Reliability and patentability of academic-rank promotional criteria in medical colleges of India

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Abstract

A promotion refers to the progress of an employee’s position or ranks in a hierarchical constitution with an increase in status, responsibilities, and salary. Academic rank promotional criteria considered by the Medical Council of India (MCI) include educational qualifications, seniority according to years of teaching experience and numbers of Publications. There is gap between faculty role in medical college and expectation for promotion in India. Impractical expectation beyond the self-competency has promoted unethical practices. The various scientific misconduct problems had faded the quality of research in India. So the expected criteria for the evaluation of faculty members are needed to be re-adjusted by policymakers, according to the facilities of the scientific centers and human, social and economic resources at the institute. Medical Council of India needs to evolve and implement a suitable promotional policy for faculty members of medical colleges in India.

Key words: faculty promotion, promotion criteria, faculty members, MCI, Academic, publication, teaching, universities, predatory journals.
Introduction

Promotion refers to the progress of an employee’s position or ranks in a hierarchical constitution with an increase in status, responsibilities, and salary. Promotion is a process for improvement of the scientific value of faculty members and institute. Promotion can be classified into four types:

1. **Horizontal promotion**: when an employee shifts within the same department and category, it is called ‘horizontal promotion’. E.g. A junior associate promoted to senior associate.

2. **Vertical Promotion**: This is the kind of promotion which involves an increase in salary, status, authority, and responsibility. This is most common form of promotion.

3. **Dry Promotion**: When the promotion is made without an increase in salary, it is called ‘dry promotion’.

4. **Up-gradation promotion or out promotion**: When the promotion is made without a change in the job or rank but the amount of pay increases.

**Purposes/ Importance/ Benefits /advantages of promotion**

1. To identify an employee’s skill, knowledge, performance, ambition, hard work, productivity and use it to improve the institutional effectiveness.

2. To encourage employees for higher productivity.

3. To build up competitive spirit and implant in the employee’s the passion to obtain skill, knowledge etc.

4. To ensure employees satisfaction and enhance their morale.

5. To build dedicated employees toward the institution.

6. To uphold good human relations

7. To boost up the sense of belongingness.

8. To preserve skilled and talented people and decreases employee resistance and discontent.

9. To catch the attention of trained proficient and hard working people towards the institute.

10. To motivate the other employees that opportunities are available for an efficient worker.

11. To grooms leaders for the future

**Characteristics of ideal promotion policy:**

Academic promotion is an important process for quality maintenance and promoting higher education and research activities. It should be clearly specified, reasonable, provide equal opportunities, uniformly applied to all employees, transparent, fair, unbiased, proportional and should be a homogenizing process.

**Models of promotion**

**a) Non-competitive model of promotion/ Timescale promotion**—The employees are promoted once when they reach an evident landmark in their career, irrespective of their performance and dedication. They are based on the standard set of criteria which includes years of experience of employees. These types of promotions can be applied faultlessly for all the employees, and there is no possibility of a bias or unfair judgment.

**b) Competitive model of promotion**—This method considers and compares employees on the basis of employee skills, knowledge, experience, performance, productivity, hard work, and other factors. The employees have to exhibit their merit to employers to get promoted to a higher rank or position.

**Attributes of Academic rank Promotion in medical institutes around the world:**

- Educational and technical qualification
- Seniority/experience i.e., length of service
- Merit performance/Potential for better performance
• Quality of Lecturing/teaching skill
• Curriculum planning
• Counseling
• Education management leadership
• Assessment
• Administration
• Service to institute
• Publication

Academic rank Promotional criteria considered by the Medical Council of India (MCI)
• Educational qualifications
• Seniority according to years of teaching experience
• Number Publications

**Role of faculty in Indian medical institute:**
• Patient care
• Teaching professional students with innovative T-L methods
• Designing and revising curriculum
• Formative and Summative Assessments
• Medical education technology
• Education management leadership
• Laboratories and departmental development
• Conduct research, projects
• Supervise student’s project/ thesis

• Publications
• Attend CME, conferences patient care / clinical work
• Write books/ contribute a chapter

The expectation for faculty promotion in clinical branches is “Physician-scientist species”. Doctor-population ratio in India is 1: 11,082 people⁴. Hospitals are overloaded with patients. Clinical faculty spends their time in patients care and teaching students in clinics providing less time for research. Physician-scientist species is an endangered species⁵.

