

SEARAME NCHPE2012

RELEVANCE

EQUITY

QUALITY

COST
EFFECTIVENESS

South East Asian International and Indian National
Conference on Health Professions Education



5th to 8th September, 2012

PSG Institute of Medical Sciences & Research
Coimbatore, India



Social accountability:
Responding to Societal needs through Quality
Assurance and Accreditation in Health Professions Education



CONFERENCE RECOMMENDATIONS

PREAMBLE

The South East Asian Regional Association for Medical Education (SEARAME) is one of the six Regional Associations established under the umbrella of World Federation of Medical Education (WFME) and has been actively supported by WHO-SEARO since WHO and WFME are in strategic alliance to improve the quality and relevance of medical education in the SE Asia region. The key objectives of the association are to contribute to the setting of standards in medical education for good practices with regard to teaching and assessment, taking special note of the Standards for Basic Medical Education developed by WFME. It aims to achieve this by fostering communication and collaboration amongst medical educators in the region and beyond while stimulating the sharing of best practices in the South-East Asia Region. It also aims to promote exchange of faculty and resources through meetings, journal, conferences etc. Another objective of the Association is to promote the collaboration and synergy between health systems and medical education in the context of the country's health care needs and share the information regarding quality accreditations systems with other member countries. The SEARAME-NCHPE 2012 conference is an example of SEARAME demonstrating its capability to deliver its objective.

The Conference and Expected Outcomes

The South East Asia Region Association of Medical Education and the Indian National Conference of Health Professions Education 2012 was organized from 5-8 September at PSG Institute of Medical Sciences and Research, Coimbatore, India. The theme of the conference was 'Social Accountability: Responding to societal needs through quality assurance and accreditation in health professions education'.

The conference' focus was on how health professions educational institutions could become more accountable to society. The conference also deliberated on how South East Asian Institutions could use changes in education methods and curriculum to prepare the doctor of the future.

The Expected outcomes were:

1. Identifying good practices in Social Accountability already existing in the region that can be replicated on a wider canvas in the South East Asia region
2. Based on experiences in the region, provide recommendations to the policy making, facilitating and executive bodies in the South-East Asia region so that Institutions become more socially accountable to the needs of the society they serve

THE CONFERENCE DESIGN

The conference was so designed that it covered each of the four sub-components of social accountability (namely relevance, equity, quality and cost-effectiveness in service delivery) in half-day cascading sessions beginning with a keynote address by pioneers in the field to experience sharing of successful implementation of it in the South-East Asia region followed by examining ground reality of faculty or institutional efforts through innovations or providing the evidence that they can indeed work and so are do-able by others. One hundred and eight six such experiences were shared in seventeen parallel sessions over two days of the conference. This was followed by time-travel into the future to discover in seventeen small groups by asking the questions listed below so as to help 250 participants of the conference and 50 facilitators from the South-East Asia region to anticipate the challenge they would be facing in the future and then through deliberations arrive at recommendations for meeting and overcoming them so that these can be used by policy making and facilitating bodies in the region to make institutions more socially accountable to meet the needs of the society they serve

QUESTIONS ADDRESSED

1. What are the ways in which Health Professions Institutions will determine that their curriculum is aligned with local priority health needs?
2. What are the ways in which Institutions in S-E Asia region use changes in Education methods and Curriculum to prepare the Doctor of the Future ?
3. How accreditation can be used as a tool for improving the quality and relevance of Health Professions Education?

RECOMMENDATIONS EMERGING FROM THE CONFERENCE DELIBERATIONS

These recommendations are directed towards ensuring social accountability of health professions educational institutions and prepare the doctor of the future are based on deliberations and discussions conducted with all the participants during the course of the conference.

