



INPUTS ON DRAFT NATIONAL EDUCATION POLICY-2019

The Committee for Draft National Education Policy submitted its report on May 31, 2019. The Committee was constituted by the Ministry of Human Resource Development in June 2017. The report proposes an education policy, which seeks to address the challenges of: (i) access, (ii) equity, (iii) quality, (iv) affordability, and (v) accountability faced by the current education system.

JSS ACADEMY OF HIGHER EDUCATION & RESEARCH, MYSURU , after a deliberative discussion with all it's national and international stake holders from Academia, Industry, NGO's, Government Organizations ,etc. and the key observations and recommendations of the **DRAFT NATIONAL EDUCATION POLICY- 2019** related to **"HEALTH CARE EDUCATION"** are as follows:

Access	Equity	Quality	Affordability	Accountability
<ul style="list-style-type: none"> • Online teaching & learning to support Health Care Education. • Regular update and validation of ODL/ Digital course content of Health Care Education. 	<ul style="list-style-type: none"> • Health Care Education & Service reaching out to all the people without any barriers on gender, cast, etc. • Health Care Education to all individuals reaches at least a basic minimum level of skills. 	<ul style="list-style-type: none"> • Appointing qualified, skilled and experienced teachers for Health Care Education • Teachers training in Health Care Education. Supporting Staff training in Health Care Education. Students training in Health Care Education. • Clarity for entry and exit policy for all Health care professional courses 	<ul style="list-style-type: none"> • Health Care Education & Service to people of all financial status • Financial assistance for Health Care Education from Private and Government Finance /Bank Sectors 	<ul style="list-style-type: none"> • Skill & competency assessment for Health Care Students & Professional as a part of Health Care Education. • Assessment approaches can measure potentially relevant Health Care Education outcomes addressing practitioner performance, health care delivery and population health, in order to highlight areas in need of research and development.

ACCESS

- Governments around the world were focused on improving access to quality health care education to children and adolescents to ensure they reached their full potential. The education system shall also enhance introduction of information and communications technology in school curricula on Health Care Education.
- As technology continues to transform society, those responsible for current systems of healthcare as well as education are facing overwhelming pressure to adapt. By embracing the power of ICT we can enhance Health Care Education and healthcare services to make a difference in our country.
- At present, ICT does not only benefit medical practitioners and health care learners in remote areas through the exchange of information between primary and specialty care health professionals, but also enables them to obtain a second opinion to help with diagnosis. This helps in strengthening cooperation between health professionals and improves coordination.
- Investing in digital technology that gives healthcare learners and professionals access to current, credible, evidence-based information not only elevates healthcare but helps reduce variability, which in turn will reduce the cost of healthcare while improving patient outcomes.
- It is unrealistic for developing countries such as India to rely solely on their limited number of trained physicians to drive impactful healthcare reform. The shortage of healthcare manpower and resources has two dimensions – quantity as well as quality.
- The greatest impact to improving the quality of healthcare can be made by empowering related health care provider groups: pharmacists, nurses and physiotherapists etc. A special training shall be incorporated in curriculum under such course to shortage of healthcare manpower.
- There is no emphasis on pharmacy education under Health Care Education in proposed draft National Education Policy -2019, Pharmacy is one of the important health care related professional courses, all the component of skill competency training & assessment has to be incorporated for all the professional course in the policy . Nearly 3000 Pharmacy College in the country and the policy does not focus any issues on the reformation in pharmacy education.

- With proper practice training and empowerment and appropriate incentive schemes, allied health professionals can play a crucial role in providing safe, high-quality, cost-efficient basic care to patients in peripheral areas. This will help in redistribution of clinical workload in health care system with a better outcome.
- Digital learning and training tools have a definite role to play in India's ambitious "digital health" program, as these will allow the country to not just train more Health Care Professionals and learners in colleges, but also allow them in the workforce to up skill themselves to take up greater responsibilities in managing care at the community level.

