

Faculty Development Program In India: Identifying Gaps And Opportunities For Reforms

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Abstract: Faculty Development Programs in India can be traced from NTTC till National Faculty Development program of MCI being implemented since 2009 which is a mandatory workshop. But there is a gap between the Faculty Development Programs and its impact on medical teacher's behaviour at their workplace. Utility of the Faculty Development Program in terms of transfer of knowledge and in generating evidences about the Medical education process is not well established because evaluation of Faculty Development Programs for their impact analysis is not well studied. This manuscript highlights the importance of evaluation of utility and the impact of Faculty Development Programs on the personal and institutional growth. First and foremost there is a need for timely intervention to evaluate the effectiveness & impact of the Faculty Development Programs Operational utilization of the evidence based outcome towards suitable and appropriate policy intervention should be found out to make the faculty development programme well focused and well directed to the relevant needs, concerns and challenges of need to restructure the Faculty Development Program for its content. A hypothesis for the evaluation of the impact & effectiveness of the Faculty Development Program for its Upgradation & strengthening should be generated. [Gade S Natl J Integr Res Med, 2020; 11(4):72-78]

Key Words: Faculty Development program, Impact Analysis, Utility and Effectiveness

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Introduction: "Developing medical educators is a journey, not destination". Medical Education system in India is the largest in the world comprising of 591 medical colleges¹. The medical colleges have almost doubled in India in the past two decades, leading to faculty crunch and has created a challenge for quality in medical education². Not only new colleges are added but even the existing colleges have increased their admission capacity. Some of them going to almost double of what they used to admit earlier. This is a part of drive to improve the doctor population ratio in India.

The quality of health care provided to the patients depends upon the quality of skills training and knowledge acquired by the medical students to an important extent. And here lies the importance of training of the medical teachers as they play a strategic role in grooming the professional competence of medical students. The medical teachers have a threefold responsibility of teaching, patient care and research both academic and educational. The teaching skills of the medical teachers always remain in doubt howsoever proficient they may be in their own fields of specialization³.

What Is Faculty Development: Faculty Development Program is a structured program (a) to improve an individual participants' all domains of knowledge, skills and attitude in teaching learning, in conducting educational research and

as an able educational administrator and (b) to prepare the institute and a capable individual teacher to perform their various roles which a medical teacher is required to perform. It also helps and prepares an individual to carry out various professional tasks by the sensitizing and training, for the betterment of quality teaching learning that contributes towards producing competent health professionals. Capacity building is always done through faculty development and for this reason it has assumed a lot of significance.

In nutshell, Faculty Development Programs are all about sensitizing, equipping and empowerment of faculty to carry out their professional and teaching learning duties⁴. In simple words Faculty Development Programs causes overall development of the academic staff including personal & professional that finally leads to the benefits of schools / colleges⁵. As per some recent literature Faculty Development Programs are more to cause institutional benefits along with the personal growth of the faculty and mentions about important contribution of the institutions in the programs, either by in allotting designated time or sponsoring monetarily⁶.

Why Faculty Development: A teacher is one of the main stake holders of any system of education. If a proper and a correct method of selection and sufficient training in the teaching techniques of the selected teachers it will lead to

a great improvement in the quality of teaching. But unfortunately, the performance of a teacher is always granted for sure, more so in medical colleges and his or her teaching learning capability is never doubted. And for this makes issue of teacher training as one of the most vulnerable issues in medical colleges⁷.

International Scenario: “World Health Organization” (WHO) identified the need for training medical faculty in 1965 itself & recommended three levels of training⁸. Education specialist, either health professionals having acquired advanced educational training or someone trained as a professional educator who would be familiarized with health professions. Educational leaders, who could enrich institutional programs by integrating the science of educational research thereby causing capacity building, Educational practitioners, who has acquired basic training of skills required for classroom teaching & clinical/ bedside teaching.

Lancet Commission: Lancet commission suggested number of instructional and institutional reforms in the instructional methods and reforms in the institute by proposing following outcomes; first is learning which is transformative and the second is educational interdependence. If we move from informative to transformative via formative learning, then transformative learning is considered as the most superior form of learning which deals with developing leadership in medical education informative learning all about learning knowledge and skills which will produce subject experts which is the purpose.

Formative learning is the one which deals with imparting value based education revolving around values and socializing. This form of learning produces professionals. Transformative learning which is considered as the highest amongst all is about imbibing leadership qualities to develop leaders in medical education who can be the change agents⁹. So faculty development is all about creating leadership in the field of medical education by causing individual’s personal and professional development there by contributing in institutional growth.

Indian Scenario: Faculty Development Program has never been a priority on Indian medical education scenario. Government of India Launched “ROME” Reorientation of Medical Education (ROME)” program in 1977 which was

an important step towards faculty development so as to link community-based facilities with medical colleges. In the mean time number of national committees made recommendations time to time emphasizing need for the training of medical teachers.

