

Academy of Health Professions Education India Newsletter

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'AHPE Newsletter' is the official publication of Academy of Health Professions Education, India. It will be published quarterly. Please send your suggestions, contributions, achievements, presentations and publications to Secretariat. Secretariat Address: Dr. Payal Bansal, Institute of Medical Education Technology and Teachers Training, Maharashtra University of Health Sciences' Regional Centre, 3rd Floor, Civil Hospital Building, Aundh, Pune 411027 (payalkbansal@gmail.com).

The story of faculty development in medical education in India started way back in 1975. This 'training of trainers (TOT)' movement was initiated as a part of WHO Global initiative when first of the few trainers from India were sent to University of Peradeniya in Sri Lanka. The first formal National teacher training course was held in 1976 at JIPMER, Pondicherry with faculty support from Peradeniya and Chulalongkorn University, Thailand. Subsequently, Ministry of Health, Government of India with the support of WHO, established four National Teacher Training Centres (NTTCs) for training of medical teachers in educational technology. These centres continued to train medical teachers through periodic courses in educational pedagogy. These teams of medical teachers (from basic sciences and clinical disciplines) were in turn expected to go back to their medical colleges and initiate such programs for their own medical teachers and facilitate the establishment of medical education units. This process did facilitate establishment of few active medical education units (MEUs) (in 1980s & early 90s) but those were few medical colleges having highly motivated faculty passionate towards improving medical education.

Simultaneously in mid - 80s, medical / health science universities were established to help medical colleges and other health professions institutions maintain standards and institute faculty development programmes, and adopt a multidisciplinary approach to professional development. Notably, Rajiv Gandhi University of Health Sciences and Maharashtra University of Health Sciences have subsequently contributed significantly to the teacher training and faculty development which have been multidisciplinary and involved medical, nursing, dental, ayurveda, homeopathy, pharmacy and physiotherapy colleges.

This was also the time when Ministry of Health & WHO supported a major project (1989-95) on 'Inquiry driven strategies for innovations in medical education'. Though the project was supported by above agencies, the major initiative came from educational leaders, people with zest to improve the medical education in the country (Dr Ramalingaswamy, Dr Sneh Bhargava, Dr DK Srinivas, Dr Usha Nayar and others). It was started by a Consortium of four prominent medical schools in the country, who initiated many small projects to understand the needs of various stakeholders in medical education to guide the needed curricular reforms. This project was coordinated by AIIMS, New Delhi and also received initial technical support from the Centre for medical education at University of Illinois, Chicago. A series of local / regional / National workshops / conferences were organized over the next 5-6 years, wherein through mechanism of twining this consortium of medical schools involved in the change process grew from 4 to 16 in 1995. Some of us were fortunate to have been involved with this project at that stage. The outcome of these deliberations over the years was the production of a National curriculum document and a list of skills to be acquired by a medical graduate. Many of the reforms incorporated in this revised document were the same as those we are still struggling to implement at a National level, i.e. Integrated teaching, problem based and case based learning, teaching ethics & communication skills, making assessments more objective & skill based training etc. It was strongly felt that to initiate any curricular reforms, faculty development in medical education held the key. This document was subsequently accepted by the Medical council of India and was published as a National curriculum document in the form of Graduate medical regulations 1997; this also mandated the development of medical education units in all medical schools in India. It was ironic that around 2002, the Ministry of health withdrew its support to the NTTCs. However, two of the NTTCs; JIPMER, Pondicherry and MAMC, New

Delhi continue till date to run their courses as before. Many of the other MEUs rose to prominent positions and continued to train faculty from other medical schools. However, most remained inactive and did basic minimum to satisfy the requirements of MCI.

Till 2002, most of the faculty development activities were targeted towards educational methods. Though teachers learnt newer skills but were able to change little once they got back to their schools because of inadequate institutional support or they did not feel empowered to bring about change. Also, generally the interest and motivation of faculty members, particularly the clinical faculty to pursue training and work in educational field was subdued and real change at the ground level failed to happen. The situation only got worse with increasing privatization of medical education and an ever increasing number of medical schools; the quality concerns have been often been raised at various fora.

