

GHANA TERTIARY EDUCATION COMMISSION

POSITION PAPER ON QUALITY MANAGEMENT
PRACTICES IN THE HEALTH TRAINING COLLEGES IN
GHANA: “CRITICAL ISSUES FOR REFLECTION”

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1.0 INTRODUCTION

In Ghana, courses leading to the registration of a person as a nurse or a midwife typically last for three years in Nursing and Midwifery Training Colleges and four years in universities. All nursing and midwifery programs in Ghana contain a clinical component, and trainees of these programmes must pass a licensing examination conducted by the Nursing and Midwifery Council of Ghana in order to be registered as nurses.

In the era of quality orientation, human rights, and a consumer-driven society, Nursing and Midwifery Education Institutions (NMEI) are expected to produce qualified graduates who will meet the needs and expectations of society. Notwithstanding these great expectations, reports from academic audit exercises have revealed a number of weaknesses in the NMEI which include, but are not limited to the underlisted:

- Weak governance systems and structures
- Poor records keeping and documentation
- Weak quality management system
- Inadequate facilities and laboratories
- High SSR especially in the Midwifery programmes
- High Students loads
- Inadequate staffing and unqualified Heads of Department
- Unavailability of certain key policy documents and strategic plans
- Weak moderation and examination systems
- Weak supervision from the mentored institutions
- Expired accreditation for both institution and programmes

As the above-mentioned deficiencies continue to unfold, questions are being asked about the quality of nursing education and the competence of newly qualified nursing graduates. To address these appalling deficiencies, the Board periodically undertakes snap short visits in the form of academic audits to the NMEI to assess their level of compliance to the minimum standards upon which accreditation was granted, and processes in place to deliver quality education.

This report unearths the key deficiencies confronting NMEIs in Ghana and attempts being made by the Ghana Tertiary Education Commission (GTEC) to regulate the NMEIs to uphold the principle of quality culture in the training of professional nurses and midwives.

2.0 DEFICIENCIES

2.1 Governance and Administration

2.1.1 Composition of the Advisory Boards

The composition of the Advisory Boards of NMEIs are prescribed by the Ministry of Health. Membership of the Councils/Boards is five (5) composed of one (1) representative from the underlisted constituencies:

- Ministry Representative (Chairperson)
- Principal (Member, Secretary)
- District Health Directorate
- The Traditional Authorities
- District Assembly Government Representative

The above structure pertains to the government NMEIs. However, in most faith based NMEI, additional members from the church are included such as: Chaplain, Parish Representative, Diocesan Representative, Arch Bishop Representative etc.

In contrast with the above practice, the health training institutions (HTI), which is a training unit under the MOH has developed statutes for all health training institutions but the Statutes is at the moment not implemented by the NMEIs. The following provisions are found in the HTI Statutes:

- Chairman
- Principal
- A Secretary
- A representative of Ministry of Education
- A representative of Regional Coordinating Council
- A representative of the Legal Profession
- A representative of the Traditional Council
- A representative of SRC/Alumni

In both governance systems, there are no representatives from the Mentoring institution.

2.1.2 Academic Board

Per the HTI Statutes, the Academic Board shall be as follows:

- Principal who shall be the chairperson
- Vice Principal
- College Librarian
- Heads of Departments, Deans/Directors
- Dean of students
- The Quality Assurance Officer
- 2 Lecturers/Research Fellows elected by convocation

- The Registrar shall be Secretary to the Board

Unfortunately, a review of the academic audit findings indicates that in some institutions, key officers such as Quality Assurance Officer, librarian, College Administrator and Dean of students are not members of the Academic Board.

2.1.3 Organogram

Further, the organogram which operationalises the Statutes is also not well-structured and operationalized. A number of inconsistencies are found between the Statutes and the Organogram. For example, certain positions created in some organograms are not found in the Statutes and vice versa. The reporting lines and placement of some positions such as the Vice Principal and the Internal Auditor are not properly placed.

2.1.4 Records keeping and documentation

Records keeping and documentation is a big challenge in most NMEIs. There are no records on some meetings held as well as adherence to proper filing systems. In some cases, records of important events, official agreements and accreditation certificates cannot be retrieved. Teaching staff credentials such as certificates and transcripts are not on staff files as well as CVs, appointment, and acceptance letters.

2.1.5 Strategic Plan

The strategic plans for most NMEIs are not comprehensive, in some cases it consists of 3-5 pages. Implementation plans and responsibilities matrix are completely missing, thus making it difficult to assess or track the implementation status and outcomes of the plan. Couple with this, the vision statements of most of the institutions are lengthy, full of technical words and jargons, making it difficult to give any direction towards achieving high standards in health care training.

