
ORIGINAL ARTICLE**Evaluation of Student Centricity in Accreditation Guidelines by National Assessment and Accreditation Council**

Gaurav Mishra^{1,2*}, Tripti Shrivastava^{3,4}, Lalitbushan Waghmare⁵, Rohan Kumar Singh²,
Prerna Anup Patwa²

¹Dean, Faculty of Interdisciplinary Health Sciences, ²Department of Radio-diagnosis,
³Director, Internal Quality Assurance Cell, ⁴Department of Physiology, Jawaharlal Nehru Medical
College, Datta Meghe Institute of Medical Sciences (Deemed to be University), Sawangi,
Wardha-442001 (Maharashtra) India, ⁵Pro Vice Chancellor, Datta Meghe Institute of Medical Sciences
(Deemed to be University), Sawangi, Wardha-442001 (Maharashtra) India

Abstract:

Background: The national guidelines on accreditation and assessment in India include all Higher Education Institutions (HEI's) irrespective of streams and subject domains. The guidelines have been recently laid down for Health Sciences Institutions/Universities by National Accreditation and Assessment Council (NAAC). The World Federation of Medical Education (WFME) has undertaken the task of preparing a global register of medical schools and have set one of the main inclusion criteria for the medical schools to be accredited by an agency of accreditation recognised by the WFME. There is a need to critically appraise national guidelines on accreditation and assessment of higher educational institutions as against international standards on all counts. Therefore, the present study highlights one of the 7 criteria in the Quality Indicator Framework (QIF) of NAAC which is based on student support and progression in terms of commensuration with international standards. *Aim and Objectives:* To critically appraise guidelines for Health Sciences Institutions by NAAC as against those of WFME and Liaison Committee of Medical Education (LCME) in vogue in Europe and United States of America respectively with special focus on criterion 5 in NAAC criteria - student support and progression. *Material and Methods:* The present study is descriptive involving

critical appraisal of NAAC guidelines for health sciences institutions as against 2 standard international documents – WFME and LCME guidelines respectively. It was carried out in School of Health Professions Education and Research affiliated with Datta Meghe Institute of Medical Sciences (Deemed to be University), Sawangi (Meghe), Wardha. *Results:* The present study takes into consideration 2 standard guideline documents and critically appraises NAAC guidelines against the WFME and LCME guidelines with reference to criterion 5 – student support and progression. Upon critical appraisal, observations are in the form of desirable inclusions from both WFME and LCME grouped under corresponding criterion 5 as per NAAC guidelines. A total of 7 inclusions are B1.1.12, B4.3.3 and 3.6, 5.7, 10.7, 11.5, 12.6 from WFME guidelines respectively. *Conclusion:* Desirable inclusions may be looked into for possible inclusion in national assessment guidelines for health sciences institutions for ensuring more student centred and student friendly institutional ambience.

Keywords: National Assessment and Accreditation Council, Student Support, Student Centricity, Liaison Committee of Medical Education, Medical Education

Introduction:

History speaks aloud about the extensive flourishing of higher education across the last century taking into its account the vast and vivid colours of growth seen in the field of higher education – converting it from a mere organization or a programme into a whole system of participation of the common masses. It has not been a few tens of years that the total number of students overall has pounced upon the 132 million mark in 2004 as against a small chunk of 13 million in 1960 and 72 million in 1999. The essence of the system of accreditation is basically the feedback and drawing proper attention of the stakeholders towards this feedback which plays the role of a true mirror in case of what goes around in a satisfactory manner and the other aspects of the organization which need improvement and effort. Accreditation forms the chief supporting platform to the fact that higher education, as it is rightly deemed as being higher, has to be dealt with discipline, direction and timeframe which is well planned. It should be accurately directed towards the betterment, sharpening, honing and nourishing the intellectual persona of the graduates and learners in addition to preparing them to face the world. Looking critically with reference to authority vested with the regulatory councils to have accrediting jurisdiction with them, it is observed that none of the regulatory councils created vide the appropriate parliamentary enactment for regulating health professional sciences have any authority in respect to accrediting health sciences colleges under them through an appropriately created/constituted autonomous accrediting body [1-3].

