Correspondence

National Institutional Ranking Framework criteria are against the interests of health science institutions

The National Institutional Ranking Framework (NIRF) under the Union Ministry of Human Resources Development has completed 3 years of ranking of educational institutions and sufficient information is available to judge the objectivity of its criteria for ranking. NIRF judges institutions under various categories such as Overall, Universities, Medical and Engineering and gives them an All-India rank. The 5 major criteria adopted are: (i) teaching, learning and resources (weighted marks [WM] out of 100 being 30); (ii) research, professional practice and consultancy (RPC; WM 30%); (iii) graduation outcome (GO; WM 20%); (iv) outreach and inclusivity (OI; WM 10%); and (v) perception (P; WM 10%).

Under each of these 5 major criteria there are 4 subcriteria that contribute to overall marks and ranking. The weightages for these have been altered slightly but not considerably over the past 3 years. Many of these subcriteria are neither fair, implementable nor applicable to health science institutions, which suffer in comparison to other institutions. As an example of the inequity and bias in the ranking criteria, the highest-ranking university in NIRF 2018 is the Indian Institute of Science, Bengaluru, with 82.16% of the marks, while the highest-ranking health science university, namely King George Medical University, Lucknow, Uttar Pradesh, with 15th rank has only 52.73%. Only those universities, such as Amrita Vishwa Vidyapeetham or Manipal Academy of Higher Education (MAHE), Manipal, Karnataka, have higher ranks but, in addition to having healthcare faculty, they also run engineering or management institutions. They have marks only in the low fifties. The reasons for this are discussed below.

The teaching, learning and resources criteria are largely non-discriminatory except for the importance given to full-time doctoral students. PhD is not an essential qualification for the health profession. Hence, the demand for full-time PhD in health science universities is low and most of those who do register for PhD are part-time internal faculty. These factors get no weightage in the NIRF scores, which give credit under student strength to only full-time PhDs. Second, under the subcategory, faculty experience, credit is given for faculty with over 15 years in the institute. Such a criterion is against the interests of newly started universities. It is under the next criterion of RPC that major discrimination arises. PubMed, which is the principal indexing agency for the medical profession, does not find favour with NIRF which considers only Scopus, Web of Science and Indian Citation Index as indices to be considered for assessing the metric of publication. Health science universities are adversely affected by this criterion.

A major issue is under the section of Patents. Under the Indian Patent Act, any process for the medicinal, surgical, curative, prophylactic diagnostic, therapeutic or other treatment of human beings or any process for a similar treatment of animals to render them free of disease or to increase their economic value or that of their products is not patentable. Most of the innovations in health science universities are in the form of new management procedures, new surgical procedures and new processes for existing protocols. All these by definition become non-patentable although they can be copyrighted under the Indian Intellectual Property Rights (IPR) Act. Copyright in the Indian context does not prevent any other institution from using the innovation or involve payment of royalty but is merely an acknowledgement that the said process originated from a particular institution. It is rare for pure health science universities to have intellectual properties in the form of patents, which are a regular feature of an engineering or management institute. Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), an institute of national importance registered its first patent more than 50 years after its inception. Moreover, under the same criterion, there are additional marks for full-time executive development programmes of a year or more. Such an activity is the prerogative of management institutes and not of health science universities, which are restricted by the regulator as to the type of courses they can run in their own field. Industrial collaboration and income from such collaborations would not be the main focus of a health science university.

Scores under the category of GOs are even more subject to scrutiny. Under the subcategory of graduating PhD students, those who pass with MD/MS, MDS, etc. from medical colleges under health science universities, are counted as PhDs when the institution applies for ranking as a medical college. However, the same is not considered as equivalent to PhD for the institute under the overall category or for the university of which the institute is a constituent. This criterion carries 40% marks under the GO criteria for health science universities. In the category of GO, a lot of marks are assigned for campus placements, percentage of students selected for higher studies and number of outgoing students who commence start-ups and are able to sustain these for 5 years. Campus placements are unknown for medical students and dental students. About 90% of graduating medical students desire to join postgraduate courses. Considering the disparity between the number of graduating medical students and the available postgraduate seats, many of them wait for 3 years or more to get a postgraduate seat and hence remain unemployed or work in small nursing homes at low salary or are preparing for the entrance examinations. Likewise, it is unknown for graduating medical students to commence start-ups unlike their engineering counterparts.

The subcriteria under OI are by and large fair to all institutions. However, there are serious problems under the perception score. This is done by NIRF through 'a survey conducted over a large category of institutions heads, professionals from reputed organizations, officials of funding agencies in government, private, NGOs, etc.'. The perception of an institute depends on many factors, such as the duration of its existence, its size, the city where it is situated, the type of work that it is involved in and the ability of that type of work to attract public interest. It stands to reason that smaller institutions situated in the peripheral areas, in small towns or villages and those which are focused on delivering healthcare would attract little importance in perception scores. It may be noted that the beneficiaries of healthcare do not contribute to the perception scores nor do the parents of students who have qualified from that institution. Institutions such as the All India Institute of Medical Sciences, Indian Institute of Science and the Indian Institutes of Technology would be in the public eye and would benefit under this category. It would take decades for a health science university to grow and make a mark in its field for it to influence perception scores. It is also not clear from NIRF data how the same institute gets different perception scores when considered as medical college and when considered in the overall category.

In summary, medical colleges and health science universities are unable to compete as equals for 40%–50% of the overall marks that count for NIRF ranking. Unlike other countries, in India, hospitals are an integral part of health science universities. There is no mention or weightage in NIRF for quality of service rendered by these healthcare facilities. A national ranking organization is expected to either evolve criteria, which are fair and equally applicable to all

institutions or rank them separately under different categories instead of ranking all of them in one list, especially if the criteria for ranking need to be different for different types of institutions. If we use international ranking criteria, we need to indigenize them before implementation.

The question is: is there a level playing field for all? It is surprising that we are now in the 4th year of ranking and no one has raised a voice, including regulatory agencies, which regulate medical and dental institutions, namely the Medical Council of India and Dental Council of India. The matter requires discussion at all levels and should be raised at the appropriate fora, including the Government of India.

Conflicts of interest. None declared

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