



Accreditations in Higher Education – a Review and Reapproach

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ABSTRACT

Accreditation is a process accepted as part of the higher education landscape. In India, accreditation of Higher Education Institutions is a relatively new phenomenon. The National Assessment and Accreditation Council (NAAC), National Board of Accreditation (NBA) and a few more autonomous bodies work independently to assure quality in Higher education. In contrast to other higher education institutes, healthcare teaching institutes have an entirely different functioning, which requires separate parameters to ensure quality in such institutions. This paper discusses the evolution and various aspects of the Accreditation process in India and emphasizes the need for a different accreditation strategy for the recognition and accreditation of Health care institutions and suggests modifications primarily a 'single window approach' for accreditation, licensing, and regulatory bodies.

Keywords: Accreditation, Dental, higher education, Medical, NAAC, single window

INTRODUCTION

Higher education is in the process of continuous evolution. In the past few decades, the increase in the number of private educational institutes has led to more choices for students. However, at the same time, it has raised the need for guidance for students and learners to choose appropriate educational programs and institutions. To suffice this need, the Accreditation system has emerged as the most widely accepted and adopted methodology throughout the world. The basics of the accreditation process include

formulating a set of standards, performing a self-assessment study followed by a review by peers, and finally a decision from a commission authorized for acceptance/denial and grading of accreditation (Brittingham B., 2009). An institution or program that successfully completes an accreditation review has in place the needed institutional, student support, and other services to assist students to achieve their educational goals (Council for Higher Education Accreditation., 2010).

India, one of the largest higher education providers, has over 1000 universities.

Currently, there are 645 Medical colleges and over 324 Dental colleges in India (NMC., 2022; DCI., 2022). There is no denying the fact that higher education pattern and application in healthcare institutions is entirely different from other fields of higher education like business schools, engineering institutions, art colleges, and other Higher Educational institutes (HEIs). Unlike other institutes, Bioethics (the science of ethics in the medical field including research, clinical material, etc) comes into the picture when we consider healthcare institutes.

In 1952, the Indian Union Government formulated UGC (University Grants Commission) to assign the responsibility of allocation of grant-in-aid from public funds to Central Universities in India and other higher learning institutes and universities. The UGC sets the rules for several aspects relating to the National Assessment and Accreditation Council (NAAC) in September 1994 as an autonomous institution of the University Grants Commission (UGC) with its Head Quarter in Bengaluru. higher education in Indian universities and colleges. It also keeps track of the financial needs of universities and distributes grants to them based on the allocations it makes (Singh., 1984).

The UGC established the National Assessment and Accreditation Council as its autonomous institution with its Head Quarter in Bengaluru. All higher learning institutions, particularly state universities, are required to be accredited by the NAAC. The assessment process designed by NAAC is based on self-study along with peer review using various criteria. It determines the quality of the higher learning institute in terms of education, infrastructure, research, teaching, and

learning resources. It also identifies the internal areas of planning and allocation of resources (Stella and Gnanam., 2001; Singh., 2017).

Like NAAC (which is responsible for colleges and universities), there are other statutory bodies in India to assure quality in professional education. Some of these are: All India Council for Technical Education (AICTE), National Council for Teacher Education (NCTE), National Medical Commission (NMC), Dental Council of India (DCI), and Indian Nursing Council (INC), etc.

Currently, Medical and Dental Institutes are regulated by multiple authorities simultaneously. While one may recognize the Institute to run various courses, others may accreditate them or may give licenses to successful candidates.

All these accreditation agencies have their own criteria for maintaining uniform standards, quality assurance for service provided, and regulation of standard curriculum among all higher institutes throughout the country (Schwartz., 1985). The evaluation by the accreditation agency determines whether the institute has met the standards specified by them. An informed review process by these agencies allows the institute to know its strengths, weaknesses, and prospects.

These accreditation agencies were formed based on the need not only to assure quality assurance and uniformity among all higher institutes throughout the country but also to ensure the ranking of these institutes based on criteria met. Since these evaluations are done on a regular basis, they give assurance to students and help them gauge the expectations they should have from the institutions.

However, there are many challenges faced by these higher education institutes while

complying with these accreditations. Since each institute must undergo an evaluation process from many of these accreditation bodies on a regular basis, it results in the consumption of a lot of precious resources in terms of manpower, paperwork, time, and finance to comply with each accreditation agency separately.

This raises the need for a “Single window” approach, which suggests the formation of a single accreditation body to evaluate all the institutes for various criteria to recognize, accredit and provide licenses, thereby saving precious time of all stakeholders and increasing the efficiency of the Educational Institutions. A single supreme body with members from all accreditation and regulatory bodies can be formed to look into all the aspects of regulation pertaining to licensing, regulatory compliance, and accreditation (NAAC, NMC, DCI, UGC) to assess the Institutes.

The first step to develop this new strategy is to start a discussion amongst the stakeholders. In this regard, stakeholders will easily agree to a progressive accreditation mechanism, which enhances the efficiency of the entire process with a single-window approach. In India, all regulatory bodies, accreditation councils, and universities and institutes are broadly under the ambit of the government.

Therefore, efforts need to be taken to convince the ministry of health and education toward a ‘single window approach’. As it is beneficial for the colleges and universities, the AIU (Association of Indian Universities) may initiate this process and get all the stakeholders on a common platform and invite discussion. Subsequently, a draft proposal may be submitted to the government on the same. It may be targeted

that process be completed within a period of one academic year.

Other suggested changes -

- A person can be nominated by the University to be part of the peer review team visiting the institute.
- Bioethics and IT (Information Technology) can have more weightage in assessment and accreditation in healthcare institutes. Separate training of students and faculty in bioethics should be a part to be helpful in achieving this.

CONCLUSION

In the education system, quality assurance and Ranking are vital. To fulfil this aim, the Accreditation process was initiated. Accreditation aims to propel self-motivation amongst institutes to excel.

A few suggestions have been proposed, which can make the entire process of accreditation simple, convenient, and efficient.

REFERENCES

1. Brittingham B. Accreditation in the United States: How did we get to where we are? *New Directions in Higher Education*, 2009;145:7–27.
2. Council for Higher Education Accreditation. 2010. The value of accreditation. Available at: https://www.chea.org/sites/default/files/other-content/Value%20of%20US%20Accreditation%2006.29.2010_buttons.pdf Washington D.C.: Council for Higher Education Accreditation [Accessed 8 October 2022].
3. DCI. 2022. College List. Available at: <https://dciindia.gov.in/CollegeSearch.aspx?ColName=&CourseId=1&SpId=0&StateId=&>

- Hospital=&Type=0&Status=-Select--
[Accessed 8 October 2022].
4. NMC. 2022. List of College Teaching MBBS. Available at: <https://www.nmc.org.in/information-desk/for-students-to-study-in-india/list-of-college-teaching-mbbs> [Accessed 8 October 2022].
 5. Schwartz R. Quality assurance, standards and criteria in health education: a review. *Patient Educ Couns*, 1985 Dec;7(4):325-35.
 6. Singh A. The Indian University Grants Commission. *High Educ*, 1984;13:517-33.
 7. Singh SK. NAAC assessment for higher education: A boon. *International Journal of Current Research*, 2017; 9(08): 56798-800.
 8. Stella A and Gnanam A. Institutional Accreditation by NAAC: Scores and Stars. *University News*, 2001;39:50-59.