

PRESENT STATUS OF ACTIVITIES OF QUALITY ASSURANCE SCHEME (QAS) IN MEDICAL AND DENTAL COLLEGES OF BANGLADESH

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Abstract

This cross-sectional study was conducted with the objective to assess the present status of activities related to quality assurance scheme (QAS) in medical and dental colleges of Bangladesh. The Principal or Vice principal or Academic coordinator was respondent and any one of them from each medical or dental college filled up a questionnaire. The study was conducted in 2008.

Regarding the on going activities related to quality assurance scheme in their colleges, majority of the respondents mentioned that there are formal phase committees and course committee to run the quality assurance scheme, functioning faculty development and review scheme, continuing professional development activities like seminar etc., and mechanism to collect students' feedback through structured questionnaire. Majority of them also mentioned that phase committees & course committee meetings held regularly, academic coordinator regularly met with the phase coordinators, student outcome analyzed, annual sports and cultural functions held regularly and recently they have submitted a report on the status of QA scheme to the Director Medical Education and Health Manpower Development (ME & HMPD). On the other hand most of them mentioned that the teachers of their respective medical colleges did not have adequate training on QAS, did not have adequate resources, designated staff for running QAS and functioning medical skill centre in the colleges and did not collect external examiners' report. Most of the respondents recommended that teachers should be adequately trained on QAS, staff should be designated to run QAS and adequate resources should be allocated to run QAS and activities should be monitored and evaluated regularly.

Key words: Quality assurance, medical education.

Introduction

Quality Assurance (QA) 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 quality¹. 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. QA in medical education is one of the means of maintaining or improving standards of health care delivery. Those who have responsibility 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. Every member of society is entitled to expect appropriate health care. Medical students in training need to be aware of the expectation of the society and medical graduates should be competent to deliver health care based on needs and resources of the community¹.

Aims of quality assurance scheme are - to support academic staffs' 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.

In formulating the QA scheme, in medical colleges of Bangladesh have built on the three principles¹, such as accountability, self-evaluation and 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 and 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 5 years. In March 2008, decisions were taken to run the QAS in all undergraduate and post graduate medical and dental

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colleges. Members of NQAB includes^{1,2}, Director General of Directorate General Health Services (DGHS) as Chairperson, Joint Secretary from Ministry of Health and Family Welfare (MOH & FW), President of Bangladesh Medical and Dental Council (BM&DC), Director Medical Education (ME), Director Centre for Medical Education (CME) and Deans of medical faculty of Dhaka, Chittagong, Rajshahi and Shahajalal Universities. Local framework of QAS includes academic council, course committee, phase coordinator groups, subject coordinators, external examiners and external assessors. Within the operational framework there are three sets of procedures for QA in Medical education^{1,3}, such as faculty development and review scheme, course appraisal and 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 and audit review (QAAR) at three medical colleges (Dhaka Medical College, Chittagong Medical College & Rungpur Medical College) under the leadership of 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. This study regarding the present status of activities of 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 government and non government medical and dental colleges of Bangladesh.

Table-I: Distribution of the respondents by their responses regarding on going quality assurance related activities in their respective college.

Quality assurance related activities	Yes	No	Total
Whether respondents had orientation on implementing the QAS	25(61.0)	16(39.0)	41(100)
Whether teachers had adequate training on QAS	16(39.0)	25(61.0)	41(100)
Whether have formal phase committee & course committee to run the QAS	37(90.2)	4(9.8)	41(100)
Whether phase committee & course committee meetings held regularly	26(65.0)	14(35.0)	40(100)
Whether have adequate resources for running QA	18(45.0)	22(55.0)	40(100)
Whether have any designated staff for running the QAS	19(47.5)	21(52.5)	40(100)
Whether academic coordinator regularly meet with the phase coordinators	28(70.0)	12(30.0)	40(100)
Whether have functioning faculty development and review scheme	25(64.1)	14(35.9)	39(100)
Whether have continuing professional development activities like seminar etc.	41(100)	-	41(100)
Whether any mechanism to collect students feed back through structured questionnaire	25(71.4)	10(28.6)	35(100)
Whether perform student outcome analysis /success rate	35(87.5)	5(12.5)	40(100)
Whether collect external examiner's report	16(42.1)	22(57.9)	38(100)
Whether prepare annual report in line with the QA guideline	17(45.9)	20(54.1)	37(100)
Whether have an Established Medical Education Unit (MEU)	21(56.8)	16(43.2)	37(100)
Whether have staffs to run the MEU	23(57.5)	17(42.5)	40(100)
Whether have functioning medical skills centre in the college	12(30.8)	27(69.2)	39(100)
Whether there was regular annual sports and cultural functions in the college	37(90.2)	4(9.8)	41(100)
Whether recently submitted a report on the status of QA scheme to the Director, ME & HMPD	25(64.1)	14(35.9)	39(100)

