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Article

Exploring Internal Quality Assurance Practices at Ghana College of Physicians and Surgeons (GCPS)

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Abstract

This paper reports an exploratory study that examined the internal quality assurance (IQA) practices at the Ghana College of Physicians and Surgeons (GCPS) for the purpose of suggesting improvement. Grounded in qualitative research elements of in-depth interview, thematic data analysis and interpretation, organizational renewal theory provides its driving force. The research reveals the following results: Rigorous admission standards, Teaching and learning practices; Examination and assessment practices, Funding medical education and training, Regulator or training role, Accountability and monitoring issues, and Transfer of medical knowledge, skills and dispositions acquired in training to places of work. The conclusion makes ten quality management recommendations toward the strategic renewal of the GCPS

Keywords: Quality assurance, Internal Quality, Physicians, Ghana Organizational change, quality

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INTRODUCTION

Internal quality assurance (IQA) in higher education is critical in that, it is both social and ethical accountability (Woodland, 2006). The social aspect relates to higher educational organizations deploying their human and other resources and collectively producing graduates who satisfy the interests and fulfill the aspirations of stakeholders, including students, guardians/parents/sponsors, government and society. More specifically, in the case of medical education, Stefan & Hans (2011) add that the social accountability also includes the willingness of the graduates to make any required adjustments or modifications to meet the needs of patients as well as the health care system in which they work. This is an overarching point especially in the context of developing countries.

Ethically, it is the moral responsibility of higher institutions to ensure that the human resources they produce will meet the expectations of the users and not cause any foreseeable harm or risks to those users (Obadara &.Alaka, 2013). Thus, quality assurance in higher education is a mechanism for safeguarding the public interest and encouraging continuous improvement of all the processes involved in producing graduates (Machumu & Kisanga, 2014). Apart from the social and ethical responsibilities associated with quality assurance, in the African continent quality assurance is used also as an instrument for revitalization of its higher education (Shabani et al. 2014).

However, in a post-graduate medical College, internal quality assurance (IQA) is more critical as it requires a commitment to producing graduates with the highest standards of medical competency in terms of knowledge, skills and dispositions. Whether stated or not, post-graduate medical college has a significant role to play in the overall health care and services strategy of a country. This is especially the case in a developing country like Ghana where the health services sector faces monumental challenges such as scarce resources of medical specialists, limited budget, material resources and management expertise.

It is impossible for citizens in developing countries to have access to quality health services without prospective physicians and surgeons receiving quality medical education (Schirio & Heusser, 2010). As well, licenced physicians and surgeons should engage in continuous professional development activities to learn best practices, undertake reflections on their current practices and anticipate future emergent health needs of the population. All these inevitably raise several issues of which quality management in medical education is one of them.

The international literature on quality has multiple definitions of quality. This is because quality could mean excellence, meeting threshold standards, transformative potential, fitness for purpose, transparency and accountability (Valeikiene,2017). Despite its multidimensional nature, quality may be conceptualized from two perspectives: the producer and the user. From the producer perspective, quality is referred to the practice of ensuring that a service or product is produced in full conformity to lay down specifications. From the user

viewpoint, quality involves the judgement on the fitness of a person or thing for specific purpose or use (Hassan, 2010). Analytically, the two perspectives are significant in understanding quality assurance practices in a post-graduate medical college.

However, both Hassan (2010) and Omigboun (2010) state that quality assurance is a set of practices that focuses on ensuring that a service or product is suitable for its intended purposes, not necessarily in accordance with specifications of the producer. The producer thus must take all the necessary measures to eliminate any known or foreseeable errors in producing the product. It should be stated that the producer has to strive to ensure that its specifications embody the expectations of the user about the appropriateness of the service or product (Omigboun 2010).

