

# Appraisal of Scholarly Activities of Medical Faculty for Career Advancement and Recognition: A Suggested Scheme in the Indian Context

Nilakantan Ananthakrishnan

## ABSTRACT

Assessment of medical faculty in India for career advancement and recognition still remains one-dimensional, focusing only on research output in the form of published papers of specified type in specified journals. No importance is given for other activities of faculty including teaching research, outreach, patient care, administration, and innovation. A scheme is suggested in the context of Indian medical schools giving weightages for all activities of faculty based on their disciplinary affiliation. This scheme is suggested as a model and not meant to be normative or prescriptive but as a suggestion of a wider horizon of appraisal to a fairer dimension.

**Keywords:** Faculty appraisal, Faculty career progression, Faculty scholarship.

*SBV Journal of Basic, Clinical and Applied Health Science* (2019): 10.5005/jp-journals-10082-02217

## INTRODUCTION

The multidimensional role of medical faculty in their work environment is well known. It comprises patient care activities, teaching, research, administrative responsibilities, provision of outreach services to the community where relevant, and contribution to the generation of new knowledge. This is also essentially the definition as proposed by Boyer.<sup>1</sup>

However, in this context, unfortunately all major regulatory guidelines governing health profession education in India, be it MCI or DCI or INC or others, focus only on publications of a specified type in specified journals as the only criterion for career advancement.<sup>2-4</sup> All other contributions made by the faculty in the course of their day-to-day work, which in many instances may be more important for the institution such as patient care or teaching, have not been considered. This is contrary to what is practiced abroad. In an earlier publication, the author had written in detail about various activities which could be considered as scholarly activities or scholarship for medical faculty.<sup>5</sup>

This current paper focuses on a suggested scheme of implementing that requirement in real life in the Indian context where weightage is given to all facets of faculty work and not only publication.

## PROPOSED SCHEME

At least six different job responsibilities of medical faculty need to be recognized and rewarded. These are, provision of patient care services, teaching of undergraduates and postgraduates of the institute, participating in outreach activities, where relevant, in order to take healthcare to the door steps of the community, guiding and performing research activities for advancing knowledge, administration, committee work in the interests of the department and the institution, and finally innovation and generation of new knowledge or applications.

Table 1 shows a suggested scheme of assigning weightage to different faculty responsibilities. The table also shows that the weightage for various duties will vary for different types of faculty

---

Department of Surgery, Sri Balaji Vidyapeeth, Deemed University, Puducherry, India

**Corresponding Author:** Nilakantan Ananthakrishnan, Department of Surgery, Sri Balaji Vidyapeeth Deemed University, Puducherry, India, Phone: +91 9443284265, e-mail: n.ananthk@gmail.com

**How to cite this article:** Ananthakrishnan N. Appraisal of Scholarly Activities of Medical Faculty for Career Advancement and Recognition: A Suggested Scheme in the Indian Context. *J Basic Clin Appl Health Sci* 2019;2(3):119–121.

**Source of support:** Nil

**Conflict of interest:** None

---

such as preclinical, paraclinical, and clinical and also based on their position in the hierarchy or holding responsible administrative posts.

Table 1 also shows the type of activities which can be considered as contributing to the generation of new knowledge such as high-quality publications, intellectual properties such as patents and copyrights, and development of therapeutic guidelines and also gives weightage to significant national and international recognition and awards. However, the weightage for this parameter is kept low, since it would not contribute a major share to the working hours of the faculty or to major segment of the faculty itself. However, research and innovation are important aspects of a teacher's duties and thus the weightage for these is kept nearly uniform except for senior faculty and Heads where it has been slightly reduced keeping in mind their other responsibilities.

For each parameter, one has to develop a rubric as a descriptor to measure the level of achievement. This has to be simple so that it is not subject to bias. One way is suggested in Table 2. It is relatively easy to assess what is optimal for the role played by the faculty and mark around that point; a 4-point scale would thus run between suboptimal, optimal, more than expected, and outstanding as is shown in Table 2. Objectivity can be added by including a descriptive statement for defining each rubric for each level in the assessment form. Since the total score for a faculty member is 100,

**Table 1:** Weightage (%) for scholarly activities among faculty

Phase	Percentage weightage for type of scholarly activity						Maximum score
	Teaching	Patient care	Research	Administration	Outreach	Others*	
Preclinical	50	10	20	10	Nil	10	400
Paraclinical	40	20	20	10	Nil	10	400
Clinical	30	25	20	10	5	10	400
Senior professors and heads of departments	20	25	15	30	Nil	10	400