Materials and Methods

This cross-sectional study was conducted with the objective to assess the present status of activities related to QAS in medical and dental colleges in Bangladesh. All government and non government medical and dental colleges of Bangladesh were included in the study. The principal or vice principal or academic coordinator, from each medical or dental college was the respondents. There are one respondent from each medical and dental college. A self administered structured questionnaire (with few open questions) was used for data collection. The principal or vice principal or academic coordinator answered a structure questionnaire regarding quality assurance activities of his/her college. The data was collected from 41 respondents of 41 institutes.

Results

Out of the 41 respondents 25 (61.0%) expressed that they had orientation on implementing quality assurance scheme; on the other hand 25 (61.0%) mentioned that teachers of different medical & dental colleges did not have adequate training on quality assurance scheme (Table I). Among the 41 respondents 37 (90.2%) opined that they have formal phase committees & course committee to run the QAS and 26(65.0%) respondents mentioned that committees meetings held regularly, though 14 (35.0%) disagreed with it. Most of the respondents opined negatively that they did not have adequate resources and designated staff for running the QAS. Many of the respondents answered positively that academic coordinator regularly meet with the phase

coordinators and the colleges have functioning faculty development & review scheme. All the respondents agreed about having continuing professional development activities. Among 41 respondents 25(71.4%) opined that there are mechanism to collect students feedback through structured questionnaire. Out of 41 respondents 22 (57.9%) opined that external examiners' reports were not collected and 20 (54.1%) expressed that they did not prepare annual report in line with the QA guideline. Most of the respondents opined that they have established medical education unit (MEU) and have staff to run MEU though 27 (69.2%) respondents mentioned that they do not have functioning medical skill centre. Out of 41 respondents 37 (90.2%) mentioned that there were regular sports & cultural functions in the colleges & 25 (64%) respondents recently submitted report on the status of QAS to director, medical education, DGHS.

Discussion

In Bangladesh there are 59 medical colleges out of which 18 government and 41 non- government and 14 dental colleges out of which 3 government and 11 non-government⁵. Most of the undergraduate institutes are practicing QAS. There are 33 postgraduate medical institutes out of which 23 government and 10 non-government⁶. Most of the postgraduate institutes were 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 Act of Parliament. Subsequently, the 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 years⁷.

Out of the 41 respondents three fifth mentioned that they had orientation on implementation of the quality assurance scheme, on the other hand most of them mentioned that the teachers of their respective medical colleges did not have adequate training on QAS, had adequate resources for running QAS, and have designated staff for running QAS. According to teacher's views about ninety percent of the colleges have formal phase committees and course committees to run QAS but phase committee and course committee meetings were held regularly in sixty five percent of the colleges. There might

be several reasons for not holding meetings regularly. Around seventy percent of the teachers mentioned that academic coordinator regularly meet with phase coordinators and have functioning faculty development and review scheme in their colleges. According to teachers' views more than ninety percent colleges have continuing professional development activities like seminar and regular annual sports and cultural functions. This is because, these activities started in the colleges before the introduction of QAS. Student's outcome or success rate analyses were done in about eighty seven percent colleges and in seventy percent colleges there were mechanism to collect students' feedback through structured questionnaire. According to teachers' view more than half of the colleges had established medical MEU and had staffs to run MEU but about seventy percent of them mentioned that there were no functioning medical skill centre in their colleges. In more than half of the colleges, authority did not collect external examiner's report and did not prepare annual report in line with the QA guideline but had recently submitted a report on the status of QA scheme to the Director, Medical Education and Health Manpower Development (ME & HMPD).

Conclusion

Challenges faced by medical education in Bangladesh are pedagogical, structural and policy related⁸. To maintain the quality of medical education in Bangladesh lots of issues to be taken into consideration. For smooth functioning of QAS in medical institutes strong commitment from policy level in regards to training, resources, manpower, logistics etc are very essential. This study recommended that teachers should be adequately trained on QAS, staff should be designated to run QAS and adequate resources should be allocated to run QAS and activities should be monitored and evaluated regularly.

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