

## EDITORIAL

# Regressive trend: MCI's approach to assessment of medical teachers' performance

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The Medical Council of India (MCI) has taken a regressive step. Its circular (No. MCI-12(1)/2015-TEQ/131880, dated September 3, 2015) (1), which is entitled "Clarification with regard to research publications in the matter of promotion for teaching faculty in medical colleges/institutions", is regressive and in partial dissonance with the current trends in medical science publications and norms of ethical publishing. Such an approach could have an adverse impact on the teaching faculty as it might encourage them to indulge in research misconduct. We appeal to the MCI to revisit its approach to the assessment of the performance of the teaching faculty in medical colleges and institutes. We make a strong case for the revocation of the MCI circular with immediate effect on four counts.

### 1. Partial dissonance with the UGC norms

The circular is in partial dissonance with the University Grants Commission (UGC) circular, namely, the University Grants Commission (Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and Measure for the Maintenance of Standards in Higher Education) (2nd Amendment), Regulation 2013, dated June 13, 2013 (an amendment to the UGC Regulation 2010 – the Principal Regulation) (2). There are three main categories of teachers' engagement that contribute to the computation of the Academic Performance Indicator (API). Category III pertains to research-based activities and includes research papers (journal papers), research publications (books and book chapters), research projects, research guidance, and training courses and conferences/seminars. Research papers and publications together can contribute up to 55% of the total reward points to Category III. This underscores how important publications are for teachers' API within the framework of the UGC. Although publishing in refereed journals rather than non-refereed ones earns a teacher more points for the API, it disregards the order of authorship on the by-line, (while the UGC grants extra points for sole authorship of books). The MCI circular is inconsistent with these UGC norms.

We refer to the UGC circular primarily to point out this inconsistency and not to uncritically endorse UGC's amended approach to the assessment of performance. We wish to highlight that the MCI, in its honest attempt to standardise the assessment of the performance of teachers and researchers, may fall into the same trap as the UGC via the aforesaid amendments, which evoked a robust critique. Among other things, the UGC circular has been criticised because its managerial approach stifles creativity while encouraging productivity, and because it ignores the importance of context-sensitive criteria of assessment (3). Another criticism is that it disregards the value of critical thinking (4). These constraints undermine the very purpose of the UGC's attempt to regulate promotions and recruitments through the 2nd Amendment, and minimise biases and favouritism. The MCI circular may receive the same criticism.

### 2. Exclusion of publications in "electronic-only" journals from performance assessment

The MCI circular excludes publications in e-only journals (1: point "e") from the assessment of teachers' performance. This is despite the fact that the past decade has witnessed an immense surge in the digitalisation of journals, riding on the wave of unprecedented advances in information technology. This ever-growing trend is creating more and more space for a wide variety of writing that is enriching the medical profession, both in the areas of practice and research. Journals are increasingly acknowledging and resorting to the use of these e-spaces (5). Finally, e-only journals do not necessarily imply poor publication standards.

It must be added that e-journals increase access to knowledge regardless of one's location. Since many of these journals are open-access, people in low- and middle-income countries also have access to them. For example, the Health InterNetwork

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Access to Research Initiative (HINARI), which has access to 1500 journals, was set up by the World Health Organisation in 2002, in partnership with six major publishers. To date, HINARI<sup>1</sup> has built partnerships with 190 publishers offering free or low-cost access to more than 58,000 resources of information in HINARI (<http://www.who.int/hinari/en/>). Two similar initiatives are Resesarch4Life (R4L at [www.research4life.org](http://www.research4life.org)), and International Network for the Availability of Research Publications Programme for the Enhancement of Research Information (INASP). (<http://www.inasp.org.uk/>).

E-publishing is less restrictive than print journals in terms of page space and has thus helped create more space for opinions and articles of significance, which otherwise rarely find a place in conventional journals. For example, there is room for blogs, case studies and experiential narratives, which help to bring out the relationship between the medical sciences, social sciences and humanities. Such essays lend the much required support to critical, dissenting and alternative voices from within the community of medical and allied health professionals.

The e-only journal trend is also clearly on the rise. For instance, academic journal publishers, such as BioMed Central (BMC) and Public Library of Sciences (PLoS), publish a number of high-quality and reputable journals in wide-ranging specialised fields of enquiry. These include not only the medical sciences but allied fields of enquiry, such as bioethics, the medical humanities, history of medical sciences, social sciences, and human rights which interface with the medical sciences. Both these publishers have, from their very inception, published journals only on e-platforms. They are driven by the philosophy of making the knowledge open access, regardless of the readers' ability to pay for the materials being accessed from these journals. Scholars from around the world aspire to publish their work in various journals published by BMC and PLoS because of the high standards they have set in peer-reviewed journal publishing. Going by the MCI circular, publications in these prestigious journals will be left out of the assessment of teachers' performance. This is a regressive step for it means that teachers may have to forego opportunities to publish in BMC, PLoS and other similar e-only journals and might thus miss out on the prospect of presenting their scholarly work to a global audience.