In the context of medical college, quality assurance is a composite of those policies and practices that inspire confidence and trust in the users of medical graduates. They include practices of ensuring that the standard curriculum is implemented effectively as planned; teaching and related materials are delivered according to standards; qualified instructors are hired to deliver the curriculum and students with high standards of preparations are recruited (Hassan, 2010). As a matter of fact, internal quality assurance cannot voucher absolutely that medical graduates possess all the required skills, knowledge and dispositions to deliver health services in every situation or context, but it is the first vital step toward quality enhancement (Omigbodun, 2010).

In fact, internal quality assurance (IQA) presents a strategic option and an integrated management philosophy for organisations, including universities and colleges, which allows them to attain their objectives effectively and efficiently (Goldberg & Cole, 2002).It helps educational organizations like post-graduate medical college to maintain trust with the general public and other stakeholders and safeguard their reputation.

Quality assurance (QA) is related to quality enhancement. Nevertheless, both are part of the same process. Quality enhancement is about raising or bringing quality to the highest level, while quality assurance entails compliance with specific standards either laid down by management of an organization or external quality assurance agency (Collins, 2012; Elassy, 2018; Williams, 2016). Quality assurance is the first step and then quality enhancement follows. The distinction is crucial, in that quality assurance invariably becomes a perfunctory process that is easily performed as a routine exercise. When quality enhancement is required it demands a different attitude and mental models.

Purpose

The primary purpose of this study was to describe the internal quality practices at the GCPS from trainees' perspectives and provide recommendations for improvement as a way of encouraging the College[1] to renew itself and to be responsive to the health needs and concerns

[1] Unless otherwise stated the term College is used to refer to Ghana College of Physicians and surgeons (GCPS)

of the Ghanaian population. The paper is divided into six sections.The first section of the paper reviews briefly the literature on internal quality assurance. The second part outlines both the research questions, along with the theoretical perspective that undergirds the paper. The history, functions and organizational structure of the College is reviewed in the third section, while the fourth part summarizes the research findings. The research findings are discussed in the fifth section and the paper concludes in the sixth section with recommendations.

The literature on internal quality assurance (IQA) in African higher educational institutions is gradually growing, yet no research has targeted its practice in a post-graduate medical college in the continent. An Egyptian study documents in detail how medical doctors are trained and educated there (Abdelaziz et. al). In a similar research on Ghana, Deislane et al. (2014) made reference to the GCPS as a critical integral component of Ghana medical system but the research did in any aspects referred to the internal quality assurance practices of the GCPS.

Recent studies on university medical graduates in Ghana investigated both financial and professional incentives needed to curtail the migration of those graduates to foreign countries (Amuakwa-Mensah & Nelson, 2014; Eliason et, al, 2014; Lassey, et al., 2013). More specifically, these researchers hailed the Ghanaian government's effort on establishing the GCPS as positive in providing medical doctors local opportunities for professional training and development. Again, those studies do not focus on the internal quality assurance processes or practices at the GCPS. Accordingly, this research is designed to close that yarning gap in the literature by examining the internal quality assurance practices at the GCPS. As well, the results of the research will provide an important reference source for researchers interested in conducting qualitative, quantitative or mixed studies on the internal quality assurance in post-graduate medical education in Ghana and other developing countries.

Theoretical Perspective

Organizational renewal is the theoretical perspective that informed the design of the study, including the literature review, collection of data, thematic analysis and interpretation of the data.

Organizational renewal is referred to as any continuous change or episodic process of adding vigour or refreshing an organization to ensure both its short-term and long-term survival (Taneja al. 2012). Organizational renewal is synonymous with organizational change. This involves altering the mental models of organizational leaders, its vision and mission, direction and structure (Barr et al, 1992; Lester &Parnell, 2002; Seeger et al, 2005). To bring about change, it may be necessary to conduct critical examination of factors that perpetuate an organizational way of life, values, beliefs, attitudes and practices (Danielson,2004).