Dr Anand Zacharia from CMC, Vellore was the first fellow from India to be trained at FAIMER Institute in Philadelphia in 2001, and subsequently, many of us followed. Subsequently, establishment of three FAIMER Regional Institutes at Mumbai, Ludhiana and Coimbatore accelerated the growth of fellows trained in educational leadership. In the year 2007, when MCI was already exploring the modalities to implement faculty development programs at a National level, with support from FAIMER, MCI, Ministry of Health, and other Govt. agencies, the first National conference on medical education (NCME 2007) was organized in Delhi on the theme of Faculty development. The conference brought together about 140 medical educators, most of whom were leaders in their respective medical colleges. Significantly, the deliberations not only came out with a framework for National faculty development program but also brought out the need for developing a network of medical educators / developing a professional body of medical educators. Two of the top five recommendations coming from the group to carry the process forward were forming a network of medical educators (community of practice) and forming an association so that as a professional body, it was in a better position to influence the process of change. Thus, the concept for the formation of a National association of medical educators was initiated.

As a follow up of the conference, an online network of about 100 medical educators was formed in 2008. This network (meu google group) later expanded in numbers as well as scope to include the other health professions educators under its umbrella. The process of formation and expansion of this online network was spearheaded by Dr Sanjay Bedi. The enthusiasm of this community of educators grew and this very active network provides a forum for sharing good practices in education and learning from each other. Also, after the first conference, further biannual conferences were held in different states of the country and they expanded their scope to include other health professionals as well (NCME in 2007 to NCHPE in 2009, 2011). Over these years, with the expansion of the FAIMER Fellows network across the country, more and more educational innovation projects being carried out, the number of research papers / posters and the participation at these conferences increased significantly. Since 2012, these conferences have become an annual feature and the interest in organizing these conferences by the medical colleges also increased. Through these transformative faculty development fellowship programs at FAIMER regional institutes, more and more younger and clinical faculty started getting enthused to pursue health professions education. This has not only paved way for catalyzing the wave of change but also to promote educational research. This coupled with initiation of

certificate and degree courses in health professions education (HPE) by some universities is a step towards development of HPE as a field.

Though the initiative to get involved with FAIMER and regional institutes by the teaching faculty is voluntary and is supported by parent institutes, simultaneous initiatives by the Medical Council of India (MCI) towards training of medical teachers and trainers through basic and advanced programs in education and establishment of Regional and nodal centres for faculty development have played a synergistic role. Engaging FAIMER fellows as trainers as well as their involvement in various govt. committees have played a catalytic role towards initiating the change process. It has accelerated the momentum of the faculty development for the ever-increasing numbers of medical teachers, both in terms of scope and design of the programs. Furthermore, MCI directives of linking faculty training in education to their professional advancement have led to an increased demand and utilization of these training programmes. This has also led to an accelerated development of medical education units in most medical colleges.

However, what is important is the translation of the effect of these faculty development programmes towards better teaching and learning and its impact on improving health care. Hopefully, this impact should be visible in few years time.

A number of sessions devoted to brainstorming and deliberations over the formation of the organization of medical and health professions educators happened during the NCHPE in 2011 & 12 and over the following year. The Academy of Health Professions Education (AHPE) was formally launched during the NCHPE 2013 at Mumbai. With great efforts by the team led by Avinash Supe, the Academy has been a registered as a society to advance the cause of health professions education in India. Though there are initiatives towards integrating other HPE with medical education, lot more work needs to be done towards this end. An effort by Manipal towards initiating a leadership program for interprofessional education, in collaboration with FAIMER is a step towards this.

In summary, though the seed for the formation of AHPE in India was sown in the year 2007, subsequently through an initial process of forming an online group of educators and various meetings and deliberations during the conferences, the scope was extended to other health professionals and the Academy was launched in 2013.

The proposed activities of AHPE include continuation of annual conferences and to initiate other faculty development activities including workshops for teachers in medicine and other healthcare professions. Its active website would in due course of time, initiate publication of a newsletter, and a National journal of Health Professions Education. AHPE aims to promote and develop National health professions community of individuals and educational organizations who could share information, ideas, experience and expertise. As an organized body, AHPE could facilitate improvement in quality of health professions education by collaborating between statutory bodies, universities and all faculties through networking and partnerships.

The ultimate goal of AHPE is to improve health of community through enhancing quality of health professions education in India and around.