For each scholarly activity, achievement to be marked on a 4-point scale: 1, suboptimal; 2, meets requirement; 3, exceeds requirement; and 4, outstanding  
 \*Others—other achievements such as high-quality publications, recognitions, awards, fellowships, patents, copyrights, receipt of research grants, etc.  
 For calculating percentage, approximate time spent on the activity calculated as hours/day  $\times$  number of working days as a fraction of the total number of working hours in the year has been taken

**Table 2:** Suggested use of scholarship parameters for faculty advancement

Purpose	Individual's total percentage score at annual appraisal (%)	Actual total score
For increment	More than 50	More than 200/400
For promotion	More than 65	260 and above/400
For special recognition	More than 75	More than 300/400

Steps for calculation:

Step I. Achievement score obtained by individual faculty for each type of scholarly on a 4-point scale multiplied by percentage weightage for that activity

Step II. Cumulative score for all four activities put together to arrive at the total score out of 2,000

Example 1:

- A clinical faculty who scores 2 in teaching, 2 in patient care, 1 in research, 1 in administration, 1 in outreach, and 1 in others will have a total score of  $2 \times 30 + 2 \times 25 + 1 \times 20 + 1 \times 10 + 1 \times 5 + 1 \times 10$ , i.e.  $60 + 50 + 20 + 10 + 5 + 10 = 155/400$
- Preclinical faculty with the same scores will get 150/400 (no score for outreach)
- Paraclinical faculty will score 160/400 (no score for outreach)

Example 2:

- Clinical faculty who scores 3 in teaching, 3 in patient care, 2 in research, 1 in administration, 2 in outreach, and 2 in other will score  $3 \times 30 + 3 \times 25 + 2 \times 20 + 1 \times 10 + 2 \times 5 + 2 \times 10 = 245/400$
- Paraclinical faculty with the same scores will get 250/400 (no score for outreach)
- Preclinical faculty will get 250/400 (no score for outreach)
- Senior faculty and Heads of Departments will score 215/400

the maximum possible mark obtained by them (presuming that they score 4 in all parameters) would be 400.

The next step is to enable decision-making based on the annual scores. This is shown in Table 2. Once again, the figures are only illustrative. For example, a minimum of 50% may be required for annual increments, and a minimum of 65% for career advancement in the form of promotions to the next grade. Outstanding achievements, herein fixed at 75% and above, require to be specially recognized by the administration and management in the form of special certificates, achievement plaques, additional financial incentives in the form of extra increments, or in some other qualitative or quantitative manner.

This would serve as an example and incentive to other faculty to strive for higher levels.

A model calculation is shown in Table 2. It also shows that due to the difference in weightage for different activities, the overall total score for different faculty will vary slightly based on their departmental affiliation.

The low score for senior faculty, in example two, shows that as senior members of the teaching faculty they need to concentrate also on their administrative responsibilities which are mandated by their status in the organization. This aspect cannot be ignored giving commitment to teaching and patient care as an excuse.

For junior clinical faculty who are not administrative heads, they need to take some time from their patient care to fulfill their role in outreach activities.

## DISCUSSION

Regulatory requirements for assessing faculty in the healthcare sector for promotion in India almost always have only two criteria, viz., duration of service in a prescribed feeder post and publication in prescribed indexing databases or prescribed journals of a fixed number of publications. The type of publications is also prescribed. Even in this category, for some obscure reasons, high-quality scientific work such as review articles or meta-analysis are not considered "research articles" by the MCI.

All other aspects of faculty work are totally ignored. Internationally, several types of activities are recognized as scholarly for faculty. Boyer originally proposed four activities of faculty as scholarly activities, viz. (i) teaching and learning, (ii) application (of existing knowledge to new situations), (iii) integration (of knowledge across disciplines, across topics, and across time), and (iv) discovery (or generation of new knowledge).<sup>1</sup> Glassick expanded the criteria to include a fifth, viz., scholarship of engagement or community outreach.<sup>6</sup>

In the Indian context, one can consider the following as scholarly activities of medical faculty: teaching, research, patient care, administration, outreach activities, and contribution to new knowledge or innovation. Explanations are required for some of these terms. The relative expectation of contribution from the faculty to these six fields would vary depending on their position in the hierarchy and the department in which they work. For example, at the formative level, a clinical faculty may be required to contribute more toward patient care services and teaching, and as career advances, more toward administration, research, and innovation. This aspect is totally ignored in regulatory guidelines. If it becomes obvious to the concerned faculty that all activities other than research do not merit consideration in career advancement,

there would be a tendency to ignore all the other activities and focus only on publication, more often than not in substandard and predatory journals merely for the single purpose of meeting regulatory norms for promotion.

