QUALITY ASSURANCE OF TOMORROW'S DOCTOR

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History says Greeks are the pioneers of modern science. Initially there was no distinction between philosophy and science, including the science of medicine. Throughout antiquity and into the Middle Ages there was a nexus between medicine and philosophy. Hippocrates was the first to separate medicine from philosophy and to disprove the idea that disease was a punishment for sin. The tension between medicine and religious belief often stifled or impeded physiological research. Crossing all huddles brains engaged in research of medicine over the Ages succeed to bring this branch of science at the summit. Over the past 30 years, this discipline of science has experienced a tremendous growth, which is reflected in an increase in the number of publications in both medical education journals and medical science journals.

All branches of science are devoted to the welfare of mankind. But, medical science contributes in a different way. Service of this branch is always evaluated from humanitarian ground. Effective service always depends on the skill and devotion of service providers, and on the field of work. So to expect a standard health care system, a team of qualitatively standard health care personnel must be ensured.

The improved health of all people is the main goal of medical education. Quality of that educational system must be ensured to promote the highest scientific and ethical standards in medical education. Quality assurance is an ongoing process of assessing, ensuring, maintaining and improving the quality of medical education. It is a way to warrant that the predefined standards are met.

Quality assurance (QA) is a first step towards the implementation of quality improvement. The move from quality assurance to quality improvement must be consciously and systematically implemented. This effort begins with the establishment of a common core curriculum, the systematic use of improvement tools and the universal understanding that the ultimate goal of medical education is to improve the health of general population[1].

In the quality improvement of medical education, indispensable components are institutional self-evaluation, external review and consultation. Evaluation is a tool of quality improvement. Accreditation and evaluation are the central activities to assure quality in higher education. To evaluate means to assess teaching and academic studies in a subject or department and the related degree programmes. Strengths and weaknesses of education and training should be demonstrated and analyzed, and proposals should be formulated and published to promote its quality.

Studies in the field of effectively existing system may play important role in evaluating curriculum and in quality improvement. Advanced countries regularly publishing evaluation studies in this field of QA to contribute in quality improvement[2]. Some journals are there which are completely devoted to publish results of different QA scheme to explore existing system, initiate new learning methods, new instructional tools, and innovative management of medical education[3].

To keep pace with rapid advancing medical science and to prepare doctors for the needs and expectations of society. medical education always need to be adjusted to changing conditions in the health care delivery system. WHO also advocated the need for change in medical education[4]. Advanced countries continuously involve the students to bring out new and more effective ideas[5]. International Federation of Medical Students' Associations (IFMSA), a non-governmental and non-political federation of medical students' associations throughout the world is working since its foundation in 1951.

This issue of JAFMC has included a study presentation on status of activities related to quality assurance scheme (QAS) in medical and dental colleges of Bangladesh. The team had worked out present status of medical education in the country. The author observed the existence of phase committees and course committee to run the quality assurance scheme and also observed the existence of mechanism for professional development activities and collection of students' feedback. Paper work was going on regularly at the medical colleges, to fulfill the requirement of the authority. From the study it was revealed that most of the colleges were reluctant to collect external examiners' report. This study had found existence of certain aspects of insufficient quality. Those were - teachers trained on QAS, adequate resources, designated staff for running QAS and functioning medical skill centre. Similar organizations to assist quality development in medical education are reported to exist in countries of South East Asian region (SEAR). In an editorial published in 2004 author repented for poor standard of quality of medical education in SEAR

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countries. Editor expressed that Standards for accreditation were ill defined and not uniformly applied. Training programmes were rarely subjected to external review or internal quality control. Author recommended to set, maintain standards and to introduce quality assurance measures on a par with the UK's General or the Liaison Commission on Medical Education in the United States[6].

In a regional Conference on Health Profession Education held in Dhaka in 2008, emphasis was given to holistic and balanced approach to health workforce education and to give more attention to ensure quality of medical education, especially in the rapidly growing private sector[7]. In Bangladesh, private sector is a handsome contributor, rather becoming major contributor of health care personnel. In other countries of Asia private medical colleges are contributing in producing medical personnel and thereby participating in developing medical service[8]. Primary requirement is taming of Business mentality and strict compliance to basic standards or minimum requirements and subsequently leading to standards for quality development. Private initiative is very limited in Bangladesh. Worldwide scenario is different. Motivated members of society of clinicians are taking initiative to establish programme for quality assurance. Those non-government organizations are trying to set standards for,

and to assess, the continuing competence of their service providers[9]. Publication of this paper is an expression of sincere support to QA in continued medical education in Bangladesh.

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