However, as Taneja et al. (2012) have indicated, there are internal and external triggers for organizational change. Internal triggers may include the loss of a member or contract, ineffective procedures, major theft of resources, and lack of teamwork. External triggers could include political, social as well as technological changes that are most likely to have a significant impact on the short-term or long-term prospects of the organization. Sometimes organizational change may be necessary not because of any visible external or internal environmental threats but the organization may want to energize and refresh itself in the industry where it operates in order to fulfill more effectively its mandate or mission. The organization may occupy a stagnant position or may be sliding incrementally into stagnation in the industry. Through refreshing and energizing it could repositions itself effectively in the industry to achieve its mission or mandate especially in the case of public sector organization that was established by statutory instrument.

Nevertheless, how could an organization such as GCPS maintain or renew itself without research into its performance in attaining the primary mission for which it was established? A research study such as this was designed to provide critical information that could be used to renew the GCPS. While the GCPS has not received any political or public pressure to change or refresh itself, it faces competition from other post-graduate medical colleges around the world. Thus a change initiative based on the findings of this research could motivate its stakeholders to determine GCPS's visibility, relevance and contribution to Ghanaian public health.

Research Questions

The research was undertaken to answer the following three major questions. From these major research questions, other sub-questions were derived to construct the schedule of interview questions for the research participants.

1. What internal quality assurance practices are established at the Ghana College of Physicians and Surgeons in terms of training and certification of physicians and surgeons?
2. How is the College accountable to the Ghanaian public?
3. In what ways can the internal quality assurance practices at GCPS be improved?

Brief History, Functions and Structure of GCPS

In January 2003, a special parliamentary act (Act 635) gave birth to the Ghana College of Physicians and Surgeons. The Act of 2011was repealed and replaced by the Specialist Health Training and Plant Medicine Research Act, 2011 (Act 833). This also established the Ghana College of Physicians and Surgeons(GCPS) as a national postgraduate medical college for the specific purpose of training residents in medicine, surgery and related disciplines. The college has a mission to promote and provide quality specialist postgraduate medical education and research in medicine, surgery and other kindred disciplines. It is also mandated

to provide continuous professional development to medical doctors and to contribute to policy formulation on public health services in Ghana.

Functions of GCPS

From the legislative instrument that established the College, the following are its salient functions:

1. Organise and supervise specialist training, promote continuous professional development and support postgraduate research in medicine, surgery and related disciplines;
2. Conduct specialist examinations in medicine, surgery and related disciplines;
3. Publish journals and pamphlets for promotion and dissemination of theoretical and practical medical knowledge;
4. Award diplomas and certificates on completion of specialist training and confer professional distinctions;
5. Foster cooperation with other institutions with similar objectives;
6. Initiate and participate in actions and discussions aimed at sound health and formulation of public policies on health; and
7. Perform any other functions that are ancillary to the objectives of the College.

Organisational Structure of the College

The College is governed by a Council responsible for policy formulation, and implementation, mobilisation, control and supervision of finances and estates of the College. It also admits members, associate members and fellows into the College. Hierarchically, the next in the rung is the academic board which is responsible for all the academic activities of the college. It is chaired by the president of the college with the rector as secretary.

In addition, the college is divided into two divisions: physicians and surgeons. The division of physicians consists of the faculties of family medicine, internal medicine, laboratory medicine, paediatrics and child health, psychiatry, public health, radiology, oncology and radiation therapy. The division of surgeons is made up of the faculties of anaesthesiology and intensive care, dental surgery and sub-specialties, obstetrics and gynaecology, general and specialised surgery, ophthalmology, otorhinolaryngology and emergency medicine.

Further, each division has a board responsible for the overall policy-making decisions and monitoring of the affairs of its division. The tenure of office of members of the board is two years in the first instance and they are eligible for another two-year term only, making it a maximum of 4 years. There is also faculty board for each faculty responsible for developing, promoting and implementing the academic programmes of the faculty and nominating examiners for approval by the Academic Board. The chairperson and other members of the

faculty board are appointed for a two-year term in the first instance, and are eligible for another two-year term only.