2.2 CONDUCT OF EXAMINATION

There are no admissions Committee in place, and in most cases, admissions are done by the Principal.

Mentoring institutions are not involved in the conduct of admissions.

There are no External Examiners/Moderators appointed for the institutions, even where they are appointed, moderators' reports are not submitted in most cases. Some moderators have not been visiting their assigned NMEIs since their appointments by the mentored institutions.

2.3 ACADEMIC STAFF DEVELOPMENT

The Ministry of Health and the Nursing and Midwifery Council have strong control over the health training institutions in terms of staff recruitment, establishment, transfers, and promotions, leaving little room for innovations to meet local specific needs. Critical staff needs for some programmes are woefully inadequate because of challenges in getting clearance from the Ministry to fill such vacant positions

2.4 QUALITY OF TEACHING STAFF

Only a few teaching staff have their second degrees. In most cases, those with second degrees are teaching with their lower degrees, since their second degrees are not relevant to the courses they are teaching. Generally, Course allocations are inconsistent with the highest qualifications of teaching staff.

Additionally, most of the Heads of Departments do not have the requisite qualification and experience to head a department. Majority of them are also not in the requisite discipline to enable them provide academic support to the programme.

Research output continues to be low in most NMEIs. It appears little emphasis is given to publication and academic writing. Articles of few of the tutors who claimed to have published were found in predatory journals.

2.5 TEACHING AND LEARNING

Students' workload of 30-32 hours per week is considered quite too high, leaving no space for the students to attend to other social needs. The Staff Student Ratio (SSR) was found to be equally too high especially for the midwifery programmes, hovering around 1:70 for some institutions. Such high SSR has direct effect on the quality of teaching and learning. Accreditation status of programmes being run by some institutions had expired.

2.6 QUALITY ASSURANCE AND MANAGEMENT

According to Quality Research International (2019), quality management refers to the process, usually supported by policies and systems put in place by institutions to maintain and improve the quality of education received by its students and of the researches undertaken by its staff. It involves all corporate responsibility for articulating, maintaining and enhancing the academic standards of those activities for which it is responsible (Higher Education Quality Council, 1995: 3).

In respect of quality management, NMEIs are required to establish internal quality assurance systems, structures and processes to supplement the efforts of GTEC. In the audited institutions, it was observed that all of them have established internal quality assurance units. These findings imply that NMEIs are paying more attention to high-quality higher education and are increasingly appreciating the importance of robust quality assurance methods. However, there appears to be a knowledge gap in the types of quality assurance used by NMEIs in their operations, as well as their contextual relevance.

The underlisted are some quality assurance challenges facing the NMEIs:

- Weak understanding of the concept of quality and how it can be maintained, measured and enhanced.
- Inadequate capacity and motivation for Quality Assurance Officers
- Lack of job description for Quality Assurance Officers
- Non submission of QA reports to inform decision making
- Lack of quality assurance policy and plan to support NMEIs to maintain and improve upon the quality of education received by its students and the researches undertaken by its staff
- Inadequate logistics to support QA activities in the NMEIs
- Weak support from the institutional community in support of QA activities
- Unwillingness of some key staff to provide the required information for QA work or report

2.7 EXTERNAL QUALITY ASSURANCE

2.7.1 Accreditation

Accreditation is a stamp or recognition that minimum standards for operating an institution or offering programme have been met and that all the necessary quality assurance structures and systems have been put in place to guarantee academic quality. Unfortunately, majority of NMEIs' accreditation have expired, some as far back as 2018. Again, there are some NMEIs which are operating without accreditation but are being mentored by the affiliate public universities.

2.7.2 Affiliation

The Ministry of Health has signed one composite affiliation agreement for all NMEIs. The affiliation arrangements are intended to provide academic support and supervision from the affiliated public universities to the NMEIs. A review of the said agreement has the following lapses:

- Monitoring was limited to only examination
- There was nothing specified for mentorship for tutors.
- There was nothing specified for support for teaching and learning.

2.8 POLICY DOCUMENTS

Policy documents are necessary to give guidelines on effective operation and management of NMEIs. From the interaction with the NMEIs, the following policies were not available or developed:

- Anti- Sexual Harassment Policy
- Research policy
- Code of Ethics Policy
- Students engagement policy

- Gender Policy
- Tracer Studies
- Quality Assurance Policy
- Strategic Plan
- Staff Development Policy
- Mentorship Policy

There is one composite Conditions of Service and code of conduct documents provided by the Ministry of Health for all NMEs. Most of the staff do not either have copies or are unaware of the contents of these documents.

