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Review Article

Faculty development in India- A review

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ABSTRACT

Today's Medical Teacher has many roles to play. Faculty development program (FDP) plays a key role in making them optimally functional. Educational vitality of any institution can be improved by FDP. Good Quality of Doctors can be produced, provided the standard and quality of education is maintained. "Capacity building of teachers" is the linkage between the Medical education and National health needs which is "cost effective intervention as well as long term modality. The term 'faculty development' has been conventionally used to describe the activities done by academic staff in educational institutions and implies that some individual intellectual and professional growth will take place as a coincidence of these programs. Faculty Development in India began in 1970 s through NTTC, FAIMER and Medical Council of India. The Medical Council of India in order to enable faculty members to avail modern education technology took an initiative in this direction in the year 1999 so that every Medical School should have a Medical Education Unit and has launched a National Faculty Development Programme through 8 regional centres for national FDP across India in 2009.

1. Introduction

Indian Medical Education system is expanding rapidly with more than 500 Medical Schools till date; hence more than 80,000 teachers will be required as per MCI regulation. There is no provision for training of teachers prior to their recruitment. To achieve higher principles of Medical education there is need to recruit trained man power. Considering this fact, at Global as well as at National level, initiatives have been taken towards training the trainers. As per MCI regulations Medical education units were established in all Medical Schools with mandate of training of trainers, but it has been noticed that they are not functioning as per the set out objectives. "Indian Medical Education System" is largest in the world. Starting with twenty two Medical Schools in 1947. Now the number has crossed to more than 500 schools. As per 1998 regulations of Medical Council of India more than 75,000 to 80,000 teachers will be necessary for graduate program (MBBS) and a small number to conduct postgraduate programs, which may also contribute to scarcity of about twenty to thirty percent of teachers in Medical schools. India has reached a total of more than 590 Medical schools with an approximately 75750 Medical students which has resulted in with maximum "Doctor to patient ratio". Due to various shortcoming at conceptual and implementation level, it has resulted in compromised facilities of Medical care in India.[1–3]

Today's Medical Teacher has many roles to play. Faculty development program (FDP) plays a key role in making them optimally functional. The interest and proficiency of faculty member makes academic activity effective. Educational vitality of any institution can be improved by FDP. In view of vast changes in Medical Education and fast growth in number of Medical schools in India, Good Quality of Doctors can be produced, provided the standard and quality of education is maintained. "Capacity building of teachers" is the linkage between the Medical education and National health needs which is "cost effective intervention as well as long term modality".

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Mushrooming of Medical Schools leading to shortage of teachers, along with inadequate "Faculty Development Program' has created a serious problem to quality teaching. In India there is no concept of Teacher's assessment, and no incentive or reward allows faculty to ignore recent developments in educational strategies.

The World paper has focussed and discovered many important matters concerning the health care difficulties in the Nation (Sood 2008). After this report, in spite of rapid growth of Medical schools to overcome the deficiency in the health care sector, it still failed to gain the desired effect. On the contrary this approach has led to challenges in regards to quality of Medical graduate. This has created a gap between vibrant growth in quantity and stagnant quality of Medical Education and it attracts serious consideration. This gap has been created due to multiple factors like misdistribution of resources, conventional curricula and an ill formed assessment system; in addition to unmotivated, untrained teaching faculty with ignored research. The Medical education scenario appears miserable in spite of "innovative discussions, recommendations, policy changes and interventions". It is recommended to evaluate the prevailing problems and plan appropriate approaches along with their implementations to keep it aligned with the needs of society and higher standards of health care. To overcome this gap, MCI has designed and implemented Competency Based medical education (CBME) from 2019. This fact enhances the need of establishment well structured "Faculty Development Program (FDP)". Faculty development is an important tool to handle new teaching technologies and is a means to contribute in building career of the students as mentor, working as peers and academicians who participate in academic improvement.

According to WHO, In 1965, an Expert Committee of the World Health Organization (WHO) brought out a report on, "The training of teachers of Medical schools with special regard to developing countries".