It is likely that the MCI directive wishes to address the many predatory journals which are often e-only (6). Such predatory e-only journals deserve condemnation. However, since they are not indexed in PUBMED/Medline to begin with, they are automatically left out of consideration.

Excluding publications in e-only journals from the assessment of teachers' performance is also out of keeping with the fact that the e-only journal trend is clearly on the rise. Besides being eco-friendly, e-journals seem to be cost-efficient and, therefore, provide a useful option when there is a pressing resource crunch. For instance, the lack of adequate funds has led some reputed journals, such as *Reproductive Health Matters*, to switch to e-only platforms. In addition, the convenience of carrying one's own personal e-libraries along via advanced gadgets, such as Kindle, offers an additional incentive to opt for e-only publishing spaces. The same applies to those journals which are complemented by appropriate e-apps that enable one to access materials from mobile electronic gadgets, such as phones.

The MCI circular clearly ignores these developments and the changing trends in journal publishing. Are the academic and executive committees of the MCI oblivious to these changing trends?

### **3. Awarding points only to original research articles or papers**

The MCI circular proposes to award points only to original research-based articles and papers (1: point "b"). This, too, is a regressive approach to the assessment of the performance of teachers in medical colleges. All journals have sections such as editorials, commentaries, and letters to the editor. Contributions to these sections constitute important elements of scholarship in the medical and allied fields. The letter to the editor section is a forum in which important social issues are discussed, and opinions, comments and arguments are expressed as part of the ongoing debate. Editorials are considered prestigious for they are informed statements on particular issues from credible voices in the field concerned. Further, they are often submissions by invitation. Most journals also have commentary sections. These are rarely research-based articles, yet they contribute significantly to intellectual debates in various fields of enquiry. Similarly, commentaries on pedagogy and medical ethics, neither of which is necessarily based on research, are relevant and are also popular topics for writing among medical professionals and students alike.

A number of journals carry more specialised and journal-specific sections, such as case reports, case studies, a students' corner, "On being a doctor", open peer-reviewed commentaries, medicine and society. For instance, a contribution published in the *Annals of Internal Medicine* in August 2015 (7), entitled "Our family secrets", and the accompanying editorial (8) deal with the lack of gender sensitivity and respect for bodily integrity that prevails in healthcare settings around the world. Rarely do textbooks in medical schools offer insights into such real-life issues. Going by the MCI circular, all such contributions will be dishonoured. This will dissuade teachers in medical colleges from writing on such issues. It will result in a loss of experiential knowledge and have an adverse impact on independent and/or critical thinking in relation to the medical profession, whether in teaching or practice.

Also, given the lack of research resources, and diversity among teaching faculty in relation to their interests and preferences, rewarding only empirical research-based writing may encourage medical college teachers to indulge in malpractices in

publishing. This would have an adverse impact on the overall ethos of medical teaching institutes. We are unclear about why the MCI has decided to exclude other varieties of writing from the assessment of medical teachers' performance. The field of medical humanities is, as it is, poorly developed in India and such norms for the assessment of performance will further hamper its progress.

The idea of excluding writing not based on research from the assessment exhibits an inadequate understanding of and poor judgment of the MCI regarding what makes medical teachers, who are often practising doctors, humane and sensitive. It fails to give enough importance to the need for doctors to be compassionate and in a position to appreciate the values of patients belonging to diverse socio-cultural-religious backgrounds. Medical teachers are also responsible for shaping the next generation of medical professionals. If they cannot impress upon their students the importance of experiential knowledge, critical thinking and fearlessness when it comes to expressing dissent, it will not be surprising if we have a generation of doctors who are experts in their own fields but mostly lack empathy, which forms the foundation of the medical profession.

#### **4. Awarding points only to first or second in authorship order**

The MCI circular states that points will be awarded in the assessment only if a faculty member is the first or second in the authorship order in a paper published in a journal. In an era of collaborative research, which involves many researchers from different disciplines, exclusively honouring the first or second author is incomprehensible. There is robust evidence that a number of research initiatives need to be multidisciplinary, involving a large number of researchers/scientists (9), and this has generated scholarship in the ethics of collaborative research (10,11), including authorship credits (12). The Human Genome Project<sup>2</sup>, HIV/AIDS<sup>3,4</sup>, mental health<sup>5</sup> and Gender in Medical Education Project<sup>6</sup> are just some of the areas in which non-collaborative research would have achieved almost nothing. It has recently been demonstrated during the unprecedented outbreak of Ebola in West Africa that certain situations can be handled only with the help of multidisciplinary and collaborative approaches. In such situations, giving credits to researchers only on the basis of whether they are the first/second author would not be right and would be counterproductive to the spirit of collaboration and to addressing the needs of complex research questions. It would undermine the very advancement of knowledge if each of the team members had to press for the first or second authorship in collaborative research initiatives.

