational and operational framework should run adequately. Faculty development and review scheme should be performed judicially with a view for further improvement. Teachers should be more oriented to update their knowledge for better practices of QAS in different govt. & non govt. Medical & Dental Colleges in Bangladesh.

References

1. IMI Institute of Medical Illustrator UK. Http/www.google.com Last updated: 07 September 2009 at 09:20.
2. Quality Assurance Hand Book 1998, Further Improvement of the Medical Colleges in Bangladesh
3. Regulating doctors ensuring good medical practice. PMETB- GMC-Principles of good medical education and training (2005) www.pubmed.com visited on 10.09.09.
4. Quality Assurance Hand Book Supplement 1998, Further improvement of the Medical Colleges in Bangladesh
5. Quality assessment and audit review (QAAR) 1998, Further improvement of the Medical Colleges in Bangladesh
6. Karle H. Global standards and accreditation in medical education: a view from the WFME (World Federation for Medical Education), Denmark. wfme@wfme.org.visited on 10.09.09.
7. Critical review report on QAS 198, FIMC & CME
8. A report on expansion of medical education for balanced population of health workforce. Director General of Health Services. MOH&FW, 2007.
9. Report of the committee to determine the work plan of current and future status of postgraduate medical education. Director General of Health Services. MOH&FW, 2007.
10. Amin Z, Merryless N, Hanif A & Talukder Humayun Kabir. Medical Education in Bangladesh, 2008: Medical Teacher, 30: 243-247
11. Majumder MAA, Souza U, Rahman S. 2004. Trends in medical education: challenges and directions for need-based reforms of medical training in Southeast Asia. Int J Med Sci 58: 369-380.