



Association of Indian Universities Roundtable of Vice Chancellors of Health Sciences Universities

October 10-11, 2017



Organized by

Sri Venkateswara Institute of Medical Sciences, Tirupati
In Commemoration of its Silver Jubilee Year

SESSION-II – 10.10.2017

Subtheme: Quality Assurance & Accreditation

Chairperson : Prof.(Dr.) MKC Nair, Vice Chancellor, Kerala University of Health & Allied Sciences

Panelists:

1. Dr. Victor Gambhir, Vice chancellor, Maharshi Markendeshwar University, Haryana
2. Dr. B. Karunakar Reddy, Vice chancellor, KNR UHS, Warangal
3. Prof. Siddharth K Das, Dean, K.G. Medical University, Lucknow

1) Ranking of Medical Universities : Who & How ? : 2.30 PM – 3.00 PM

Speaker: Dr. Dilip G Mhaisekar, Vice Chancellor, Maharashtra University of Health Sciences, Nashik

Lead Panelist: Dr.Nitin M Nagarkar, Director, AIIMS, Raipur

Key points discussed:

1. 2/3rd of medical colleges are under traditional UGC based universities. 1/3rd are under medical universities. So UGC must be one of the member in ranking medical universities.
2. Interaction among Senior Faculty and students is important to improve university ranking
3. Curriculum is to be updated regularly to improve ranking
4. Students opinion must be included in the ranking
5. Quality of learning needs evaluation for ranking the university
6. Evaluation of Mental health of the students is important to assess their ability to complete the studies and practice in future.
7. Ranking is annual process
8. Ranking should be done by NGOs
9. Accreditation should be done by Professional bodies

10. There should be less government involvement in ranking and accreditation.
11. Everyone emphasized on outcome evaluation.
12. Structured student feedback format needs to be constructed.

Discussion:

1. Ranking is influenced by media, especially student feedback can be biased because of this. How to make this more scientific ?
2. MCI itself needs accreditation from international bodies – World federation of medical education - for eg. ECFMG requires this from 2023. We need to start now.
3. Is it MCI or NAAC ?
4. NIRF – not for medical universities
5. NAAC is voluntary. Most of the government medical colleges are not opting for it whereas deemed universities in private sector go for NAAC.
6. What are the minimum requirements to start a medical university ?to be discussed.
7. Individual departmental ranking as done in Germany may be more suitable for scientific evaluation, in Indian context.
8. Individual hospitals under that university needs separate evaluation before giving ranking to that university.
9. University ranking should be based on cumulative quality of all affiliated hospitals under that university.
10. Research publications to be included in the criteria for ranking

Consensus:

1. Ranking should be done by an external agency under the aegis of MoHFW rather than Ministry of Human Resource Development
2. Ranking should be objective and transparent.
3. Metrics used for ranking should be specific for Medical Sciences and not the same that are used for general universities
4. Outcomes should receive greater weightage than process.
5. Ranking should be done for individual disciplines / specialities along with the whole institution.

2) Reassuring patients and the public (Quality Assurance) – Role of Accreditation and Maintenance of Certification (MOC) : 3.00 PM – 3.30 PM

Speaker: Dr. Balakrishna Shetty, Vice Chancellor, Sri Siddhartha University, Tumkur

Lead Panelist: Dr. P N Razdan, Vice Chancellor, Dr. D Y Patil University, Pune

Key points discussed:

1. MCI / NAAC – does they have any impact
2. Is current process evidence based
3. Evaluation by students / faculty / stakeholders is more important
4. Universities should stress upon Accountability and Social reforms rather than accreditation.
5. University should adopt society
6. Adopting digital format for follow-up inspections
7. In this aspect, is there any separate body from MCI is needed to support universities in ranking.
8. Staff needs training for accreditation process.
9. AIU should fix criteria for ranking and external agencies should inspect.
10. Objective Performance of students should be given weightage i.e. no. of passed out in first attempt

Consensus:

Accreditation is a way to assure quality to patients and students.

1. Accreditation of Medical Universities should be done in 2 parts :
 - a) Medical Education quality. There should be a separate body for accreditation of medical universities / colleges. However, Medical Education may be accredited by NAAC until such time such a body is formed.
 - b) Hospital & Laboratory – to be assessed by NABH & NABL
2. Accreditation subgroup should study existing criteria and modify them as required. Periodic update is required.

3) Measuring the quality of Health Care – The key performance indicators

3:30 PM to 4:00 PM

Speaker: Prof. OP Kalra, Vice Chancellor, Pt. BD Sharma University of Health Sciences, Rohtak, Haryana

Lead Panelist: Dr. M. Vijay Kumar, Vice Chancellor, Yenepoya University, Mangalore

Key points discussed:

1. Characteristics of KPIs – SMART (Specific, Measurable, Assignable, Realistic, Time-related)
2. To follow Donabedian module : structure / process / outcomes
3. Triple aim of healthcare – Access, Equity and Cost
4. Basic needs – SEISMIC (Skills, Equipment, Information, Structural support, Medicines, Incentives, Communication failure)
5. Many KPIs to in NHM to be achieved – reduction in MMR, IMR, TFR, malaria etc.
6. KPIs specified in areas of patient centred standards and organisation centred standards of NABH to be followed

Discussion:

1. Increase GDP spending
2. Credit based system to be introduced in health universities
3. To introduce “Balance score card”
4. Effect of curriculum change can be studied as pilot project in AIIMS as AIIMS is not under MCI
5. To increase transparency, KPIs to be in public domain
6. A conclave of curriculum to be organized.
7. Why not talk about KPI as well by AIU besides accreditation

Otherpoints :

- In NEET counselling – there is no criteria on health of the student – how to go about. There should be a guidance and support cell.
- Required staff / executive officers in some of the universities are understaffed.
- To develop separate statistical techniques for ranking medical universities.
- Accreditation should be based much more on product evaluation rather than process evaluation
- Appreciate MCI for bringing in NEET in UG / PG so that transparency in admission is observed
- Though there is lot of paper work in NAAC, good part of it is that we do introspection, evaluate the short comings, audited by external agency- good or bad, and there is need for sensitization.
- Why not AIU introduce system of accreditation of medical universities – we have to evolve policy
- Role of Health Sciences University – quality patient care / quality education / medical research / quality of teaching / learning and innovation along with Accessibility / availability / affordability and quality
- Innovation is the new KPI
- Who has to develop KPI
- Goal of health care industry – cost effectiveness
- For exit students – to conduct one examination – skill based rather than CRRA
- To introduce biometric system for students also

Consensus:

- 1) KPI should be monitored on a regular basis and should be made available to public in the interest of transparency
- 2) KPIs which are India specific should be evolved for Medical Colleges / universities by AIU