

ORIGINAL ARTICLE

Challenges of faculty development in private medical colleges

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ABSTRACT

Background: Faculty development is the basic pillar in success of building and dynamic functioning of a medical college, aiming to produce pre-eminent medical graduates and to provide most advanced and state-of-the-art health care facilities. It is designed to equip and educate medical teachers about their roles and responsibilities.

The challenges faced by the private medical colleges are lack of awareness about the subject, meagerness of human and financial resources. There is also resistance to change and aversion to acceptance of the innovations and strategies that must be used in teaching of medical graduates.

Aim: The aim of our research project was to explore the challenges faced by the private medical colleges in their faculty development programs.

Methods: We included in our study medical educationists who are responsible for or concerned with the faculty development programs in private sector. Telephonic interviews were organized and recorded for an average of 15 to 20 minutes. Thematic analysis was done on the transcript of the interviews.

Results: From these interviews seven main themes were identified. Most of the respondents put emphasis on lack of human and financial resources, resistance from senior faculty members and top management, working methodology, lack of encouragement, appreciation and incentives, majority of faculty member's lack in foreign exposure and experience.

Conclusion: Faculty and administration of the private medical colleges should understand the importance of faculty development and the role of independent and fully equipped department of medical education. Owners of private medical colleges should be encouraged towards investing in this specialty as this will further improve the quality and standard of their institution. Also, the regulatory bodies should play their role in implementing and conducting faculty development programs.

Key words: *faculty development, private medical colleges, challenges, medical graduates, human and financial resources.*

Introduction: "There is no such thing as curriculum development, only staff development" as quoted by Prof. Ronald in 6th Asia-Pacific Medical Education Conference held in Singapore

For any organization to successfully conduct outcome based educational activity, faculty development is the most important key to success. As faculty members directly influence the teaching and learning of medical graduates and play a vital role in curriculum planning and assessment so faculty development is important for both personal and professional growth of the faculty members (Baker et al., 2017). It is a process that ensures the systematic improvement of skills including leadership, interpersonal relationship,

patient doctor relationship, communication skills and skills obligatory to be involved in academic (Al-Eraky, Donkers, Wajid, & Van Merrienboer, 2015), literary activities leading to professional success and personal development (Sorinola, Thistlethwaite, Davies, & Peile, 2017). The advancements in medical field, increasing demands from health care providers and everyday challenges faced by medical practitioners makes it imperative to establish FDP at organizational level (Yvonne Steinert et al., 2016).

They should devise their strategies for initiating and constantly evaluating these programs, the instructional methodologies, leadership skills, research activities, personal competence enhancement, improvement of interpersonal and communication skills and last but not the least, the organizational development itself (Y Steinert, Naismith, & Mann, 2012).

For the attainment of well-established FDP Boyce describes a framework for a faculty development program that includes support for faculty improvement in assessment of teaching (Lancaster, Stein, MacLean, Van Amburgh, & Persky, 2014).

This process requires managerial support, infrastructure, human resource, economic issues well addressed, most importantly the faculty involvement are the basis which

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lead to a successful FDP (Leslie, Baker, Egan-Lee, Esdaile, & Reeves, 2013). This should be evaluated and assessed on regular intervals by regulating bodies and stakeholders involved in the successful execution of these programs. All these activities and programs are important in relation to improvement of the knowledge, skills and attitude of faculty (Baker et al., 2017).

The benefits of establishing FDP is to upskill the faculty to coach medical graduates with mastery as a researcher, an educator and a competent clinician (Lee, Dong, Yeo, Gwee, & Samarasekera, 2018).

These programs should meet the needs and requirements of faculty development and should be planned in coherence with the other activities of the faculty (Anwar & Humayun, 2015).

Role of private medical colleges:

There is an emerging trend of private medical (Lee et al., 2018; Goswami & Sahai, 2015) colleges seen in Pakistan in the recent past years. Only in Punjab, thirty-two (32) private sector medical colleges that are recognized by the Pakistan Medical and Dental Council (PMDC) came into existence in recent years. Many criticize this trend and ask about the infrastructure, faculty competency and their role in providing health facilities (Biggs, 2013), but it is the need of the hour as the number of doctors required for the enormous and growing population of our country is increasing.