EQUITY

- Improving the knowledge and competencies of healthcare professionals is crucial to better address the specific needs of persons living in poverty and avoid stigmatization.
- Medical/ Health Care Professional training and residency programs should aim to improve students' and residents' relational skills, more specifically their communication skills, as well as their awareness and capacity for self-reflection, by helping them to identify and recognize their biases, and limitations.
- The policy shall also address the underlying conditions and root causes of health care inequities, new partners in education, transportation, housing, planning, public health, business, and beyond are joining forces with community members to promote health equity.
- In particular medical/ Health Care learners should be trained to recognize the inequities in health and healthcare not as mere statistics to be recalled, or as the inevitable and immutable consequence of the differences found in our genome, but also as directly deriving from wider social, cultural, political, economic, and environmental forces. They need to understand how inequity and oppression affects health. This can take many forms depending on the context in which the medical/Health Care Educational Institution finds itself.

QUALITY

- Health productivity of learning requires considerably more attention from policy makers than it has hitherto received. This is not primarily a question of providing more specific health-based learning but of recognising and investing in the wider impact of general learning in education contexts through the life course.
- Health Care Education in its many forms impacts on these environments and social relations, changing the nature of the contexts people inhabit and also enhancing the resilience of individuals and other agencies to protect themselves against potential shocks to health.
- Indicators could usefully be developed in relation to the relationships between educational level and one or two key indicators of health behaviour such as smoking and or a measure of psycho-social development such as self-esteem. These indicators would provide useful information for national policy makers about the extent to which education and health systems compare internationally in the harnessing of educational productivity in the service of health outcomes and about the genesis of health and well-being disparities.
- It would be useful for future cross-national longitudinal data collection to incorporate more measures of health, personal development and wellbeing, alongside measures of learners' self-concepts, personal circumstances, wider contexts, wider skills and attributes and personal resilience in order to test the mechanisms for education effects on health while also considering and holding constant the effects of national level contextual and policy differences.
- There is considerable need for more evidence that draws on a wider range of measures of educational provision and addresses the more qualitative aspects of Health Care Education such as pedagogy, learning ethos, teaching style, and the relationship of learning to the self-concepts and personal development of learners.
- Health Care Education has also moved toward the adoption of a "life-skills" approach through raising consciousness about factors that influence health and increasing the ability for individuals to make informed choices through fostering empowerment. Health care education curriculum shall aim to encourage personal growth through enhancing awareness, self-esteem, self-assertion, extracurricular skills and talents of the learner.

- The movement toward life skills encourages health literacy; a shift away from the simple transfer of information, toward the development of self-esteem and confidence that allow individuals to make educated choices about their health and seek out more information if necessary.
- Equal importance to be given to all branches under Health Care Education Medical/Dental/Pharmacy/Physiotherapy/Nursing, etc in the National Education Policy-2019.

AFFORDABILITY

- Opportunities and implications shall go beyond the current paradigm of workforce planning and health professions education and offers recommendations that detail how the health of the public may be served by incorporating an integrative health perspective into health professions education and workforce planning, deployment, and utilization.
- The costs associated with health professions education pose a considerable barrier for many underprivileged students, whose economic resources are, on average, more limited compared to their majority counterparts.
- The costs and financing of health professions learning & training needs to be addressed and appropriately modified, particularly for those students whose service in the public sector is likely to increase access to care for medically underserved populations.
- The Policies that solely target financial support to low-income students may or may not successfully help them to access and succeed in health professions training programs beyond course period
- While much of the debate is focused on cost of tuition / academic fees) , it is important to note that the total costs of a health professions education are often far greater than tuition costs alone. Other costs, such as books and professional supplies and equipment, travel and other educational expenses, etc are often difficult to quantify but can be significant depending on the geographic location of the educational institution, institutional requirements for equipment and supplies, and other factors.