Resultantly all institutions of health professional sciences independent of their apical regulatory councils are required to be accredited by National

Assessment and Accrediting Council (NAAC) for the purposes of their rating or grading [4-5]. Talking about the institutional focus on its learners, there has been great effort on the part of both the institution as well as the accrediting agencies not only in India but all over the globe. It was declared by the World Federation of Medical Education (WFME) recently that all medical schools/ institutions/universities providing medical education will have to be accredited by an accrediting agency which is registered and recognised internationally by the WFME. In this regard, it might be essential for the accrediting agencies all over the world, which are yet to be recognised by WFME, to focus themselves to be more and more commensurate with the global accreditation necessities and requirements. A critical appraisal of the national accrediting guidelines through the present study was therefore carried out to focus on the learners and students of the medical profession and streamline their overall educational system. Both Liaison Committee of Medical Education (LCME) as well as WFME have internationally accepted standards and guidelines of accreditation which are in vogue in Europe and North America, Canada. In fact, LCME is an accrediting agency which is one of the recognised agencies by WFME for provision of accreditation services specific to medical education. National accreditation guidelines may benefit from this critical appraisal with special reference to criterion 5-student support and progression [6-8].

Material and Methods:

The present study had been undertaken as a descriptive study over a duration of 2 years to critically appraise national accreditation guidelines

as against international accreditation guidelines. As it is a critical appraisal of standard documents in the public domain, sample size is not applicable. The place of study was School of Health Professions Education and Research, Sawangi (Meghe), Wardha. The present study was granted ethical clearance by the Institutional Ethics Committee of Datta Meghe Institute of Medical Sciences (Deemed to be University) on 30th November, 2019 as per letter with reference no. DMIMS (DU)/IEC/Aug-2019/8186. The present study being descriptive and as there was no involvement of human subjects in the present study, informed consent was not taken.

Results:

The present study takes into consideration 2 standard guideline documents and critically appraises NAAC guidelines against the WFME

and LCME guidelines with reference to criterion 5- student support and progression. Upon critical appraisal, the observations are in the form of desirable inclusions from both WFME and LCME grouped under corresponding criterion 5 as per NAAC guidelines [6-7]. The inclusions from WFME guidelines desirable are B1.1.12, B4.3.3 and 3.6, 5.7, 10.7, 11.5, 12.6 respectively from LCME guidelines which makes a total of 7 desirable inclusions. According to WFME norms, the basic standards are expected to be fulfilled mandatorily by all medical education imparting institutions/schools whereas quality standards are regarded as ideal inclusions and may or may not be fulfilled. The quality standards may be perceived as upgraded versions of basic standards. The inclusions from WFME guidelines are enlisted with description in Table 1. Regarding criterion 5,

Table 1: List of Desirable Inclusions with Description from Respective International Guidelines [6-8]

Sr. No. as per respective guidelines	Description in brief
B1.1.12 (WFME)	Ensuring proper working conditions for the learner/doctor with emphasis on learner/doctor's self-care.
B4.3.3 (WFME)	Trainee support on social, financial and personal grounds with crisis support in times of malpractices, fundamental disagreement in case with peers/supervisors/patient/relatives/colleagues with provision of relevant and necessary resources and their allocation.
3.6 (LCME)	Student mistreatment policy
5.7 (LCME)	Student safety and disaster preparedness policy
10.7 (LCME)	Transfer/visiting student policy with resource allocation and related strategies
11.5 (LCME)	Student confidentiality policy
12.6 (LCME)	Student health insurance policy with provision of disability insurance for students and/or their dependents if any with a rule to dissociate the healthcare service provider in matters of student assessment along with inclusion, prevention, monitoring of student exposures and policies in place for the same as well as immunization requirements (<i>students should be provided free healthcare services</i>)

all the guidelines from WFME are under the basic category and therefore may be considered as necessary for the medical school/institution to plan, provide, execute and sustain.