For preclinical departments, generally the responsibility toward contribution to patient care is less. For example, anatomy may provide genetics services, physiology may provide pulmonary function studies, nerve conduction studies etc. biochemistry, of course, has a greater role in running the clinical biochemistry laboratory. However, even here, the role of faculty in reporting is minimal since most tests are automated. Preclinical faculty members have a considerable teaching load as they have to engage undergraduates not only in medicine, but also in dentistry, nursing and allied health sciences. Hence the weightage for teaching should be higher.

Paraclinical faculty members have a greater responsibility toward patient care services. This should reflect in their appraisal form with a corresponding reduction in teaching load. For clinical faculty, due to the existence of the unit system and multiple departments, the teaching load of individual faculty member is reduced, but patient care responsibility increases. Clinical faculty have the responsibility also of providing community outreach services which is not the case with pre or paraclinical faculty.

Research is important for an academic post; hence the weightage assigned is 20% across the board. Administrative responsibilities include such activities as being a student counsellor, a warden, organizations of conferences and CME programs, contribution to curriculum or other committees, etc. This contribution increases with increasing position in the hierarchy, being the highest for the heads of departments. The scholarship of innovation and discovery includes such activities as high-quality publications, national and international recognitions, generation of patents, copyrights or other intellectual properties, writing of books, etc. All this has been shown in a suggested scheme in Table 1.

Creation of an easily comprehensible rubric for grading achievement levels is mandatory for the appraisal of scholarship. This requires to be simple and easy to apply to avoid subjectivity. Hence a 4-point scale is suggested hovering around a central locus

of quality of faculty which corresponds to what is expected in general. Other points extend in both directions from suboptimal to outstanding.

## CONCLUSION

The assigned weightages shown in Table 1 are only meant to be taken as a starting point for initiating discussion on a hitherto ignored area and an example for calculation. The scheme is only suggestive and not normative or prescriptive. It is meant to start a serious debate on the issue of necessity for having a better system of faculty appraisal than the one which exists at present and serve as a template for further discussion. Regulatory bodies and institutions have the option to change the weightage based on their perception of the relative importance of each parameter. However, once finalized, it should be across institutions for uniformity.

## REFERENCES

1. Boyer EL. Scholarship reconsidered, priorities of the professoriate, a special report. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching; 1990.
2. Medical Council of India. Teachers Eligibility Qualifications, 1998, Salient Features of Minimum Qualifications for teachers in Medical Institutions, regulations, 1998, (Amended up to June, 2017, Medical Council of India.
3. Dental Council of India. Notification, Published in the Gazette of India, Part III, Section 4. [http://www.dciindia.org.in/Rule\\_Regulation/MDS\\_Course\\_Regulations\\_2017.pdf](http://www.dciindia.org.in/Rule_Regulation/MDS_Course_Regulations_2017.pdf), Accessed on 26.11.2019.
4. Indian Nursing Council guidelines and minimum requirements to establish B Sc. (N) College of nursing, [https://www.indiannursingcouncil.org/pdf/guidelines-for-BSc\\_New.pdf](https://www.indiannursingcouncil.org/pdf/guidelines-for-BSc_New.pdf), Accessed on 28.01.2019.
5. Ananthkrishnan N. Perception and assessment of scholarship in health science institutions in India – gap between the existing and the desirable. *SBV J Basic Clin and Appl Health Sci* 2019;2(1):32–38. DOI: 10.5005/jp-journals-10082-02107.
6. Glassick CE, Huber MT, Maeroff GI. Scholarship assessed: evaluation of the professoriate. Special report. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching; 1997 <https://eric.ed.gov/?id=ED461318>, Accessed on 26.11.2019., <https://www.mciindia.org/CMS/rules-regulations/teachers-eligibility-qualifications-1998>. Accessed on 26.11.2019.