Pakistan is not meeting the standard of WHO recommended doctor to patient ratio that is; 2.5 per 1000 ("WHO | Density of physicians, 2018).

According to PMDC total registered medical practitioners basic and specialists (till 28th Feb 2018) are 232986. which in physician density ratio terms is 0.978 according to PM&DC (PM&DC, 2014)

To reach this standard, private medical college's role comes in to play, because it is very difficult to meet the recommended criteria of WHO only by medical graduates from government institutions (Choudhury, 2016).

There is an ongoing debate that the overall standard of the medical graduates is falling (Akhtar, 2018), as private medical colleges are concerned with their profits and not with the quality of medical graduates. There are many different reasons for which this perception has been made some of which includes:

1. There is no proper design and implementation of faculty development program at organizational level.
2. Lack of human resource.
3. Multiples roles of faculty members with no defined job description.
4. Lack of finances for conducting workshops and seminars, sabbaticals, scholarships and study grants, integrated programs.

5. Most of faculty members are personally motivated for self-improvement but they are not supported by the organization.
6. Resistance from senior faculty members.
7. Lack of rewards and respect, job instability, no timely promotions and no opportunities for self-improvement are provided by the organization.

There are many challenges faced by private medical colleges, in order to achieve the standards in faculty development. To find out these challenges the following question must be answered;

What are the challenges in faculty development in private medical colleges?

Methods: An interpretivist qualitative research approach was chosen and data analysis was done from the informed data collection.

Five professionals were randomly included in this study who were holding master's degree or doing PhD in medical education, who are actively involved in the faculty development and have the experience of teaching in private medical colleges. They were contacted via emails and were sent the questionnaire and formal appointments were taken on phone calls for the telephonic interviews (Rahman, 2015). On the given date and time, they were called for the telephonic interviews. All respondents were informed that these phone calls will be recorded.

All interviews lasted for an average of 15 to 20 minutes. After recording all the calls, the data was transcribed from each recorded phone call.

After transcription the data was coded and themes were identified out of the (qualitatively analyzed) coded data. These themes were identified by comparing the transcribed data of each respondent. Major common themes were then identified for further discussion.

Ethical approval was taken from ethical review board of UOL on a formal ethical form provided by UOL.

Results: A total of 07 codes were generated from the interviews. The codes were categorized under seven themes as shown in table 1. Most of the participants pointed towards resistance from the senior faculty members and members from basic medical science departments, as they are not ready/willing to accept the change and also they are of the point of view that no innovation or change is present in the strategies put forward in current medical education syllabi.

They also put emphasis on the lack of finance and human resource. This is one of the biggest challenges which would not let change flourish as to bring any change workshops, seminars and other ways of teaching have to be conducted which is not possible without human and financial resource.

If faculty members who are already performing their duties as

Table 1: Themes And Representative Quotes

Themes	Representative Quotes
Resistant attitude towards the change	“Seniors are resistant to change, to innovation, they think they know everything, seniors in basic sciences, no participation, not accepting, no flexibility, leadership participation of faculty” (participant 2)
Financial and time constraints for an additional work	“overburdened, time is a big constraint, own initiative or volunteer work, not get any relaxation from the primary duty, additional burden, Voluntary work & extra effort, finances, enough resources to arrange these workshops, work for profit, resources, faculty knows but they are so busy like that a feedback form and you are not getting it back, do not have fulltime medical educationist, top management “
Lack of encouragement and team work	“Majority of the younger lot is very much interested in getting more & more information not encouraged, no incentive, Interpersonal relationship in the depts., not get any positive response reward or encouragement from the senior faculty, no team work”
Optimistic approach and ray of hope	“, technique and new practices of M.E, passage of time things are getting better, in private sector there is flexibility people are ready to contribute even if they are supposed to work at home (office related) they are ready to do it. In Pakistan experience is good encouraging”
Working methodology for the development of the subject	“more format more scientific way, new techniques should be in cooperated, require formal training, Higher authority could be activated, take senior management on board, be very subtle, involve stake holders, gradual change, start a grass root level”
Lack of Incentives and appreciations from top management	“top management has to play an encouraging role, appreciation, recognition of volunteer work, relaxation and motivation of the faculty”
Foreign training	“Majority have no foreign training”

subject specialists in any department, are not encouraged and not given incentives then they would not be able to perform these additional duties and the faculty will be overburdened by additional responsibilities.

