

## From Internal Evaluation to Quality Assurance in Higher Education: the case of medical education in Iran

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### Abstract

This article elaborates on the experience of higher medical education evaluation in Iran. Although institutional evaluation in Iran started in about a decade ago, recent policies of the government to increase quality of higher medical education have contributed to a special effort in designing and implementing evaluation mechanisms in university systems in Iran. Among these a process of internal evaluation (IE) was designed for the medical education in 1996. It was implemented as a pilot project at six departments in three medical sciences universities in 1997. The IE aimed at i) improving teaching and learning processes; ii) contribute to development planning of departments. The results of the pilot project was so promising that it was decided to implement the IE process in more than 30 departments of internal medicine around the country. Through the IE mechanism, quality of the inputs, teaching-learning operations in practice, outputs and outcomes of the internal medicine departments were reviewed and judged against department's stated objectives. The process of the IE is based on: a) strong involvement of faculty members for the clarification of objectives and b) attempt to review the available resources of the department and prepare a departmental plan for improving the quality.

**Key words:** medical; education; Iran; internal evaluation; quality assurance.

### Introduction

Higher education institutions (HEI) are expected to be responsive to the needs of their environments. The HEI through application of management functions would achieve their objectives with efficiency and effectiveness. Functions of the HEI management are as follows: a) planning; b) organizing; c) directing; d) monitoring and evaluation, (Bazargan, 1999). Among these, monitoring and evaluation has a crucial role to play. On one hand, to facilitate planning or organizing and directing activities of the HEI; and on the other hand, act as a subsystem for quality improvement and quality assurance in higher education.

Based on the above, evaluation helps quality improvement in higher education, and makes higher education accountable. Maintenance and improvement of higher education quality are considered as shared responsibility of every person in an academic institution (Barnett, 1995). In this respect, the process of quality improvement (QI) requires faculty members to play a major part. This could be achieved through internal evaluation (Bazargan, 1995). However, accountability of

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higher education systems (ACHES) requires the practice of rendering an account of resources spent and the objectives achieved. In order to make the HES accountable, in addition to internal evaluation, there is need for external evaluation and accreditation. This can be achieved through quality assurance (QA). The QA is considered as a systematic, structured and continuous attention to quality in terms of quality maintenance and quality improvement (Vroeijenstijn, 1992). The purposes of the QI and the ACHES are two extremes at the same time. Therefore, a question is raised "how to manage the two extremes at the same time?" Toward answering this question, this article in the first part, reviews objectives of internal evaluation (self-study) and in the second part, examines the extent to which external quality assessment (EQA) helps achieving the QI and ACHES. In doing so, requirements and the process of each are analyzed. The analysis is based on the experiences gained in an Iranian pilot evaluation project in medical education.

### **Institutional Evaluation in Higher Education in Iran**

Higher education system in Iran has been expanding very rapidly during the past two decades. The average annual growth rate of student population during this period was 9.7 (Tavakol, 1999). The total enrolment in higher education institutions is about 1,400,000 in 2000-2001 academic year. More than 52 per cent of student population enrolled in a non-governmental system called Islamic Azad University (IAU). The IAU is considered the private sector of higher education in Iran. The private and the public sectors of higher education in Iran have been under tight state control (Bazargan, 1999). There are two parallel systems of university administrations; i) medical university system (MUS)/ and ii) non-medical university system (NMUS).

Planning of the two sub-systems of higher education has been a part of national development

planning process. National higher education plan has been dealing with the control of inputs (number of students, staff, financial resources, etc.). During the past two decades, in the process of higher education planning, attention has been focused on the "means" rather than the "ends". In other words, the planning documents have strong emphasis on input objectives of the national system of higher education, rather than identifying the results such as outputs (graduates, etc.) and outcomes (employment, etc.).

In recent years, there has been a movement to give more autonomy to universities. This movement is advocating less state control over curriculum development, student intake, etc. As part of this movement, there has been an interest in institutional evaluation. Based on the above, a pilot self-evaluation project was initiated in the medical university system in 1995.

### **Departmental Self-Evaluation in Medical Education System**

In recent years, several attempts have been made to measure and enhance quality of higher education in Iran. In 1990 a proposal was prepared to assess academic activities of universities and rank them according to certain national criteria. However, due to resistance from the rectors, the proposal was not put to practice (Bazargan, 1999). A major reason for such resistance was that many institutions of higher education are newly established. The rectors of the new institutions feel that if a national set of criteria are being applied to assess the HEI, it might be judged as "not strong enough" academically. The rectors had the feeling that such a judgment would give negative feedback to faculty members as well as students. Hence, it would not help improve the academic quality.

In 1996, the Ministry of Health, Treatment and Medical Education, which is responsible for medical sciences universities, initiated a project on internal evaluation (self-study). One of the

purposes of the project was to motivate faculty members to participate in the process of quality improvement of their departments. The pilot project was carried out in six departments. In each of these departments 5 sets of indicators were applied to assess the quality of inputs, process, output and outcomes (Bazargan, 2000). In summary, results of pilot internal evaluation (IE) are as follows: a) the IE helped faculty members to get motivated toward an active participation in quality improvement process; b) departmental goals were redefined and its objectives were clarified; c) existing resources of the department were reviewed and a strategic plan was drawn to maintain and enhance the quality.

The impact of the pilot internal evaluation project was so impressive that the ministry of Health Treatment and Medical Education decided to request all the departments of internal medicine, at the medical sciences universities, to carry out an internal evaluation project. Consequently, more than 30 departments of internal medicine started to conduct self-evaluation in 1998. The majority of these departments carried out internal evaluation and prepared a final report.