Discussion:

The recent turn of events has directed all medical schools/institutions around the globe to get themselves accredited by an agency/body of accreditation in order to get included in the World Directory of Medical Schools (WDMS). This directory has been requested to be prepared and maintained by the WFME. For being eligible to be included in this list for a medical school, as mentioned, it is mandatory for the school to have undergone the process of accreditation by an external agency/body responsible to carry out this process. There are such agencies providing accreditation services on both general as well as medical education specific levels/aspects. Now, here comes the main requirement which can be said to be the need of the hour. The accrediting agency/body in order to declare a medical school as accredited should be having a set of guidelines/standards which are commensurate with at least basic standards/guidelines of the WFME. For this, the agency needs to be apply for and get successfully recognised by the WFME.

India has its accreditation agency in the form of NAAC - which at the moment provides generalised accreditation guidelines and/or services. It has a new set of guidelines which has been prepared for Health Sciences Institutions (HSIs) which has been recently drafted. The said set of guidelines by NAAC has been taken into our study perspective and the same has been critically appraised with respect to 2 mother documents - WFME guidelines, LCME guideline documents in order to determine and state its state of commensuration with aforementioned guidelines.

The NAAC guidelines were appraised critically in the present study and the points/guidelines/standards/inclusions listed in the mother documents which were recognised as 'desirable/recommended with reference to criterion 5 in NAAC criterion heads. The desirable inclusions are listed and described as follows.

Desirable Inclusions from the WFME Guidelines:

B1.1.12 - Ensuring Proper Working Conditions for the Learner/Doctor with Emphasis on Learner/Doctor's Self-Care (WFME)

There should be co-operative and cohesive conditions for working of the medical learners/faculty when in the working environment around the patients and within campus. There should be guidelines on abiding of the legalities and laws set by the Government against violence on doctors by the patient relatives or any other social or anti-social element therein.

B4.3.3 - Trainee Support on Social, Financial and Personal Grounds with Crisis Support in times of Malpractices, Fundamental Disagreement in Case with Peers/Supervisors/ Patient/Relatives/Colleagues with Provision of Relevant and Necessary Resources and their Allocation (WFME)

In times of crises in terms of society, finance or personal grounds for the learner, there should be proper guidelines in order to mitigate or assist the learner when facing times of professional malpractices, in case of fundamental disagreement either with peers/supervisors/ patients/ relatives or colleagues with instructions and guiding statements for the school/institution to take steps to assist the learner in such times of crisis. These guidelines may be directional on how to allocate and utilise available resources and if some necessary resources are unavailable, how to avail

them etc. for the learner. Faculty and the medical school/ institution as a whole.

Desirable Inclusions from the LCME Guidelines:

3.6 - Student Mistreatment Policy (LCME)

There should be guidelines which are crystal clear at institutional level to mitigate cases of any mistreatment amongst students due to any internal or external factors which may include social or anti-social in nature or otherwise.

5.7 - Student Safety and Disaster Preparedness Policy (LCME)

This criterion goes in conjunction with the previous guidelines from LCME set of standards. The policy on disaster management entails how to allocate and utilise the available resources in view of mitigating the harm caused due to natural disasters such as earthquakes, storms, cyclones etc. The various aspects of natural disasters may be categorised as financial, political, social, health related and environmental. All of these can be considered as interlinked to each other. There should be proper guidelines on how to train the learner as well as faculty and all relevant stakeholders on mitigating against such natural disasters.

10.7 - Transfer/Visiting Student Policy with Resource Allocation and Related Strategies (LCME)

There should be proper guidelines on best and optimum allocation and utilisation of resources for the purposes of facilities and all necessities for the students who are granted the opportunity to pursue elective as a part of their curriculum and their chosen zone of the subject in the educational centre available of their choosing and merit. These can be termed as 'transfer' students when they are allowed to go to a centre of their choosing and merit other

than the institute in which they are already enrolled. Likewise the institute where these students have been granted the chance to pursue their elective other than the one where they have been enrolled already will entertain them as 'visiting' students. A well detailed policy document may be directed to be prepared in the form of guideline by NAAC to the medical schools/ institutions prospectively.