As early as In 1946 Bhole Committee recognized the need for training of medical teachers and made recommendations for major changes in medical education which included three months of training in preventive and social medicine to prepare “social physicians”¹⁰. In 1961 Mudaliar Committee re-emphasized the need for the “social physician”. In 1971 Patel Report described a “basic doctor” of modern medicine who would be central to the delivery of primary healthcare and trained through a five-and-a-half years of university education. In 1974, Srivastav Committee advocated the set up for establishment of Medical and Health Education Commission for planning and implementing the reforms needed in health and medical education on the lines of University Grants Commission. In 1985 An “Expert Committee for Health Manpower Planning, Production and Management” established known as Bajaj Committee, further urged for a formulation of national medical & health education policy¹¹.

Faculty Development Program: National Initiatives: In 1969, WHO established the International Regional Teacher Training Centers (IRTTTC) and the nodal agency was University of Illinois, United States. The IRTTC trained faculty from six Regional Teacher Training Centers (RTTCs). Two RTTCs were established in South-East Asia, one in Sri Lanka and one in Thailand supported by WHO. Government of India, constituted a Working Group on Continued Medical Education in 1974 which recommended National Teacher Training Centre (NTTC). The first NTTC was established in 1975 at JIPMER, Pondicherry and offered the National Courses on Educational Science for Teachers of Health Professions that are held twice a year.

For the first time since 1976 The faculty development programs started in India under the four headings as per the initiatives taken viz. National Teachers Training Centres (NTTC), “Consortium of 4 Medical colleges” to suggest Reforms in Medical Education to begin with “Medical Education Units” (hereafter referred as MEUs) started in medical schools as per the

directives from Medical Council of India (MCI) in 1997, and “FAIMER (Foundation for Advancement in International Medical Education and Research, Philadelphia)” since 2005. National Teachers Training Centers (NTTC). In the history of Indian Medical education Faculty Development Programs were never a priority before 1974. The earliest efforts were made by establishing National Teachers Training Centers (NTTCs) in the four premier institutes of the country including JIPMER Pondicherry and at the same time the first formal program was launched .

In 1975 some medical teachers from India received training in Srilanka at Peradeniya. Three motivated teachers from JIPMER Pondicherry decided to take a step of conducting the very first National Course in Teachers’ Training at JIPMER in 1976 after returning from Srilanka. This course received support by “WHO (SEARO)”, New Delhi. WHO sanctioned financial assistance for conducting 3 such courses. This NTTC Centre later on is known as NTTC JIPMER.

Role of National Teachers Training Centres: “Jawaharlal Institute of Medical Education and Research, (JIPMER), Pondicherry” was the first NTTC of India.. “Ministry of Health and Family Welfare, Government of India” was encouraged by the activities of the NTTC at JIPMER and decided to establish 3 more centers at “Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh”, “Institute of Medical Sciences, Banaras Hindu University, Varanasi”, and “Maulana Azad Medical College, New Delhi”. “NTTC” conducted faculty Development Programs for 6-10 day duration for medical faculty on latest approaches and trends of educational science and technology.

“Consortium of Medical Institutions for reforms in Medical Education (1989-95)”, “More such faculty development initiatives were organized in the form of the Centre for Medical Education and Technology (CMET) at the All India Institute of Medical Sciences (AIIMS), New Delhi and the setting up of Medical Education Units by motivated teachers in a few Medical Schools in Manipal, Mumbai, Ludhiana, Belgaum, Bangalore and Visakhapatnam”¹².

In September 1994, a National Conference on “Training Teachers Today for Tomorrow’s Needs” was organized and a workshop on “Medical Education – An Appraisal” in May 1996. Through

both these events a strong recommendation was to establish a mandatory Medical Education Unit (MEU) in all the Medical School across the nation. A Consortium of four Medical institutes viz, “All India Institute of Medical Sciences, New Delhi”; “Christian Medical School, Vellore” “JIPMER Pondicherry” and “IMS-BHU Varanasi” and the “Department of Medical Education School of Medicine at Chicago, University of Illinois” with an aim of bringing reforms in Medical Education.

This consortium was active from and functional from 1989 to 1995 and had contributed a large in the Faculty Development Programs in India. Later 16 medical schools joined this consortium. Some important contributions and some important changes suggested by the consortium were in the area of curriculum development and reforms, to have a consensus and most remarkable change being classifying the essential skills, into “must know” and “good to know” areas¹³. Another strong contender to bring about faculty development in India was “K.L. Wig Centre for Medical Education and Technology” which was established at: All India Institute of Medical Sciences, New Delhi” in 1989-90³.

National Policy on Education: 1986: The “National Policy on Education (hereafter referred as NPE) 1986” focused on the link between the quality of education” and: teachers’ motivation”. The “NPE” recognized that for enhancing the quality of teaching, opportunities should be provided to the teachers for their professional and career development so that they can perform their responsibilities with greater accountability in the higher education system¹⁴.

Faculty Development After 1997: In 1997 Medical Council of India New Delhi has taken initiatives for conducting Faculty Development Programs in India by incorporating the concept of Medical Education Units in Graduate Medical Education regulations. It was made compulsory that every Medical school will establish “Medical Education Unit.” The “Medical Education Units” (MEU) were launched with structured objectives and defined roles. The primary role of the MEU is capacity building of the teachers of the own institute and another is to facilitate educational research¹.