The committee suggested three levels of training in their reports as: Educational specialists, educational leaders and educational practitioners.[4,5]

2. Need of Faculty Development

Until recently in current Medical education, teachers did teach as they were taught. No proper training programs for teachers existed. It was thought that 'good' clinicians may be 'good' teachers and time and experience refined teaching methodologies as well. Though this has altered in many parts of the world, in India, even today a large number of the academic faculty joining Medical colleges are not really qualified to teach - one of their basic tasks. Hence, introducing teachers to the principles of teaching and learning is crucial. Efforts for explaining to teachers about teaching have become more organized into actions that fall under the term faculty development'. The term 'faculty development' has been conventionally used to describe the activities done by academic staff in educational institutions and implies that some individual intellectual and professional growth will take place as a coincidence of these programs. Simply put it includes all activities taken up by the faculty in an institution aiming at their all-round development, personally or professionally and finally implying the development of the institution. More recent descriptions include institutional evolution as well, and most of the definitions of faculty development in literature imitate the role of the institution in the process of free time or fees. The vital question is how we develop Medical 'teachers'? There are very few papers that describe faculty development programs in Medical education and there is no structured program for doing so. Most Medical teachers feel that their lack of knowledge of coaching skills and lack of availability of formal training in teaching hinders their development as teachers. For clinicians, the additional clinical tasks impinge on the importance and time they may give to the actual training they undertake. There is no praise or recognition for Medical teachers. The extent of activities in Medical teaching is diverse and the more emotional aspect of teaching makes the training of doctors to be teachers a complex process. All these make the designing and execution of a faculty development program difficult. Doctors train themselves to be teachers by learning their role models and use their own insight in developing their own teaching methods. Training Medical teachers to teach and to be able to replicate upon and analyze their teaching strategies is thus a crucial aspect of Faculty Development. Like other formal coaching programmes, there is a necessity to develop and actively promote a formal programme towards achieving excellence in Medical teaching.[6]

3. Faculty Development Program in India

First Medical Schools was established in 1835. In next 75 years only 4 Schools were launched. Since 1941 onwards there is increasing trend in the establishment of Medical Schools and sanctioned seats. Till 1998, 167 Schools established and 28177 teachers were recruited in various Medical Schools considering the intake capacity per annum. But there were no training centres for teachers in these Medical Schools.[7,8]

Faculty development activities can be traced back to 1946 when the Bhore Committee suggested the need for training of Medical teachers.

4. ROME

In India Faculty development initiatives began with Reorientation of Medical Education. According to Twenty-eight Annual Report of the WHO Regional Director, the Regional Committee in 1976 noted that "notwithstanding the attainment of high standards of Medical education, a

large majority of doctors are not trained and equipped to meet the needs of the community in the matter of preventive, primitive and curative health care services, particularly for the rural areas; that the trainee doctor dependent on sophisticated aids and diagnostic services and giving him very little exposure to rural conditions." It is therefore "emphasized that doctors produced by Medical Institutions should be as close to the community as possible and be trained to be able to work in real life situations obtained in rural communities.[9]

There were a series of four meetings from 1979 to 1987 addressing the progress of the reorientation of Medical Education in the region. They discussed the terms of 'Community Medicine' and 'Community Oriented Medical Education' and identified the primary roles of Medical graduates and development of a curriculum.

The goal for Reorientation of Medical Education in the South East Asia is that by the year 2000, all Medical schools in the region will be producing, according to the needs and resources of the country, graduate or specialist doctors, who are responsible to the social and societal needs who possess the appropriate ethical, social, technical, scientific and management abilities so as to enable them to work effectively in the comprehensive health system based on primary health care which are being developed in the countries of the Region.

But ROME in India has not been fully successful because the development of Medical Teacher, a critical component has not been adequately addressed.

5. FAIMER

FAIMER (Foundation for Advancement in Medical Education and Research), Philadelphia, is a non-profit organization of ECFMG (Educational Commission for Foreign Medical Graduates), that the US supports for faculty development in education through fellowships. It has a unique curriculum in that it combines basic education principles, coaching skills, leadership, and research skills, as well as networking with fellow educators from all over the country and international specialists in its programme. Presently, it is being presented in collaboration with 3 regional centres at Christian Medical Colleges, Ludhiana, GS Medical Colleges, Mumbai and PSG Institute of Medical Sciences, Coimbatore and has effectively taken these activities to a large group of Medical teachers in India in a very short period of time.