RESEARCH DESIGN

Data Collection

The study was designed as a qualitative case which focused on meaning finding, sense-making and interpretation of participants' experiences and perceptions through words, phrases and contexts (Kim, 2016). A qualitative approach was adopted for three reasons. First, the research questions predisposed the study to a qualitative approach in that it sought to understand participants' experiences and perceptions of a complex phenomenon of internal quality assurance (Daynon &Holloway, 2011).

Second, a qualitative approach is regarded suitable for studying a phenomenon still at the observational phrase (Buddenbaum & Novak, 2001) just as the internal quality assurance practices were at the College. As a matter of fact, a study of internal quality assurance in a post-graduate college in Ghana is inherently exploratory in nature particularly when it is small and the first of its kind. Third, quantitative approach is appropriate for studying phenomena with repeatable and generalizable patterns that lend themselves to reasonable predictability. Nevertheless, this study by contrast, involved individual lived experiences and perceptions that do not have those characteristics (Richard, 2006).

The study sought to elicit information from residents who were going through a three and two year programme respectively to find out their experiences and perceptions of the internal quality assurance practices at the Ghana College of Physicians and Surgeons (GCPS). Ten key informants consisting of six residents and four senior residents were purposively selected to participate in an in-depth, semi-structured interview to gather data for the study. The interview for each of the eight participants lasted approximately 45minutes but the other two took an hour each. The each interview was audio-recorded with the consent of the participant after he/she was assured of anonymity of their identities.

The researchers had direct interactions with all the informants. They had come for a four-day conference when the research assistant approached them and sought their consent for the interviews (Cohen, Manion & Morrison, 2011). Some of the residents who were approached declined the invitation to attend the interview sessions. The in-depth interviews consisted of less-structured approach. There were few pre-determined questions on the various themes under consideration to explore in detail, respondents' own perceptions and accounts.

Data Analysis

The audio-recordings of the interview data were manually transcribed. The transcripts were read several times for familiarization purposes, themes identification and reflecting on the key research questions (Ary et al. 2014). From this 150 themes were created out of recurring words and phrases in the participants' narratives. The detailed narratives were sliced and placed under their relevant themes. For example, examination, admission requirements,

enrolment, professional development, funding, research, assessment, teaching and learning were regarded themes.

Through several revisions the themes were narrowed to 45. The themes were used as key words or phrases in organizing the findings and answering the major research questions. The 45 themes were considered a saturation point for the data analysis as no new ideas were

Ethical Considerations and Researcher Position

In qualitative research, the researcher is the primary instrument for data collection, analysis and interpretation (Mehra, 2002). For this reason researchers agree that any beliefs, assumptions or presuppositions brought into the research process should be declared to guide readers of the research report (Nicholls, 2009).The study was conducted at the researcher place of work. Nonetheless, it was conducted in an open, transparent manner to avoid any conflict of interest and to maintain the highest standards of integrity and scholarship. The first issue was the influence of the work of the researcher. Measures were put in place to clarify the relationship between the researcher and the respondents. As such he did not make use of any verbal or written materials such as personal opinions, diary recordings and group discussions on related subject prior to the study. The second issue had to do with an insider being critical of a system of which he is part. The second researchers' probes and scrutiny during verbal and email exchanges ensured that the first researcher was critical of the institution where he worked. The researcher worked hard to maintain trust and confidence with the participants throughout the study, thereby maintaining the validity and reliability of the data and the data analysis.

The first researcher has been working with the College as Academic Affairs Manager for about six years and this makes him more of an insider. He is responsible for supervising an aspect of the College's internal quality assurance. He reports to the Rector of the college on implementation of academic policies; supervises student admission and posting to training centres and sites; supervises and conducts examinations and selection interviews; supervises training and update courses. He also plays a major role in organizing the College annual general and scientific meetings, Medical Knowledge Fiesta and others. The monitoring of issues related to accreditation and re-accreditation of training centres and sites is also part of his core duties. Nevertheless, the second author provided effective supervision of the research to prevent any identifiable or foreseeable conflict of interest. This included, but not limited to, having a research assistant to recruit the research participants.