11.5 – Student Confidentiality Policy (LCME)

There should be an obligatory policy on the part of the medical schools/ institutions/ universities to not disclose or let loose of any kind of data related to the students enrolled in their university courses under any circumstances in the best interests of the students and their rights. This can be ensured by NAAC in the form of a guideline which is binding to all the medical schools/institutions/universities which apply for NAAC inspection and seek their prospective approval.

12.6 - Student Health Insurance Policy with Provision of Disability Insurance for Students and/or their Dependents if Any with a Rule to Dissociate the Healthcare Service Provider in Matters of Student Assessment along with Inclusion, Prevention, Monitoring of Student Exposures and Policies in Place for the Same as well as Immunization Requirements (*students should be provided free healthcare services*) (LCME)

There should be guidelines for the provision of proper weightage to the learners by preparation and devising of health insurance policies with special clauses of disability insurance at the same time. The importance of the same has been highlighted by multiple studies held globally where students/learners face discrimination and bias due to their disability disclosure by the

institution, stakeholders and the society either conditionally or unconditionally. Such policies can be coupled with additional clauses like exposure monitoring and mitigation, their prevention measures etc., immunization status monitoring and provision of regular immunization as and when required irrespective of pandemic times. There should be guidelines which direct free healthcare for the learners of the medical schools/institutions/universities with full confidentiality maintained. This when directed will strengthen the mental as well as physical status of the learner and will put him/her at ease.

Conclusion:

The present study attempts to critically appraise the criterion 5-student support and progression in

NAAC criteria for accreditation takes into its wing and enlists 7 desirable inclusions. These inclusions may be helpful in streamlining of student centricity of medical schools/institutions/ universities as compared to present requirements and may direct new perspectives of research towards better student outcomes while accrediting medical institutions by external accreditation agencies. Desirable inclusions may be looked into for possible inclusion as per feasibility and need basis in national assessment guidelines for health sciences institutions for ensuring more student centred and student friendly institutional ambience.

References

1. NAAC - An Overview. National Assessment and Accreditation Council. Accessed 1st Aug 2021.
2. Higher Education in India. Government of India Ministry of Human Resource Development Department of Higher Education. Accessed 1st Aug 2021.
3. Key aspects and weightages. <http://naac.gov.in/images/docs/Key-Indicators-and-Weightages.pdf>. Accessed 1st Aug 2021.
4. Singh DP. Implementation of revised grading system of NAAC with effect from 1st July 2016, 17th May, 2016.
5. Yadav A, Makwana S, Jain DK. Regulatory bodies of education in India: A review. *European J Pharm Med Res* 2016; 3(3): 112-119.
6. World Federation for Medical Education. Accreditation. <https://wfme.org/accreditation/>. Accessed 1st Aug 2021.
7. World Federation for Medical Education. WHO/WFME Guidelines for accreditation of basic medical education. <https://wfme.org/download/wfme-global-standards-for-quality-improvement-bme>. Published 2005. Accessed 1st Aug 2021.
8. Standards for Accreditation of Medical Education Programs Leading to the MD Degree. LCME. November 2020. Accessed 1st Aug 2021.

*Author for Correspondence:

Dr. Gaurav Mishra, Dean, Faculty of Interdisciplinary Health Sciences, Department of Radio-diagnosis, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (Deemed to be University), Sawangi, Wardha-442001 (Maharashtra) India
Email: drgvmishra@gmail.com Cell: 9171391739

How to cite this article:

Mishra GV, Shrivastava T, Waghmare L, Patwa PA, Singh RK. Evaluation of Student Centricity in Accreditation Guidelines by National Assessment and Accreditation Council. *J Krishna Inst Med Sci Univ* 2021; 10(4): 105-110.

Submitted: 28-July-2021 Accepted: 31-Aug-2021 Published: 01-Oct-2021