6. NTTC

The First National Teachers Training Centres (NTTCs) was established in 1975 at JIPMER as part of the World Health Organization initiative to promote a global training program for Medical teachers on educational science and technology and with financial support from WHO. The major aim of NTTCs was to train teachers from Medical colleges in their respective countries who would establish Medical Education Units in their colleges. Through these initiatives quantum of faculty trained in educational technology was 5.38%.[10]

7. Medical Council of India Initiatives

The Task Force on Reforms in Medical Education (under NRHM) has proposed radical changes in the undergraduate Medical curriculum so as to improve its orientation towards public health. It has recognized Faculty Development as one of the most neglected issues in Medical Education and has made recommendations such as adoption of a systematic approach to Faculty Development through the Medical education cells, and monitoring of the same through by the MCI. It has also proposed constitution of a full-time action group to work with the Ministry of Health and Family Welfare, MCI and Medical Schools to make the suggested changes a reality.[11]

8. After Establishment of Medical Education Units (MEU)

The Medical Council of India (MCI) initiative in this direction in the year 1999 requires every Medical School to have a Medical education unit (Medical Council of India, 1997). Although this directive has resulted in a fast-paced establishment of Medical education units all over India, their 'function' is far from satisfactory in most institutions. Medical Education Units: Some motivated teachers after undergoing training established Medical education units in their Schools. Notable ones are at Manipal, Visakhapatnam, Bangalore, Belgaum and Mumbai. There is now a significant increase in the number of Medical education units. The growth of Medical education units has been faster after 1999 compared to earlier years because of incorporation of the clause in MCI Regulations of 1999 that every Medical School should have a Medical education unit. The Medical Council of India (MCI) initiative in this direction in the year 1999 requires every Medical School to have a Medical Education Unit (Medical Council of India, 1997). Although this directive has resulted in a fast-paced establishment of Medical education units all over India, their 'function' is far from satisfactory in most institutions.

In most of the Medical Schools, the establishment of MEU is ornamental and MEUs are not dispensing their duties as per MCI guidelines. Hence in 2008 as a part of platinum jubilee celebration of MCI, CME workshops, conferences and conclaves were organized by the active MEUs, wherein the theme was need and necessity of faculty development. In 2009 considering the observations and recommendation of the various activities organized on need and necessity of faculty development. The Medical Council of India, in order to enable faculty members to

avail modern education technology, has launched a national faculty development programme through 8 regional centres for national FDP across India with following aim and objectives Aim: "To improve the quality of Medical training by training the teachers. And the set objective were : To sensitize teachers about new concepts in teaching and assessment methods ,To develop knowledge and clinical skills required for performing the role of competent and effective Teacher, administrator, researcher and mentor ,To assist clinicians to acquire competency in communication and behavioural skills and to update knowledge using modern information and research methodology tools. The number of regional centres now has been increased to 20, since the number of faculties has been trained through the number of workshops organized by regional and nodal centers; in spite of all the initiatives undertaken by the MCI towards the faculty development the final goal is not attended.

As per MCI guidelines Medical education unit (MEU) were established in all the Medical Schools with responsibility to train their own faculty in education technology. In spite of the Medical Education Unit equivalent to number of Medical Schools three NTTCs and three FAIMER regional institutes. The number of teachers trained in education technology in this period 11.81%. In 2009, eight Medical Education Units were upgraded to Regional Centre for National Faculty Development by Medical Council of India and then number was increased to twenty. Out of them ten were up graded to Nodal Centre for National Faculty Development. Since July 2009, 608 workshops are conducted by these centres and total 15955 teachers are trained. This is 52.63% of the total faculty trained in this period. In 2014 out of twenty Regional Centres ten centres were upgraded to Nodal Centres. The structured program included concept of CBME, Advance education technologies and emphasis was given on education research. It is an almost "recent glorious venture in the field of faculty development. It may be worth highlighting here that all the Regional Centers (RC) and the Nodal Centers (NC) are distributed all across the country and the fact becomes conspicuous by the absence of such an esteemed centre in the Eastern or Northeast region. An even distribution of centers could reprimand the failing FDP in these states in addition to the relaxation of the stringent policies of MCI with regards to eligibility criteria of participants and faculty for such workshops.

9. Recommendations

Well planned efforts should be made in setting up of Medical education unit. As a well Organized Medical Education Unit can be an effective tool for faculty development program. At the initial stage, organizing the structure and composition of a Medical Education Unit should be a vital and well thought of step towards its success.

10. Source of Funding

None.

11. Conflict of Interest

None.

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