Participants also pointed towards the importance of interpersonal relationship amongst the departments, faculty members and organization. All the stake holders including faculty, students, administration and top management must be brought under one umbrella to achieve the goals.

Some respondents also suggested that this discipline should be made compulsory by PMDC for the Doctors involved in the teaching of medical students and the medical institutions must identify the subject as a separate department and develop the awareness that medical education departments are the back bone of a medical institution.

Discussion: The overall rise of professionalism, individual awareness and expectations of health facility delivery standards has now made it a compulsion for every medical college to upgrade its faculty and resources to meet the rising standards, as medical colleges are directly linked with the health care provision and improvement of the overall health standards of the society.

In Pakistan or any other country for that matter, the government run medical colleges are not always sufficient to meet the ever-increasing needs of the health care of

community, therefore private sector medical colleges have to play a very important role to meet those demands.

Government run medical colleges and privately run medical colleges both have the responsibility to train medical graduates according to international standards (Meundi, 2016). In order to do that many regulatory bodies are monitoring these medical colleges and ensuring the quality standards (Potts, 2016).

Like any other domain of a medical college, one of the most important is their faculty. A competent faculty is the backbone of any educational institution and medical colleges are no exceptions. With continuous innovations in health care facilities and rising standards in healthcare profession the medical faculty needs to improve themselves to meet these standards, But for every individual to cope up with these standards the institution has to play its role which in our opinion is the leading role (Yvonne Steinert et al., 2016). In this current study we tried to explore the difficulties private medical colleges are facing in order to develop a competent faculty.

Not surprisingly most of the participants are pointing towards the issue of non-acceptance of the tools and techniques of today's modern world from the existing senior faculty members for the teaching and training of the medical graduates. Every new system faces this difficulty, as most of the

times new system has yet to prove itself. Decades old practices and techniques cannot be overturned in days. For these new systems to replace old ones a lot of effort will have to be made, like convincing the old faculty about the innovations in medical education and newer techniques by engaging them in the workshops and seminars as demonstrated by Lee et al., (2018) in their study.

Majority of the research participants talked about a very important issue regarding the lack of available resources both in terms of finances and human resource (which too requires financing). In their viewpoint as the private medical colleges are being run for profit like a business (Davey, Davey, Srivastava, & Sharma, 2014; Singh & Devi, 2018). the owners are not yet convinced that investing in the department of medical education is lucrative. They are reluctant in spending the required amount of resources in this domain. Most of the times they assign other departments and other faculty members to do this work with no additional financial or resource incentive.

After interviewing the participants another very disappointing fact surfaced which is the non-appreciation of the subject. A medical professional dedicating his/her entire working hours to medical education is not considered to be very important so most of the work in this domain is being done on part time basis alongside with their basic and primary specialty like surgery, medicine or any other. This demotivating attitude is also one of the major reasons due to which these medical colleges are unable to focus on faculty development related activities.

Other than all the major challenges which we discussed above, the issue of awareness about this domain is also lacking. Majority of faculty members are unaware of what the subject really is and what level of impact it can create on the standards of medical education (Khalid, 2013)

Conclusion: In this era of rapidly evolving medical education strategies and technology we must upgrade our medical colleges and healthcare facilities to keep pace with this rapid global change. All the stake holders must be educated that medical education (faculty development) should be prioritized like any other major specialty. No proper job description and overburdening the faculty by giving them additional responsibilities; without incentives creates resistance towards the subject because no one would like to be overburdened, without encouragement and incentives. They must establish proper medical education departments and hire faculty developing experts and put emphasis on all other aspects of medical education.

This research will create awareness amongst private medical colleges and its management about the faculty development

programs; and by establishing well equipped medical education department and hiring highly trained faculty, the private organizations can also produce competent and professional medical graduates

Limitations: We selected private sector not the government sector and a smaller number of participants only because we had logistic issues as it is a self-funded research so to approach all the senior faculty members to take appointments and interview them was not possible due to time constraints. Also, to use other research methods like focused group we needed human and financial resources.

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