Rita Sood -Founder President, AHPE

National Eligibility-cum-Entrance Test

National Eligibility-cum-Entrance Test as the eligibility-cum-entrance test was introduced by way of amendments to the regulations governing the UG and PG programmes notified by Medical Council of India with prior approval of Government of India in the year 2011-12. NEET as the part of the UG and PG regulations is a subordinate legislative process executed by Government of India by way of an amendment to the Indian Medical Council Act duly promulgated by way of an ordinance under the Constitution authority of President of India had introduced NEET as part of the Indian Medical Council Act by way of introduction of Section 10D to the Indian Medical Council Act and Section 10D to Dentist Act.

The introduction of National Eligibility-cum-Entrance Test as an entry examination by way of amendment to the Indian Medical Council Act and Dentist Act granted statutory status to NEET and making it law of land. With such a move there are no exceptions and extensions on applicability of NEET is universal across all institutions.

NEET - UG courses is for entry to the MBBS and BDS courses at the graduate level. NEET – PG (MD/MS) is for entry to the MD/MS courses whereas NEET PG (MDS) is for entry to graduate level dental courses. NEET – SS is for entry to Super Specialty courses i.e. DM/MCh

National Eligibility-cum-Entrance Test is a much-needed reform for improving the overall general standard of education in the country. Most importantly single reliable examination could help restore the faith of society with medical graduates and quality of doctors.

There are many advantages of NEET; the first and foremost being the one country one examination whether it is UG, PG or Super Specialty courses, high level of structuring and its consequential impact on the curriculum for the qualifying examination shall improve the level of teaching and learning both in the medical colleges as well as at the student level.

The NEET has to be coupled with robust admissions framework. While the government institutions have various constitutional rules, responsibilities and legal obligations to discharge the regulatory pathways, guidelines must be framed for private institutions in continuation of NEET so as to promote merit and excellence in admissions.

It is an undisputed fact that the cost of medical education has risen exponentially in the past two decades. The absence of any proactive legislative and regulatory action to curb the menace of capitation fee has made the cost and access to education beyond the reach of aspiring candidates from average families.

It is unfortunate that in our country the capacity for PG and sub-specialty education has not expanded compared to the expansion in the graduate medical education space leading to a situation wherein successive batches of medical graduates spend their time preparing for PG entrance examinations.

The lack of adequate career pathways on the basis of graduate qualification alone is another contributory factor. The eco-system of medical jobs and employment needs to create a

respectable place for plain medical graduates or alternatively the number of PG seats should enhance so as to allay the anxiety of medical graduates.

The multiplicity of entrance examination and absence of any standardized mechanism that could verify the claims of these entrance examinations conducted by private universities made the admission system process gullible for capitation fee.

While the law provides for a management quota which is a small fraction of total seats; the system must ensure enough checks and balances so as to ensure that the admissions take place on the basis of merit only.

The introduction of NEET is one such reform that shall go a long way in controlling this menace. The capping of fees at private or self-financed institutions by statutory pathway is another pathway for addressing this problem.

- Prof (Dr) Bipin Batra, Director, NBE

Pramukhswami Medical College, Karamsad, Gujarat, India
National Conference on Health Professions Education 2016 (NCHPE 2016)
23-26 November, 2016
Second Announcement

About NCHPE 2016:

In recent times, medicine has lost its trust with the society due to a combination of its own failings as a profession and health care systems which often discourage professional behaviour. The profession needs to respond to the concerns of the society about its own performance, particularly the perception that it is less altruistic than before, that it self-regulates poorly; and that it has abused its privileged position in the society for financial gain. It is also important to address the topic of professionalism directly and explicitly at all levels of medical education.

Target Audience:

Educators and educational leaders from all health professions

Programme:

Pre-Conference Workshops – 23rd November, 2016

Conference – 24th to 26th November, 2016

Organizing secretary:

Dr. Himanshu Pandya

Professor, Department of Medicine and Medical Education

Pramukhswami Medical College, Karamsad-388325, Gujarat, India

Phone: 02692228525(Office) 02692249538(Home)

Mobile: 09825098919

E-mail: nchpe2016psmc@gmail.com

Secretariat:

Department of Medical Education,
H. M. Patel Academic Centre
Pramukhswami Medical College, Karamsad – 388325, Gujarat

Preconference Workshops (PCWs) – 23rd November, 2016**Morning PCWs (8.30 am to 12.30 pm)**

