

QUALITY MANAGEMENT IMPLEMENTATION AT UNIVERSITY

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1. Introduction

Universities have the mission to create knowledge by doing basic research, to transmit it by teaching in the undergraduate, postgraduate and continuous education and what is known as third mission: its social implication in transference of knowledge, innovation and development and cultural and social compromise towards building a better world, with more justice, peace, and richness for everybody. For doing their mission Universities must be autonomous and well financed. But this implies accountability of the resources that the society puts in our hands. Do we use efficiently those resources? What is the quality of our work? In the past 15–20 years the quality assurance entered in my University experience, and today it is accepted as normal issue. Today nobody is against quality assurance in the University; where it entered many years before. What is not widely accepted is the method of doing it. The Legitimacy of Quality Assurance in Higher Education is based on that of the European Higher Education Area (EHEA) with automatic validation of titles and free circulation and work in all European countries. To make this possible it is necessary to assure a quality standard of education in Higher Education Sector and the development of Quality Assurance systems for Higher Education Institutions. That's why the European ministers in Bergen in 2005 urged to define standards and guidelines for QA, following the Berlin Ministers of Education meeting where they agreed that the national QA systems should include a "system of accreditation, certification or comparable procedures" The progress of implementation was reviewed again in London in 2007. This process is not simple, because HE systems in Erbil/Iraq vary, often for historical reasons alone: old vs. new universities; private vs. Public; comprehensive vs. special HEIs, etc.

It is important to stress that there is an imperative need of University Social Implication, we must insist in our essential role in generation of richness in the global knowledge society of the 21 century. For Universities it is a mistake to ask for more University financing just for social reasons, as they are not priorities because health care is the first, social settings are the second and primary education is the third. We must combine it with social needs for producing money and be efficient with the gain/gain philosophy, helping to increase general economy: Investigation, Development and Innovation, and increased value: quality, prestige and better health care.

Quality assurance and quality improvement are two necessary objectives that all organizations must assume and work towards them. There is no other option. Besides, it is justified by: 1) Personal ethics. To work with the maximal quality as possible is a challenge that every human being must have as a value. It is one of the different items that help the one to be happy in his/her own life. The selfish increases if one works with quality; 2) Social ethics. There is a need of security in health care for every citizen.

The EHEA with the recognition of titles and studies within Iraqi Universities makes it necessary to implement a Quality Assurance program to assess similarities in teaching outcomes. In different training it has implications that make it specific and different to others. There is a real need to evaluate, enhance, accountability and confront the evaluation Standards in Medical Education and the methods and results of all University Higher Education, that is worldwide for its health care implications. Schools of medicine have special complexities in relation to other university studies: in undergraduate medical education, postgraduate training, Specialization, Continuous Medical Education, Basic and Applied Research; all is done in relation with clinical settings. The Universities have different types of Evaluation: Institutional Evaluation: dealing with Governance or General organizational aspects; and Specific Evaluations: of Quality of Teaching: (curricula,

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methodology and outputs) and of Health Care Quality Assurance. There are also different methodologies for quality assurance: Quality Circle; Q.A. focused on: Structure, Process and Results, Continuum of Quality: for Undergraduate and Postgraduate education; Accreditation or improvement and Quality of Medical School and Health Care System. Rector's have challenges: Differences between Centers and Studies, Different Staff opinions, the need in more Resources, and need in High standards and guidelines. University Staff have different opinions about Q.A. Evaluations: A mandatory extra-work that takes extra-time, A bureaucratic extra-work that has little positive effects on their own professional work, A rector's office imposition because of no trust in staff and need of university marketing. And a necessary complementary work for increasing quality in teaching, research and health care providing, a need in university transparency and accountability for generating society complicity and help. That's why it is necessary to implement Actions of Continuous information-education about the need of life-long learning in all professional aspects, not only technical: of Teaching, Self-growing, Research, Management, involving the Staff and Students in the process and making Staff leave the QA evaluation as a "enjoying process". In the implementation of Quality Assurance we must avoid several pitfalls: Excess bureaucracy; To be received as a "police inspection"; Excess of extra work; Little related to outcomes; Not accepted as an improvement tool; Conforming with the assessments; Not integrated in staff normal work. There are different approaches for Q.A. Assessment, for example: Each Medical School, according to the HEI can decide itself which type of quality system it is following (ISO, EFQM, etc.) or develop its own that fits best it's very strategy and tasks. What is very important is to achieve that every Medical School should be willing to go through the audit with its motivation based largely on enhanced national and international competitiveness and visibility. Each audit is based on a specific contract between the Medical School and the Agency, and thus must not been seen as limiting the autonomy of the Medical Schools. The way ahead, in the future I suggests that: internal quality assurance processes need to be sufficiently financed on a continuous basis; decisions about the course and program design, monitoring and approval should be informed with employers' views – Health care Responsible; quality management bodies inside the HEIs should involve students on a more systematic basis; involvement of international reviewers has to be financially supported by the government.

2. Conclusions:

- Universities must give high autonomy governance to Medical Schools;
- Health Care providers must be linked with Medical School respo;
- Universities Quality Assurance Offices must help medical Dean's Office work.

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Summary

Medical School is different as teaching implies health care system and patient's care; its cost is very high and many people implicated in medical students training are not linked with University Staff: Hospital and Primary Care physicians, nurses and other Health Care Professionals, etc. That's the reason why Q.A. of Medical Schools must be closely related to results, to outcomes and be combined with QA of Health Care settings. There are different specific models of Q.A. evaluation of Medical Schools. ENQA should agree a common European Standard Model.

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