The development of multidisciplinary and collaborative approaches has given rise to alternative models of acknowledging contributions from authors. For example, a number of journals require that each author's contribution to the manuscript be explicitly mentioned under "Authors' contribution" or a similar heading at the end of the manuscript. Many institutes around the world have begun to take note of these systems, along with the issue of the order of authors. In large research projects such as the Human Genome Project, the list of authors runs into hundreds. Manuscripts based on such initiatives, therefore, often present the names of the contributing authors in alphabetical order by way of acknowledging that each one's contribution is on a par with that of the rest. This practice is supported by entities such as the Committee on Publication Ethics (COPE) which continues to set standards in ethical publications (13). In certain settings, naming an author last indicates seniority and/or the fact that he/she served as a mentor in the development of the manuscript – an arrangement increasingly advocated for, as noted by Kapoor (14). Yet other trends of thought regarding authorship credits in areas such as operational health research advocate for a more inclusive approach, so that credits can be discussed and granted to programme managers and policy-makers as well (15). Such alternative ideas on authorship credits, which engage with the standards set by entities such as COPE and the International Committee of Medical Journal Editors, emerge from first-hand experiences in field situations. As a result, these standards continue to evolve in response to the changing terrain of research in and practice of health and the medical sciences.

Honouring credits only to the first or first two authors during the assessment of performance may encourage senior academics to use their position to secure first and second authorship undeservedly. This could become a pronounced trend in the case of students and their supervisors, especially those engaged in doctoral and pre-doctoral work.

#### **Noteworthy aspects**

Is there anything worthy in the MCI circular? Indeed, there is. We appreciate that the circular does not refer or give extra credit to papers in journals that are indexed in the Science Citation Index. While universities across the world mistakenly lay emphasis on the impact factor of journals, and the UGC circular awards points to researchers on the basis of the journal's impact factor, the MCI has not referred to it at all. There has been increasing criticism of the impact factor which, it is said, is arrived at "...by a process that itself is unscientific, subjective and secretive" (16). Moreover, the impact factor of a journal cannot be extrapolated to individual researchers.

#### **Conclusion**

The aim of the MCI circular may well be to enhance the quality of medical schooling and medical research, but the MCI's approach to the achievement of this goal appears to be ill-informed. The MCI needs to revisit its circular, considering the number of inherent flaws. The norms for assessing the performance of teaching faculty in medical colleges and institutes must be aligned with the

changing context of research in health and the medical sciences, as well as the changing norms of scientific publication. The assessment of performance should be fair to the teaching faculty. Norms that are more just would encourage teachers in medical colleges to explore new methods of and approaches to the pursuit of knowledge, and at the same time, nurture creative and critical thinking. We appeal to the MCI that when it addresses the issues we have raised, it must explicitly state that the impact factor of journals is not to be used to assess the scientific rigour of an individual paper and thereby, of the contributors, because it has inherent flaws and is subject to manipulation.

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### Notes

- HINARI was developed in the framework of the Health InterNetwork, introduced by the United Nations' Secretary General, Kofi Annan, at the UN Millennium Summit in the year 2000. This initiative has enabled inadequately funded academic institutes from the African continent and several other countries, such as Bhutan, Bangladesh, Viet Nam, Sri Lanka, Ukraine, Jordan, Libya, the Syrian Arab Republic, West Bank and the Gaza Strip, Peru and Ecuador, to access the emerging knowledge at the click of a mouse and at no cost or at a minimal cost.
- Human Genome Project (HGP). Available from: [http://web.ornl.gov/sci/techresources/Human\\_Genome/index.shtml](http://web.ornl.gov/sci/techresources/Human_Genome/index.shtml) Accessed September 25, 2015. HGP, a 13-year, roughly \$3-billion (in 1991 dollars) effort co-founded by the National Institutes of Health, USA and the USA Department of Energy to sequence human DNA.
- Determination of reference ranges for CD4+ T cell counts and percentages for adult Indian population at National AIDS Research Institute (NARI), Pune, Maharashtra, India. Involves collaboration among a number of medical colleges/medical teaching hospitals from around India. Available from: <http://www.nari-icmr.res.in/pdf/completed-projects/hiv-biology.pdf> (cited 2015 Sep 28).
- A long-standing collaborative arrangement between the University of Nairobi and the University of Manitoba, Canada to pursue HIV/AIDS research. Available from: <http://unitid.uonbi.ac.ke/node/4401> (cited 2015 Sep 28).
- A project entitled DIL – (Prevention of) Depression in Late Life – launched by Sangath, Goa, India involves collaboration between the Department of Preventive and Social Medicine at the Goa Medical College and other international academic institutes. Available from: [http://sangath.com/inside\\_page.php?nav\\_id=302](http://sangath.com/inside_page.php?nav_id=302) (cited 2015 Sep 28).
- Integrating Gender in Medical Education. This project aims to integrate gender perspectives in medical teaching and the curriculum in Maharashtra by training faculty members of five disciplines, namely, obstetrics/gynaecology, internal medicine, psychiatry, preventive and social medicine and forensic medicine. One of the key activities has been to build the capacity of medical teachers in the area of gender and violence through a training of trainers' programme: Available from: <http://gme-cehat.org/Aboutus/Aboutus.aspx> (cited 2015 Sep 28).

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