PCW 01 - Faculty development for teaching professionalism

PCW 02 - Supporting teaching of professionalism - changing educational environment
PCW 03 - Teaching professionalism in traditional curriculum

PCW 04 - Assessment of professionalism

PCW 05 - Experiential and Reflective learning

PCW 06 - Bioethics teaching for undergraduates

Afternoon PCWs (1.30 pm to 5.30 pm)

PCW 07 - Portfolio learning

PCW 08 - The use of art and video in medicine

PCW 09 - Mentoring in medicine

PCW 10 - Narrative medicine

PCW 11 - Humanities in medicine

PCW 12 - Faculty evaluation

Conference - 24th to 26th November, 2016

Key note addresses

Working groups

Poster session

(Detailed programme will be announced in near future)

Instructions for Registration

1. Participants have the options of registering for either conference only or conference and preconference workshops (PCWs).
2. There are 12 workshops, 6 each in the morning and evening sessions. Participants can register for maximum two PCWs, one in each of the two sessions, on first-come first-served basis. Maximum thirty participants will be registered for each workshop.
3. Participants could send either a DD for the required amount in the name of “Charutar Arogya Mandal” payable at Anand, or transfer the money to the bank as per the details provided on the last page.
4. Please send DD and physical copy of registration form by courier or speed post to “Department of Medical Education, H. M. Patel Academic Centre, Pramukhswami Medical College, Karamsad - 388325”. Please also e-mail scanned copy of completed registration form to nchpe2016psmc@gmail.com.
5. Those participants who make online payments need to send only scanned copy of completed registration form with details of transfer of money to nchpe2016psmc@gmail.com.
6. Kindly quote the Registration ID for all future correspondence with the Secretariat.

Important dates to remember:

- Registration for preconference workshops and conference opens: 11th July, 2016
- Abstract submission opens: 11th July, 2016
- Last date for submission of abstracts: 30th September, 2016
- Closing of registration for preconference workshops: 31st October, 2016
- Intimation of acceptance of abstracts: 24th October, 2016
- Closing of early bird registration for conference: 30th September, 2016
- Closing of late registration for conference: 11th November, 2016

Registration:

Registration for preconference workshop (per workshop)

	Early bird (Till 30 th September, 2016)	Late (Till 31 st October, 2016)	Spot
Members of AHPE	Rs. 1000/-	Rs. 1500/-	NA
Non-members	Rs. 1500/-	Rs. 2000/-	NA
Foreign delegates	USD 40/-	USD 50/-	NA

Registration for conference

	Early bird (Till 30 th September, 2016)	Late (Till 11 th November, 2016)	Spot
Members of AHPE	Rs. 4000/-	Rs. 5000/-	Rs. 6000/-
Non-members	Rs. 5000/-	Rs. 6000/-	Rs. 7000/-
Foreign delegates	USD 150/-	USD 200/-	NA

Application Form for AHPE Membership

First Name:

Last Name:

Title:

Current Professional Position:

Date of birth:

Department:

Institution:

Street address:

City:

State / Province:

Area Code:

Country:

Telephone No:

Mobile Number :

Fax:

Email:

- Membership is granted upon application and payment of Life membership.
- Life Membership fee is Rs.4000/- , Membership is non-transferable.

Payment Details

Payment can be made by

1. Demand Draft in favour of Academy of Health Professions Educators, Demand Drafts may be sent to the following address –

Treasurer's Office: Dr Nirmala Rege, Professor & Head, Department of Pharmacology & Therapeutics, Seth GS Medical College & KEM Hospital, Acharya Donde Marg, Parel, Mumbai 400 012.

Secretariat Address: Dr.Payal Bansal, Professor & Head, Institute of Medical Education Technology and Teachers Training, Maharashtra University of Health Sciences' Regional Centre, 3rd Floor, Civil Hospital Building, Aundh, Pune 411027 Phone - +91 20 27285695/0454
E-mail – iahpeindia@gmail.com

2. Wire Transfer/NIFT as follows:

Name of the Account: Academy of Health Professions Educators

Name of Bank: State Bank of India

Account No. : 35096522164

IFSC Code: SBIN0001884

MICR Code: 400002064

Please note that intimation should be sent by email to either the *Secretary* (payalkbansal@gmail.com) or the *Treasurer* (nimarege@gmail.com) after making a wire transfer. Please provide your mobile number in the mail.