The first researcher was not oblivious to the fact that his official role could influence the conduct and outcome of the study (Smyth & Holian, 2008). Thus he exercised utmost caution to prevent any visible or foreseeable factors with the potential to influence the research outcome. As a check on the study, the schedule of interview questions, the interview data, data analysis, along with the interview transcription were thoroughly reviewed and

scrutinized by the second researcher to ensure their validity and reliability. However, both researchers wrote the final research report.

The relationship between the first researcher and the participants presented both a challenge as well as an opportunity. While the participants voiced out their frustrations about what the College was expected to do in terms of training, they felt more like reporting their trainers and, to a large extent, the College. Conversely, the first researcher enjoyed the relationship in that it offered him opportunities to probe in-depth the internal quality assurance practices at the college to elicit detailed responses from them (Coghlan, 2007).

Presentation of Findings

The following findings emerged from the data analysis:

Admission Practices: The College in consultation with the Ministry of Health and Ghana Health Service (The sector Ministry responsible for health) set the admission requirements. Participants agreed that those requirements for enrolment are widely publicized (on the College website, in newspapers as well as posters that go around hospitals in the country). However, candidates are required to have served two years of house-man-ship and at least a year in a district hospital before they are qualified to apply for admission. The research participants agreed that applicants who meet the admission requirements apply to the College for screening. Those who go through are invited to write the entry examination (primary examination as it is called). Successful applicants then go through a selection interview and those who are successful at the interview are offered admission to enrol. These internal quality practices are strictly followed to ensure that quality candidates are selected for the College. Participants did not find any issues or problems with this admission or enrolment process.

Education and Training Funding Practices: Almost all the participants raised issue with education and training funding at the College. According to the participants in the past the government through the Ministry of Health provided financial sponsorship to all admitted residents at the College. Now this financial arrangement has changed; one has to either pay by him/herself or look for a health facility sponsorship.

The challenge, they observed, is that the facilities (hospitals and clinics) now determine what category of specialists or consultants to sponsor in terms of their priorities rather than offer financial sponsorships to all doctors who apply for assistance. Only five participants endorsed this practice; arguing that hospitals and clinics are major stakeholders and they should have the ultimate voice in determining their needs for medical personnel rather than leaving this solely in the hands of individual doctors.

Two participants, however, raised the issue of disparity of financial resources among hospitals and clinics. For example, rural clinics do not have much financial

resource compared to clinics in the urban centres.This suggests that rich hospitals will have the financial resources to sponsor medical specialists relative to the disadvantaged ones.

Teaching and Learning Practices: Participants praised the college highly for developing curricula for all residents in the fourteen (14) faculties in the college. These curricula they agreed, spell out the competencies and skills every resident of the college should possess before they are permitted to write their exit examination in September or March every year. However, they enumerated a myriad of challenges which according to them are militating against academic work. First, all the respondents agreed that there is no uniformity in their training. 'There are no protocols designed by the college to ensure standardized training procedure. They went further to say that "training environment in one teaching hospital is different from that of another teaching hospital". Consequently, they argued that two doctors, for example, with the same speciality could have different clinical experience which is largely dependent on the teaching hospital where each was trained.

Another issue which runs through the narratives was that of logbook management. According to the respondents, logbooks are filled at the end of the training programme when a resident wants to apply to sit the exit examination. These logbooks are supposed to serve as their continuous assessment document and should be filled with the relevant information at the completion of every training session. Second, the participants lamented that the balance between service and teaching is not clearly defined. There are no formal lectures where tutorials would be consultant-led. They complained that in-class sessions are mostly resident to resident interactions. They believed this problem persists because trainers are aging and the ratio of residents to instructors is also a problem. The approved ratio for senior residency is 1:1 but the current or average ratio residency is 4:1. There are more residents, for instance, in Family Medicine than compared to trainers. Finally, some participants related the absence of any research work embedded in their medical education and training. They bemoaned the fact that neither residents nor trainers are interested in research work.