1. RECOMMENDATIONS FOR ENSURING EQUITABLE ACCESS TO HEALTH FOR ALL

- Recognize that Universal health coverage is the need of the hour.
- The doctor: patient ratio should be improved and the skewed distribution of doctors should be more even across urban and rural areas needs to be corrected.
- It is recommended that more medical colleges be established in under-served areas and rural areas.
- There should be increased investment in health and improved health infrastructure, especially in rural and remote areas
- Equity of health care services and increased accessibility of health care to vulnerable populations
- The focus should be on primary and preventive health care and a proper referral system has to be in place
- Health insurance must be introduced
- Involvement of health professionals in policy making

2. RECOMMENDATIONS FOR ENSURING IMPROVED QUALITY OF MEDICAL EDUCATION:

The quality of undergraduate medical education must be improved by the following means:

- Increased investment in health care and medical education
- Accreditation of medical institutions must be mandatory. Criteria for accreditation should include issues related to social accountability. Accreditation could be linked to incentives and grants.
- Faculty development is the key to ensuring quality in medical education
- Learning outcomes must be standardized, however flexibility must be allowed in choice of teaching-learning methods.
- Cost effective innovations must be encouraged
- A national exit level examination is essential to minimize variability in standards of competence

3. RECOMMENDATIONS FOR ENSURING CURRICULAR REFORMS

- The focus of the curriculum must be according to national health priorities and needs of the community
- The undergraduate curriculum should be competency-based, contextual and aligned to local needs. It should focus on the competencies required of a basic doctor.
- The curriculum design must be dynamic, relevant and need based.
- The curriculum should be student centered, problem based, integrated, community based, allow electives and be systematic (SPICES Model)
- Learning objectives, teaching-learning methods and assessment must be congruent in the curriculum
- Periodic curricular revisions and program evaluation are needed. All stakeholders must be involved in the evaluation process

4. RECOMMENDATIONS ON SELECTION CRITERIA FOR ENTRY INTO MBBS COURSE

- Student selection to MBBS must be based on attitude and aptitude of entrants.
- Students coming from rural areas must have equal opportunity to compete in this selection process. This can be done by either giving preference to students from rural backgrounds and by improving quality of primary and secondary schooling.
- More transparency is required in the selection process.

5. RECOMMENDATIONS FOR FORGING PARTNERSHIPS WITH HEALTH CARE SYSTEM

- Medical colleges must have formal linkages with district hospitals, or other community hospitals to support training of undergraduate students.
- Medical colleges should be responsible for the health services of a district or defined population
- Within medical colleges, there should be collaboration and cooperation across disciplines to streamline medical education and make it more cost-effective
- Medical colleges should involve non-medical faculty such as social workers, paramedical personnel, nursing staff as well as alumni, residents in teaching and training where required.

6. RECOMMENDATIONS ON EDUCATIONAL METHODS TO MEET THE NEEDS OF THE FUTURE

- It is important to promote student-centered and self directed learning in undergraduate medical students in order to promote lifelong learning. Use of more interactive and experiential learning methods is recommended.
- The undergraduate curriculum should include elements like communication skills, professionalism, ethics, team work, inter-professional education etc.
- Students need to learn in context and it is necessary to start early clinical exposure and integrated teaching.
- Skills training (procedural skills, communication skills, interpersonal skills, leadership and teamwork) must be emphasized and competency in performing skills must be assessed before certification. The establishment of skills laboratories must be mandatory in all medical colleges.
- All undergraduate students must be trained in basic life support.
- Developing the field of Family Medicine should be given priority
- It is recommended to give flexibility to the learner and offer electives
- Research aptitude must be inculcated in students and community oriented research must be promoted. Use of information technology is recommended to keep updated with the latest medical advances
- The undergraduate curriculum must include basics of management, administration, health economics, biomedical waste management, medico-legal aspects.