In conducting internal evaluation, each department, through participation of faculty members, has taken the following steps:

- 1) Conducting a workshop for the faculty members to familiarize them with the aim of internal evaluation,
- 2) Forming a task force committee to prepare a time table for carrying out the steps and shoulder the responsibility of monitoring the process of internal evaluation,
- 3) Clarifying departmental mission objectives in teaching research and professional services,
- 4) Identifying factors (input, process product, output, outcome) that displayed departmental quality,

- 5) Identifying criteria for assessing the factors under evaluation (36 criteria are proposed for conducting internal evaluation (Bazargan, 2000),
- 6) Identifying conditions under which departmental results could be observed and indicators that can lead to judgement of performance,
- 7) Selecting or developing data collection instruments,
- 8) Defining population under study (students, graduates, employers, etc.) for collecting data on each of indicators,
- 9) Collecting data on the variables under assessment and tabulating according to evaluation questions,
- 10) making judgement about quality of the factors under evaluation by comparing present situation with departmental objectives.

Based on the above, each department prepared a draft evaluation report. The report was circulated among faculty members for comment. Then the results were discussed in a general departmental meeting. Faculty members were requested to consider the results of evaluation and make suggestions for improving the present status of the department. Based on this, policy proposals were formulated for improving departmental quality. These policies covered four levels:

- a) department, b) faculty /school,
- c) university, d) medical university system.

The impact of carrying internal evaluation on departmental quality has been so remarkable that the Ministry of Science, Research and Technology which is responsible for comprehensive universities (in the fields of engineering, basic science, agriculture, humanities, etc.) has decided to request the departments to conduct self-evaluation.

## **Need for External Quality Assessment and Quality Assurance**

As mentioned previously, internal evaluation serves the purpose of quality improvement. However, to make higher education accountable, there is need for external quality assessment (EQA). Quality Assurance refers to "to those mechanisms and process used to lead to maintenance and improvement of quality outcomes and so to enable key stakeholders to have confidence about quality control procedures in place and the standards achieved in terms of outputs" (Harman, 1996).

In the external quality assessment, review committee is expected to check the content of internal evaluation report, review the proposed recommendations, contact students and faculty members and finally certify that certain requirements are being met. The internal medicine community in Iran has not yet determined these requirements. But, a group of professionals argue that the requirements are determined internationally. There is another group, who advocates the process of identifying national requirements for EQA at the universities of medical sciences in Iran.

In this respect, steps are taken to follow-up the internal evaluation in the internal medicine departments by external evaluation. To review the readiness of faculty members at the internal medicine departments for the EQA process, an interview was conducted on a number of departmental chairperson and faculty members who have carried out internal evaluation at the medical science universities. The results of this interview indicates that, although faculty members have been motivated to participate in the process of internal evaluation for quality improvement, they feel uneasy about the EQA at this stage. They argue that the medical university system includes more than thirty universities and higher medical education institutions (MEI). The majority of these institutions are established in the past two decades. These MEI are not at the same

developmental stage. Therefore, it is argued that the EQA, which is based on international requirements for a department of internal medicine, frustrates the process of quality care resulted from carrying out the internal evaluation project. Furthermore, it would hinder any further action in quality improvement. To overcome the disagreement between the two groups, it has been proposed that a set of requirements be identified for the departments of internal medicine at the national level. Then, each of the departments, which have carried out internal evaluation, forms a review committee from the members outside of the department. The members of the review committee (RC) would be composed of the same university, but not from the same department. The internal evaluation report would be sent to the RC for review. If the results were acceptable by the RC, then the university would request a national review committee to visit the department for a national EQA process.

## **Conclusions**

Student population in higher education in Iran has increased very rapidly in the past two decades. This has drawn the attention of authorities to improve the quality of higher education more than the past. Furthermore, a subsystem of higher medical education was set up during this period (Bazargan, 1999). In doing so, schools of medicine and allied medical sciences were detached from the comprehensive universities of higher education to form universities of medical sciences. As such, a university of medical sciences (UMS) was established in every province. More than thirty universities of medical sciences have been established around the country. The aim of this subsystem is to: a) train health and other related professionals, b) conduct research on the problems of health and medical services, and c) provide health and treatment services at the regional level in the geographical region under the university. Each of the UMS, in addition to the above- mentioned objectives, is responsible for administering regional department

of health in the geographical region under the university.

Based on the above, higher medical education system realized the need for institutional evaluation. Although there was a kind of inspection of higher education, which was called monitoring and evaluation in Iran, it was a sporadic activity. Therefore, quality care became a necessity in higher education system in general, and in medical education system in particular. Consequently, medical sciences university system initiated an internal evaluation (IE) mechanism for quality care. The IE process provided a "mirror" for each department to reflect the realities of teaching, research, and medical and health services provided by the department. Then, based on the specific objectives, which are being delineated, at the start of the IE process, judgements are being made about the quality of the department. This process is being considered the first step in the process of quality assurance.

To make higher education institutions accountable, there is need for an EQA system. however, in order to conduct EQA there should be a strong commitment to transparency and accountability. These two concepts may be considered the pillars of evaluation culture. Internal evaluation process promotes this culture and prepares the ground for quality assurance. Through the internal evaluation mechanism, faculty members are empowered to care for the quality. Faculty members are considered the crucial power toward attaining "quality higher education."

Each country, through the IE and EQA based on the national requirements, could provide the ground for establishing a regional set of requirements and criteria. Then, countries of the region in Asia could set up a regional mechanism to make it possible to have a joint peer group services to assess each others higher education systems.

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