

## **Quality Assurance in undergraduate medical Education**

Ladies and Gentleman,

It gives me great pleasure in extending warm compliments to the office bearers of AMA who thoughtfully have chosen a vital theme for the present deliberation. I on behalf of WMA heartily welcome all the participants for the deliberation and discussion on the theme Quality Assurance in undergraduate medical education.

Undergraduate medical education has to be quality based in order to deliver the desired goods commensurate with the set out objectives. The core aim of Global undergraduate medical education is to generate a competent, confident, concerned and a compassionate first contact physician. He / she is expected to be enriched with professional skills, ethical skills, altruistic skills and full of empathy and has to be the lifelong learner.

If these cardinal aims and objectives of undergraduate medical education have to be looked in the context of generating such trained manpower which would diligently handle the healthcare delivery system in a meaningful manner and generate for its desired effectivity than the system has to be quality based. This mandates that the whole process of undergraduate medical education has to be not only learner centric but also quality centric.

The quality assurance in the entire process of undergraduate medical education entails a) quality input, b) quality throughput and c) quality output. The checks and balances for these quality assurance have to be inbuilt in the system itself.

Beginning from Flexner report in 1910 to Lancet commission report of 2010 the emphasis has been on quality assurance in medical education. The onus of formative

learning into transformative learning is the real benchmark of quality assurance in undergraduate medical education. This has to mean that –

- a) The admissions to undergraduate medical courses have to be merit based in a transparent manner and should be open for those who harbour for a genuine attitude and have aptitude for the same.
- b) The society should have trust and confidence in the said system of selection, which should be above board and must instill the confidence amongst the prudent.
- c) Throughput should have not only basic required infrastructure facilities that should be such that would create desired academic ambience.

The teaching learning process should be joyful and approach should be problem based learning and not problem sorting approach. The curriculum design should be commensurate with the set out objectives and competency based with credit system availed for the objective assessment. It should have the inbuilt system of choice based electives with emphasis on knowledge part of learning, attitude part and also the skill part of the same. The assessment should be continual in nature and should reflect a cumulative depiction of the accrued success of the learner.

The orientation of the faculty for handling the undergraduate programme in regard to generating learner centric approaches must be tuned for relevant methods of teaching and learning including usage of appropriate tools, techniques, and technology for the same. It must be borne in mind that the faculty has to be a role model for the learner. This means that the teacher is not just to be a teaching teacher but has to transform into a mentor, a facilitator and above all a role model for him.

The assessment modes must be credible and cogent and required transparency in order to depict their relevance and timelines. A benchmark of the quality measurement must be set out by an appropriate accrediting agency. Periodic accreditation of the desired process

for its certification must be made, ensuring that the parameters of the quality assessment are appropriately availed.

In the Indian context the accreditation is availed on the seven cardinal parameters namely-

- 1. Curriculum design**
- 2. Teaching and learning process**
- 3. Research and consultancy**
- 4. Student progression**
- 5. Governance**
- 6. Infrastructural facilities and academic ambiance**
- 7. Healthy practices availed**

The core component is that in case we fail in terms of quality benchmark with reference to undergraduate medical education we fail in the edifice for the entire supra-structure of medical education. It is only a strong foundation which will uphold the weight of the desired supra-structure. It is for this very reason quality assurance is the only way out for making the system of medical education strong and capable of delivering the deliverables so that the Global healthcare delivery system thrives on successfully in the interest of humanity, men and mankind alike.

I wish the organisers all success and I am pretty confident that deliberations evoke on this vital theme during the day would go a long way in evolving the desired, for the undergraduate medical education globally to make it quality centric.

**Thank you**