7. RECOMMENDATIONS ON APPROPRIATE ASSESSMENT SYSTEMS TO ENSURE EXPECTED COMPETENCIES NEEDED BY THE DOCTOR OF THE FUTURE

- Assessment should be standardized and congruent to learning objectives.
- Weightage should be given to assessment of higher cognitive areas, procedural skills, and professionalism
- Continuous internal assessment and formative feedback needs more emphasis.
- Proper documentation of learning (through structured log book, portfolios etc) is recommended

8. RECOMMENDATIONS FOR RECRUITMENT AND RETENTION OF DOCTORS IN RURAL AREAS

- Students must have early community immersion experience right from first MBBS
- Students must undergo training in the community, district hospital and in the primary health centre
- MBBS students must be given early community exposure to sensitize them to rural settings.
- Increase motivation of students by giving them better working conditions and appropriate learning experiences in rural areas by providing adequate supervision, proper infrastructure, good salary, social security, support, connectivity, monitoring and assessment
- Compulsory rural postings with adequate facilities with bond to serve in rural community
- Social responsiveness needs to be valued and taught right from school.
- Increased opportunities for CME/CPD

9. RECOMMENDATIONS FOR ENSURING FACULTY DEVELOPMENT

- Faculty development is the key element in improving the quality of medical education and all teachers must undergo training in medical education
- Teachers should display commitment as role models and sensitive to the concept of social accountability

10. RECOMMENDATIONS FOR ENSURING SOCIAL ACCOUNTABILITY

- Social accountability is the shared responsibility of all stakeholders.
- Increased awareness of their roles and responsibilities as well as effective collaboration and cooperation between them will go a long way in streamlining the health system

Based on these, the following recommendations are being made to the following stakeholders:

RECOMMENDATIONS

TO THE MEDICAL COUNCILS IN S-E ASIA & MINISTRY OF HEALTH AND FAMILY WELFARE

1. It is recommended that more medical colleges be established in under-served areas and rural areas.
2. There should be increased investment in health and medical education with the focus on primary and preventive health care. Health insurance must be introduced
3. Health infrastructure needs to be strengthened especially in rural and remote areas
4. Health professionals must be involved in policy making
5. Accreditation of medical institutions must be mandatory. Criteria for accreditation should incorporate issues related to social accountability. Accreditation could be linked to incentives and grants.
6. The undergraduate curriculum should be competency-based, contextual and aligned to local needs. It should focus on the competencies required of a basic doctor. Learning outcomes must be standardized
7. Student selection to MBBS must be based on attitude and aptitude of entrants. Students coming from rural areas must have equal opportunity to compete in this selection process.
8. A national exit level examination is essential to minimize variability in standards of competence
9. Increase motivation of students by giving them better working conditions in rural areas by providing proper infrastructure, good salary, social security, support, connectivity.
10. Compulsory rural postings with adequate facilities with bond to serve in rural community are recommended

RECOMMENDATIONS TO MEDICAL COLLEGES

1. Medical colleges must have formal linkages with district hospitals, or other community hospitals to support training of undergraduate students.
2. Medical colleges should be responsible for the health services of a district or defined population
3. Faculty development is the key to ensuring quality in medical education. All teachers must undergo training in medical education
4. Increase motivation of students by giving them appropriate learning experiences in rural areas by providing adequate supervision, support, connectivity, monitoring and assessment
5. It is important to promote student-centered and self directed learning in undergraduate medical students in order to promote lifelong learning. Use of more interactive and experiential learning methods is recommended.
6. The undergraduate curriculum should include elements like communication skills, professionalism, ethics, team work, inter-professional education etc.
7. Students need to learn in context and it is necessary to start early clinical exposure and integrated teaching.
8. The establishment of skills laboratories must be mandatory in all medical colleges. All undergraduate students must be trained in basic life support.
9. Developing the field of Family Medicine should be given priority
10. Research aptitude must be inculcated in students. The undergraduate curriculum must include basics of management, administration, health economics, biomedical waste management, medico-legal aspects.
11. Continuous internal assessment and formative feedback needs more emphasis.
12. Proper documentation of learning (through structured log book, portfolios etc) is recommended