2.9 PHYSICAL FACILITIES

Physical facilities are needed to support proper running of the NMEIs programmes and practical capacity building. Most of the supporting facilities are either inadequate or in a deplorable state. Few of such situations are listed below:

- There is no internet connectivity in most NMEIs. Even where it is available, the coverage is limited to few places
- Skills laboratories are poorly equipped.
- Inadequate computers in computer laboratories.
- Libraries are poorly equipped and managed. There is no library management software in place and the institutions do not subscribe to any e-books/journals.

3.0 RECOMMENDATIONS

Arising out of the above infractions, the underlisted recommendations are made for consideration by the Board.

3.1 Providing Effective Governance Systems and Structures

The Composition of the Advisory Boards needs to be harmonised and well-structured. The Composition should take into consideration a mix of technical expertise, gender, students and mentoring institutions' representations. The College Administrator should be made to assume to role of a Secretary to the Advisory instead of the Principal or District Director of Health. The Board should request HTI to organise orientation workshops on the harmonised Statutes for the HTIs.

3.2 Improving Records keeping and Documentation

The NMEIs should be made to keep proper records of meetings of committees as well as documentation of all reports, MOUs and events. They should also open files for all teaching and non-teaching staff with appropriate documents on CVs, appointment and acceptance letters and promotions. It is highly recommended that capacity building workshop should be organised for staff of the NMEIs on minutes writing skills, classification of documents and filing systems.

3.3 Enhancing Quality Management Systems and Structures

The quality assurance(QA) unit should be appropriately resourced and qualified officers should be appointed to head the unit. Job descriptions should be provided to the officers. The QA Officers should prepare quality assurance policies and annual plans as a start to create quality culture in the NMEIs. They should also be monitored and assessed through the reports from their annual plans. It is recommended the QA officers should be trained on the underlisted:

- Preparation of QA Policy
- Preparation of QA Plan
- Development of tools and checklists for monitoring performance on academic standards
- Formulation of Strategic Plans

In all, the management should be taken through the concept of quality and quality assurance, functions of the quality assurance unit/committee and setting up of quality assurance unit/departments.

3.4 Improving Quality of Teaching and Learning

Attention should be given by government to the NMEIs to recruit the needed staff especially, for the Midwifery programmes to address the high SSR. Critical staff for library and internal audit units should also be taken up with the government by MOH. Heads of Departments who are not qualified should be replaced with cognate officers who are qualified. The Curriculum should also be reviewed to allow some space for students to do other things including research.

3.5 Improving Conduct of Admissions and Examinations

The admission processes of the NMEIs should be streamlined by having properly constituted admission committees in place. The Mentoring institutions should form part of the admission committee. Proper storage facilities should also be provided to ensure security of examination questions. Handling of examination questions should be limited to a few hands to avoid examination leakages.

External moderation systems should be properly strengthened. The mentoring institutions as part of the affiliation agreement should appoint external moderators to the NMEIs. The moderators should agree on schedule of visits with the institution and also provide feedback and written reports to the NMEIs.

3.6 Strengthening External Quality Assurance Mechanisms

The Commission should follow up with institutions whose accreditation status have expired and request for immediate renewal or face sanctions from the Commission. Appropriate sanctions should also be applied to NMEIs who are still operating without accreditation.

The Commission should review the existing affiliation barometer instrument and make it fit-for-purpose as a monitoring tool for the affiliation agreement between the NMEIs and the mentoring institutions. Possible review should be considered on the overlooks proposed on the affiliation agreement.

3.7 Adequate Technical Support

The NMEIs should be supported through capacity building workshops to develop all the required Policy documents needed to support proper operation and management of NMEIs. The Commission could also support the NMEIs by developing appropriate templates and guidelines for preparing the policy documents.

3.8 Provision of State of the Art facilities

The Government through the GETFund should have a plan to retool and equip all are NMEIs with the needed State of the Art equipment to support their programmes and practical work. The NMEIs should also be supported with strong internet connectivity, adequate computers and library management software/e-library

4.0 CONCLUSION

The report has unraveled a number of deficiencies which may require immediate attention from the government, regulatory bodies and affiliate institutions. Regulatory bodies must intensify the monitoring of NMTCs and offer accreditation to new NMTCs based on the state of educational resources and facilities available.

5.0 ACTION POINTS

1. An engagement of all stakeholders to appreciate the challenges identified:
 - a. Ministry of Health
 - b. Health Regulatory Bodies
 - c. Health Training Institutions (HTIs)
 - d. Christian Health Association of Ghana (CHAG)
 - e. Etc
2. Develop a roadmap for migration of the HTIs from the MoH to MoE
3. Set up a desk for HTIs at GTEC to midwife the transition process
4. Develop templates for the various policies and guidelines for adaptation and adoption
5. Development of an action plan to develop capacity at the HTIs to the status of Tertiary Institutions.