- Policy makers have a substantial need to obtain data to evaluate how well various programs that provide financial assistance to students succeed in recruiting and retaining underprivileged students.
- Re-examining the structure of financing programs, systematically measuring outcomes, and exploring new ways to help Health Care Professional students finance their education will be crucial in increasing diversity in the health professions workforce.
- Initiation in starting more Medical/Dental/Pharmacy Colleges in the country would dilute the quality of education and leads to unemployment of Health Care Professionals, however the approval of new colleges can be mainly based on quality and standard to meet national & international standards & requirements.
- Policy should also support the initiation of world class universities and colleges for health care education in power with Harvard University, Harvard Medical School., etc.

ACCOUNTABILITY

- The incorporation of the principle of social accountability into Health Care Educational institution therefore augments or replaces the traditional inward-looking focus upon faculty and student needs with a more outward-looking community focus, changing in doing so the distribution of authority within the educational program. It is therefore a powerful democratizing concept which is helping remake both medical and other forms of education.
- Social accountability and critical pedagogy is fundamentally about change. Indeed it has been described as an educational approach which “considers how education can provide individuals with the tools to better themselves and strengthen democracy, to create a more egalitarian and just society, and thus to deploy education in a process of progressive social change”.

- The Health Care Educational Institutions can use the methods of critical pedagogy, embedding this pedagogical ideology in the curriculum, giving students the knowledge, skills and, perhaps most importantly, the attitudes, to avoid becoming part of a static and inequitable system of healthcare. They must be freed, informed, and enabled to use this approach in the classroom, the clinic, and in the wider community. By doing so a socially accountable program can be imbued with the ideological foundations and the practical implementation strategies needed to achieve its goals encouraged by the use of the methodology of an educational philosophy well understood, well used and demonstratively effective.
- The Health Care Educational Institutions must also consider who is admitted into its programs, using factors such as academic ability, community engagement, and extracurricular interests as factors in making its decision.
- The nature of these interests should be carefully considered with the aim of increasing the odds that Health Care Graduates will engage in the type of activist work desired. Class should be representative of the demographic and socioeconomic makeup of the served population, however hard that can sometimes be to achieve, whether by awarding scholarships, having intake streams for underprivileged, or conducting 'outreach' to underrepresented groups.
- The forming of visible partnerships with social justice organizations working in fields that have explicit or implicit health-related goals, whether for service-learning or other purposes, and recognising faculty, learners and those in the wider community who have worked towards health care. The use of service-learning in this manner provides an alternative to embedding explicit 'training' in activism and reform within the medical curriculum.
- The fields of training, including teacher education, service-learning to increase community engagement, empathy for others, and understanding of the foundations of inequity in addition to, crucially, helping student see ethical service as being a fundamental component of the future practice of their profession.
- Although service-learning projects in clinical education could comprise anything from clinical service to laboratory investigations, the requirement that it takes place in collaboration with community groups gives students in clinical disciplines the opportunity to gain the skills required to become proficient in advancing social justice and healthcare equity causes within their community and to see this as part of the service provided by their profession.

- Adequate financial support to encourage financially backward and rural students and do away with cast base reservation , however merit shall be the main criteria for entering professional courses.
- The other strand of social accountability, decreasing geographic inequities in health care provision and outcomes, is inherently an issue of place. In other words, as well as considering how social and demographic differences result in health inequity, we must also consider the influence of where and how people live.
- The problem of already formed stereotypes towards various oppressed groups may also be addressed using experiential learning techniques. For example, community learning allows the student to hear stories of oppression from community advocacy groups and from individuals themselves with the aim of gaining a greater and realistic understanding of the lives of oppressed groups with the express aim of teaching students how to meet the healthcare needs of such persons.
- The use of community placements in which the student has an opportunity to learn from both their teachers but also community members complements such an approach.
- Access to much health care technology is not available locally in remote areas necessitating travel to larger centres if such services are to be accessed . Such matters can also be addressed within problem-based learning sessions by altering the practice context, that is, where the case to be discussed is located.
- With careful consideration of the practices and resources found within various locations which span the geographic breadth of the region which the medical school serves, learners can be made aware of the differences between contexts and how this affects health and healthcare within them.