Regulator or Trainer Role: Two participants argued that the College has veritably ceded its training role to the teaching hospitals and other training sites and has become a de-facto regulator. The two participants further argued that the College has not been able to exercise effective supervision or control over those training sites. Three participants offered a counter-argument that the college does not have the financial muscle to recruit trainers and offer them tenured employment. However, the participants agreed to the College's position that the current practice where every fellow of the college becomes a potential trainer is unsustainable, hence the need to change.

Apart from being a regulator, the College also maintains its bona fide role as examination body for medical specialists and consultants. At the same time, it

continues to accredit hospitals and other health facilities to provide fundamental medical training and at the end of their training programme residents write their professional examinations.

Examination and Assessment Practices: Participants agreed that examinations are important part of the College's internal quality practices that guarantee quality teaching and learning. The College uses various portfolios of examination tools at the exit level. These include clinical examinations, viva voce (for senior residents), multiple choice questions (MCQs), and written examination (theory). The College has a designated room with maximum security and protection where all the pre-determined examination questions are kept (question bank), Faculty members select and process questions for both March and September exit examinations. A participant senior resident suggested that the continuous assessment of students if properly conducted should be the most important form of assessment in a post-graduate medical college. He added that this is better than the current exit examination.

The participants also praised the college for supervising all the examinations over the years without a single incident of examination malpractice reported. "This is good for the college", as most of the participants alluded to, particularly in a developing country context where a system could easily break down.

Finally, all the participants agreed that the use of external examiners for each session of examination is a positive step towards assuring quality of the college's examinations processes. Each faculty is allowed the opportunity to invite external examiners from neighbouring African countries and sometimes from Europe and North America to conduct the examinations. The external examiners are responsible for vetting MCQ questions, assisting in the viva voce assessment, clinical examination and they are required to submit a report at the court of examiners' meeting before provisional results are released to candidates. The provisional results are normally sent to the College's Academic Board meeting for approval before finally the council ratifies and affirms the results.

Accountability issues: All tertiary institutions in Ghana are required to apply for accreditation from the National Accreditation Board (NAB). The Legislative Instrument (LI) 1984, section 16(a) mandates all recognized tertiary educational institutions in Ghana to submit Annual Reports to the NAB. Through this process, the institutions become accountable to the people of Ghana as the NAB is an agency of the Ministry of Education which accounts to the people through the National Assembly (Parliament).

Nonetheless, the college does not apply for accreditation from the NAB; it has its own mechanism of accrediting hospitals for training post-graduate medical residents. For

this reason, it does not submit any annual reports to the NAB. It rather submits reports to the Ministry of Health as it is an agency under that ministry.

Learning Transfer Practices: The College expects its graduates to possess and demonstrate the following competencies during and after their graduation:

1. Practical and theoretical medical knowledge;
2. Provision of compassionate and appropriate patient care;
3. Practice-based learning and improvement;
4. Interpersonal communication skills; and
5. Research knowledge and skills.

The research participants acknowledged that they are fully aware of those competencies. According to most of the research participants the clinical practices and the final examination ensure that trainees will transfer those competencies to the work sites – hospitals and clinics.

DISCUSSION

The study provides valuable insights into the current internal quality assurance practices at the Ghana College of Physicians and Surgeons (GCPS). The study found that the college performs well in some aspects of its internal quality assurance practices and processes but it is mired in traditional mode of quality assurance in which quality is regarded synonymous with academic standards (Dill, 2016). Areas such as residents' admission, exit examinations and the use of external examiners received positive endorsement and acknowledgement from the research participants as it is in tune with international best practices, especially those recommended by the World Federation for Medical Education (WFME). Similarly, the College has to improve some aspects of its internal quality assurance practices in the domains of teaching, training site control and coordination, transfer of learning and trainee assessment,

Additionally, the establishment of a maximum security room for storing the College's menu of examination papers adds an additional feature of assuring high quality standards in the College. However, the area of teaching and learning needs improvement to bring it up to speed with international standards and institutionalize it in the College. The College should take active role in the training process. It should not just post trainees to training centres and sites and leave them on their own. For example, the policy that residents be assessed every six months and written report submitted to the college should be adhered to rigorously and enforced by the academic affairs department of the GCPS.