The expectation for faculty promotion of pre-clinical branches in medical colleges of India is “Teacher-scientist species”. In India, the Medical Council of India (MCI) allows sanctioned intake of 50/100/150 or 250 students per year, in medical colleges. Deficiency of adequate teaching staff leads to skewed teacher-to-student ratio.⁶ Teacher: student ratio is decreased in India in past few years. The teacher requirement for 100 students is 1 professor, 1 associate professor, 2 assistant professor and 4 tutors⁷ and for 250 students is 1 professor, 1 associate professor, 4 assistant professor and 5 tutors⁸. This skewed teacher-to-student ratio leads
to increase teaching workload on medical faculties, leading to lesser available time for research. Other barriers in research for faculties in medical college are lack of funds/incentives for researcher, facility/instrument, knowledge in research methodology, literature searching techniques / limited access to evidences, difficulty in English grammar, poor paper writing skill, computer illiteracy, inappropriate choice of journal, difficulty in time management and no/minimal local institutional support. Due to all these factors, it is difficult for faculty to manage both teaching and research.

Compulsory publication or “Publish or perish” policy for the academic rank promotion in India, leads to numerous side effects. It has increased stress among faculty member and haunted many clinicians. It has also increased pressure on the editor of standard journals and has increased the publication time. It had lead to an epidemic of publications in India. It had flourished many predatory journals which had started unethical publication practice of “pay and publish” without peer review. There is an evolution of unethical publication problems like:

- “Guest”/”honorary” authorship which is bestowed upon individuals, who have not worked for research, but with the perception that their association with the paper will improve paper’s prestige and augment chances of acceptance by the Journal.

- A “gifted” authorship is one who may have a slight relationship with the study or the article, but who would not be considered an author according to the International Committee of Medical Journal Editors (ICMJE) guidelines.

- “Ghost” authorship - Ghost authors are those faculty who participated in the research, data analysis, and/or writing of a manuscript but are not named or disclosed in the author byline or acknowledgments (e.g. postgraduate student).

- “Salami” publication- slicing up one study - salami slicing refers to slicing up one research study data into multiple smaller “publishable” units or “slices”. One of the examples is - 33 papers from one study were published in the Journal Archives of Iranian Medicine. A single survey of the mental health of the Iranian population was done. 31 of these papers were devoted to the 31 Iranian provinces and each province got its own paper. The author lists are more or less identical every time.

- Selling authorship/ scientific writing services which provide paid service for writing paper and publish an article in the journal.

- Plagiarism – Plagiarism is the incorrect presentation of some other researcher’s work or idea as one’s own without adequately attributing it to the source. It is an offence under section 63 of the Indian copyright act. Plagiarism can either be accidental (unintentional) or deliberate (intentional).

Impractical expectation beyond the self-competency has promoted unethical practices. All these scientific misconduct problems had faded the quality of researches.

Measures to overcome the barriers/ need to formulate new guidelines by education policymakers

There is a gap between faculty role in Indian medical college and the expectation for promotion according to promotional criteria laid by Medical Council of India. So the expected criteria for the evaluation of faculty members are needed to be re-adjusted according to the facilities of the scientific centers and human, social and economic resources at the institute. Following elements of promotions should also be considered by the policymakers.
In medical schools of USA and Canada, promotional criteria are based on following 5 attributes- teaching, curriculum planning, counseling, education management leadership, and assessment. Faculty members are appointed and promoted depending on their role and expectation in different categories. They have different academic ‘tracks’ or ‘lines’. These tracks are the carrier advancement pathway need to classify individuals to their primary and secondary duties. Two major tracks are patient care oriented -clinical track and research-oriented/ research tracks. For promotions, the excellence in the primary role is assessed by the Promotion and Tenure committee.

Medical Council of India (MCI) should consider the above model and should differentiate between clinical, teaching and research line/ track, and clarify their primary and secondary responsibility.

Some special form of promotions consider in the USA should also be taken into account by MCI. “Fast track promotion” or promotions earlier than tenure for deserving candidates and “ Assistant professor forever” for undeserving candidates whose performance is not up to mark.

Promotion must be made on a trial basis. The progress of the faculty member must be monitored. If, the promoted faculty fails to do required progress for his post, then provision must be there in the promotion policy to revert him/her to the previous post. This policy will help to raise the standard and efficiency of the faculty member and will benefit the institute.

Conclusion
Promotion defines the academic worth of a faculty member in medical college. It benefits both the employees and the employer. However, it is needed to be made with a great caution because wrong promotion may invite the implications of one type or other for the organization. So promotion is like a double-edged weapon. Medical Council of India needs to evolve and implement a suitable promotion policy for faculty members of medical colleges in India. Both early and delayed promotions must be prevented as these critically affect the institutional success. The policy must be a good balance between faculty role and expectation for promotions.

Conflict of interest None

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