



ASSESSMENT AND RATING OF AYUSH INSTITUTES

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Introduction

Achieving health for all largely depends up on the access to equitable healthcare facility. This was in fact the goal of National health mission launched in 2013 by government of India. The National health mission envisages achievement of universal access to equitable, affordable and quality healthcare services that are accountable and responsive to people's needs by supporting states and union territories in strengthening their health care systems [1]. However, India follows medical pluralism. The health care standards vary with the different systems of medicine adapted. Thus, there exists criterion difference with regards to quality service offered, reach to various community levels and its understanding. When it comes to traditional systems of medicine like Ayurveda, even the language in which it is dealt, lack of quality

researches and deficits in technological innovations earn label as below standard. Recently launched flagship efforts by world health organization are towards making these traditional systems to reach global recognition through promoting Indian medicine, training in doctors and standardization. Thus doctors of Indian system of medicine (ISM) are going to treat global community under medical value travel, Heal in India and Heal by India initiatives. Ayushman Bharat Digital Mission, the digital healthcare ecosystem promoted by Indian government is a step to augment integration in healthcare facilities and healthcare services. These all efforts mandate an urgent need to upgrade ISM medical education and up skilling of medical professionals at global standards are indispensable to fulfilling the current and future global requirements. This further, necessitates an

improvement in the standards of ISM medical institutions to provide suitable academic environment for teaching, learning, training and research. Thus under the direction of NITI Ayog, quality council of India (QCI) was empanelled to develop robust framework to assess and rate educational institutes. This was based upon the criteria designed by the global rating bodies like World Federation for Medical Education (WFME) a recognized body by World Health Organization (WHO). After a Pilot verification, further refinement and approval NCISM has introduced a comprehensive rating plan of institutions from 2024-2025 academic sessions under the provisions of the NCISM Act, 2020. This act empowers Medical Assessment and Rating Board for Indian System of Medicine (MARB-ISM) to conduct inspections of medical institutions for assessing and rating such institutions in accordance with the regulations. Under this, only those colleges accredited by Board of Ayurveda (BoA) and Board of Unani, Siddha and Sowa-Rigpa (BUSS) fulfilling/maintaining the minimum essential standards as mentioned in the concerned regulations (MESAR) are only eligible for rating. Unlike the accreditation which is based on Minimum Essential Standards, MARB-ISM rating is based upon Minimum Standards of Education (MSE) and Competency Based Dynamic Curriculum (CBDC).

This NCISM framework has divided the Curriculum criterion into two as Curriculum and Practical/hands-on/clinical experiences in order to incorporate the concept of 1 :2 proportion of lecture and non-lecture hours as prescribed in the

Competency Based Dynamic Curriculum (CBDC). Additionally in order to assess the attrition rate of faculties and inspirational quotient, Loyalty and Inspirational Indices have been incorporated. Various activities to emphasize Sanskrit learning have also been recognized. The overall assessment includes 11 criteria starting from curriculum and its implementation, Practical/Hands on/Clinical Experience of students and their skills, Teaching – Learning Environment, Students’ Admission, Attainment of Competence and Progression, assessment of Human Resource and Teaching-Learning Process, Assessment Policy in terms of formative and summative examinations to ensure students over all competencies and academic performance, research output and its impact through funded projects and publications, financial-Resource spent by the institutions on education, Community Outreach Programs to ensure community engagement by institute and contributions made to promote health care equity and addressing health care needs in the community, Quality Assurance System adapted at institute like accreditation of Laboratories, accreditation of Hospital specialized national or international body. Feedback & Perception of Stakeholders based on student, teacher and parent feedback on academic excellence while stake holders feedback on intention towards continuous improvement [2]. Documentation of the same is the key in assessment of the same.

Utility: This quality council of India assessment aids up-lifting the educational standards by two way assessment of both student and teachers. It brings

uniform standard education in all AYUSH institutions across India at par with global standards of education. It also caters excellence in diagnostic as well as therapeutic approaches. Further it lays foundation for the global quality services and research through heritage medical systems like AYUSH. At student level, an aspirant of AYUSH system of education can get quality mapping and status of the institute on an open reliable platform so that they can make their choice of institutions to learn.[3]

Areas to improve: The intention behind all these initiatives and the robustness of framework are undoubtedly an asset in itself. However, the threat lies at the level of implementation of the curriculum. Many novel initiatives may just remain on paper if they are not user friendly. In an attempt to hire quality efforts may scale up cost of health care and commercialize the state affairs in health

and marginalize service. Even there exists a need to orient management, stakeholders and faculty on these activities for sustained interest in implementation.

Conclusion: Rating of AYUSH institutions based on QCI criteria is a welcome step amidst various challenges. It is in fact a first ever benchmark initiative to upgrade AYUSH medical education standards to meet the global standards of education and health care services.

References

1. <http://www.investindia.gov.in/team-india-blogs/national-health-mission-healthcare-all>. Accessed on 08.11.2024
2. <https://ncismindia.org/Framework-Assessment-Rating-of-Ayurveda-Siddha-and-Unani-Colleges.pdf>
3. <http://www.outlookindia.com/education/top-20-ayurveda-institutes>. Accessed on 08.11.2024

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