Research knowledge and skills are important to allow post-graduate medical students to read and evaluate critically both national and international medical research reports for either professional development or problem-solving in clinical settings. Research skills have

been defined as consisting of research methods, data gathering, critical analysis and review and data processing (Murdoch-Eaton, et. al., 2010).These skills are extremely important in our information-overloaded world where developing countries are bombarded with an avalanche of research emanating from the developed world. For instance, knowledge of research methods would enable a medical doctor or practitioner to determine if a research approach chosen for a study is appropriate. Consequently, "the ability of graduates to critically evaluate the biomedical literature with the establishment of evidence-base criteria is necessary for weeding out ineffective, irrational, needlessly expensive and harmful interventions from the market (Rizk, 2007, p.526).

One of the mandated functions of the College is research production for the purpose of contributing to health policy formulation. However, the College has failed to perform this critical function due to its limited research resources. Thus, the development of trainees' research skills would allow the College to contribute to health policy development in Ghana and also to local health knowledge-based (Bennett, 2016). The fact is that the research skills development of the residents of GCPS would enable them to produce theses research that would form part of the College's research output. Alternatively, the College could initiate research projects and recruit trainees to participate in them. That way, the trainees would get exposure to research processes, principles and conventions and at the same time contribute to the research project (Murdoch-Eaton, et al., 2010).

The research findings revealed that the College's trainers/instructors are disinterested in teaching. Consequently, the College trainees are entirely responsible for their own learning. Nonetheless, teaching is a great motivator that could spur trainees to engage in serious professional reflection, develop innovative clinical skills and critical thinking skills (Dybowski et al., 2017).

Indeed, researchers in medical education are unanimous in their perspective that teaching has the greatest positive impact on medical trainees' general knowledge particularly clinical knowledge. In post-graduate medical institutions, clinical knowledge constitutes the core of their professional development programs because it deals with real medical problems involving patients. It is through clinical teaching that trainers are able to model professional thinking, behaviour and attitudes to the practice of medicine (Spencer, 2003). Without the trainers taking a serious attitude toward teaching in clinical settings, it is doubtful whether trainees would develop those critical elements of clinical practice.

Further, the trainers' disinterest in teaching could possibly be caused by their conceptualization of what teaching entails. It is also possible that the trainers lack knowledge and skills of effective teaching approaches, strategies and methodologies. Where ever the etiology of this issue is located, the general perception of teaching in Ghanaian society is that it is about providing information to students. While not denying the veracity of that conceptualization of teaching, there are different forms of teaching. At the post-graduate medical college level, the instructor's position is that of a facilitator concerned with managing

group dynamics, fostering collaborative skills, developing learning materials, selecting learning materials, adapting learning materials, probing and eliciting responses from trainees. In other words, the role of trainer is changed from information giver to a facilitator that focused on developing trainees' understanding rather than rote skills development (Garfield, 1993).

In addition, the GCPS is a regulator to itself, in that it is not subject to the external review and assessment by the Ghana National Accreditation Board. Nevertheless, it is grossly inadequate for the College to rely exclusively on its internal quality assurance system and assessment. This is because an internal self-assessment and system could inadvertently overlook certain quality issues that need crucial improvement (Boateng, 2014). According to the author and other researchers internal quality assurance system is supplemental to external assessment rather than to replace it (Dybowski, et al ; Hyward, 2006; Vroeijenstijn, 1995). For Vroeijenstijn (1995) internal quality assurance and external quality assurance are the two foundational pillars on which stand effective medical education: one cannot function effectively without the support of the other.

The College is not accountable to the Ghana National Accreditation Board (NAB). This may seem to flout the LI 1984, section 16(a) but since the college submits periodic reports to the Ministry of Health, one could argue that by law it is being accountable to the people of Ghana. Apart from the fact the College has legal authority not to submit itself for annual review and auditing it is to its grave disadvantage rather than benefit. Furthermore, research participants acknowledged the College for designing curriculum for each of its numerous faculties. Nevertheless, none of the participants stated the need for the College to evaluate its curricula periodically. In fact, curriculum evaluation is a critical aspect of curriculum development in relation to new courses, existing courses or removal of old courses. It is through curriculum evaluation that the College Academic Board will be able to ascertain the effectiveness of the curricula in fulfilling their intended purposes. As Melrose (1998) has clearly indicated curriculum evaluation has an intimate relationship with higher education quality as the evaluation provides vital information that could be used for curriculum improvement or enhancement; hence quality of training.

It should be stated that curriculum evaluation does not automatically lead to curriculum improvement. The evaluation team should be made up of professionals recruited from inside and outside of the College and the evaluation results effectively utilized (Mohmouei, 2011). As well, the curriculum evaluation should consist of assessing the needs of trainees both short-term and long-term, along with what they are expected to know and actually do in the field of practice (Ladyshewsky & Taplin, 2015; Tam, 2014).

CONCLUSION and RECOMMENDATIONS

This research views internal quality assurance from the perspectives of medical trainees with the object of using them as a fulcrum for encouraging organizational renewal of the Ghana College of Physicians and Surgeons (GCPS). The process could lead the GCPS to define quality on two pillars- analysis of its environment based on its mission and vision, priorities and the needs of its students and the resources it has available or could mobilize to meet those needs (Lemaitre, 2017). As such the findings demonstrate the trainees' conceptualizations of internal quality assurance in a post-graduate medical college. As it can be seen their conceptualizations of internal quality assurance run the gamut from academic and professional excellence, monitoring training sites to public accountability issues. It is likely that the views of other stakeholders on the College's internal quality assurance such as the government, hospitals and clinics, trainers/instructors and the College administrative staff may be different. Accordingly, future research may explore the perspectives of those stakeholders on the internal quality assurance of the College. However, wide variations in definition of quality tend to complicate policy formulation on internal quality assurance (Valeikiene, 2017).

Further, from the findings it appears that the College is focused mostly on traditional system of internal quality assurance like admission standards and examination as a de-facto instrument of performance assessment. The research does not show that clinical performance has any weight comparative to examination in the overall assessment of trainees for the purpose of awarding them post-graduate diploma in medicine. Nevertheless, as Valeikiene (2017) has strongly asserted quality is principally based on the characteristics of interactions between trainers/instructors, trainees and the learning environment. Since the trainers/instructors have little interest in teaching it is doubtful if interactions among those components are positive promoter of effective professional development.

In the light of the findings, the forgoing discussions and the need for organizational renewal of the GCPS, the following recommendations are made:

1) The College system of internal quality assurance is handled by its academic affairs department. The capacity of the academic affairs department should be enhanced to enable it to handle the high demands of internal quality management practices effectively in the college.
2) The college should initiate a policy of succession planning with respect to trainers and instructors. This could help the College to get new trainers and instructors in case the old ones become either disinterested in teaching or retire entirely from their teaching positions.
3) College needs to develop research-based courses and incorporate them into the curricula. Trainees' course requirements should be reduced and replaced with a research thesis to allow students to explore research of their interest. These measures would help residents to develop research knowledge and skills to

produce research papers worthy of publication in referred journals world-wide and also for contributing to health knowledge-base in Ghana

4) The internal quality assurance practices in the college be extended to cover residents' evaluation of their trainers and the training programme and ultimately to ensure that trainers and instructors are accountable to the college. Trainers and instructors should also be peer-reviewed. These two methods would pave way for trainers and instructors to be assessed and accredited for the purpose of delivering medical education and training in Ghana.
5) The College has its own internal quality assurance system but it is not subject to periodic review and inspection by the Ghana National Accreditation Board. Perennial review or audit by a team of external medical panel could assist to enhance the College's programme and assist it to achieve its mission.

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