A notable step by MCI towards promotion of Faculty Development Program was to recognize eight “Medical Education Units” as Regional centre’s for conducting Basic Course in Medical

Education Technology workshop in 2009. Further the number was increased to 10 and then they were upgraded to Nodal centres for National Faculty Development and permitted to conduct Basic Course Workshop and Advanced Course Workshop in Medical Education. Currently there are 22 regional centres and 10 nodal centres for national faculty development recognized by Medical Council of India

Apical Council's Initiatives: National Faculty Development Program: The major initiative of MCI New Delhi was to conduct National Faculty Development Programs in India by making "Regulations on Graduate Medical Education (GMER)" in 1997 that made it compulsory for all medical schools to set up departments / MEU.

National FDP is a structured program "to improve an individual teachers' knowledge & skills in teaching learning, educational research, and administration as well as to prepare institutions & faculty members for various roles" and is aimed "to sensitize, equip and empower medical teachers for discharging their professional responsibilities"¹. Medical Council of India notified 18 Nodal Centres in July 2009 for conducting National Faculty Development Programme. Medical Council of India Recommended Basic Course at all levels including professors and teacher administrators.

The basic workshop is mandatory for the medical teachers and is being considered for the credit points. In 2013 the "Board of Governors" of Medical Council of India endorsed the recommendations of the "Academic Council" that "faculty must complete the training in MCI basic Course in MET either before joining service, after selection or during the probation period"¹⁵.

Advance Course In Medical Education: In 2010 Advanced Course in Medical Education was approved by MCI in 2010. In 2014, MCI launched the Advanced Course in MET in 10 nodal centers across the country. The advanced course in medical education was meant to foster concept of educational Research and scholarship along with accomplishment of educational project¹⁶. In 2015 MCI launched Revised Basic Course Workshop (RBCW) in Medical education technology with the incorporation of concept of Competency Based medical Education (CBME) and Attitude Communication (ATCOM) module without losing the core content with greater

emphasis on affective domain. In 2019 MCI launched Curricular Implementation Support Program (CISP) for the implementation of CBME that incorporated AETCOM Module, Foundation course, Early Clinical Exposure (ECE). Skills training and alignment and integration module In order to roll out the curriculum successfully the MCI and its Nodal and Regional centres had conducted "Curriculum Implementation Support Program" (CISP) workshops for sensitizing faculty of Medical Colleges about the competency based UG curriculum.

Apart from the MCI Nodal Centers, many other health sciences universities have initiated courses and programs in Faculty Development Programs. Maharashtra University of Health Sciences (MUHS), Nasik, Maharashtra has established the Institute of Medical Education Technology & Teachers' Training and has completed 12 trainings on "Advanced Certificate Course in Health Sciences Education Technology" till January 2014. It aims to impart advanced educational skills to teachers in positions of academic responsibility in their own institutions. This certificate course is of six months duration in which there is a seven days contact session consisting of full day sessions followed by a six month educational innovation project¹⁷.

Foundation For Advancement Of International Medical Education And Research (FAIMER): FAIMER is an international organisation for the advancement of International Medical Education and Research. Amongst the seven Regional Institutes in the world 3 institutes are in India, 1 in Brazil, 1 in Southern Africa, 1 in China and 1 in Colombia. In India, the, "Seth G S Medical College & KEM Hospital" was first FAIMER regional institute in India started in July 2005 in Mumbai, The second FAIMER Regional Institute and the fellowship program started in January 2006 at the "Christian Medical College" (CMC) at Ludhiana, Punjab and the third one is based in Southern India at "PSG Institute of Medical Sciences and Research" in Coimbatore.

The 3 FAIMER Regional Institutes in India are open to South Asia health profession faculty and admits 16 fellows on an yearly basis¹⁸. The fellowship is mainly focussed on developing leadership in medical education and also to appraise the faculty about education technology, managerial skills, and leadership attributes, and to encourage a strong networking amongst

professional bonds with other their fellow health profession faculty across the world.

Evaluation Of Faculty Development Programs:

Evaluation of Faculty Development Programs is of prime importance. It must address both process, and the outcome of Faculty Development Programs. It should be done both on short term and long term basis. A suitable model of evaluation (CIPP Model, PERT, or Kirkpatrick Model) can be used, with some modifications as needed locally. A major shift which is needed in FDPs is the role of Educational Research with its links with the concept of educational scholarship¹⁹.

The assessment of quality of these workshops is only being done by pre and post test that evaluates only level one and two of the Kirkpatrick evaluation model i.e. reaction and the learnings thereof, which is not sufficient. Evaluation needs to be conducted in terms of competencies acquired by the medical faculty who participated in these Faculty Development Programs. The number of either workshop organized or the teachers trained should not be sole parameter of success of National faculty Development program.

What is grossly missing in the present evaluation is the evaluation of the 'impact analysis of the FDP'. It remains doubtful whether the learning's of the FDP in terms of knowledge and the skills learn are translated into actual practice at the workplace by the participants in terms of their modified behavior in teaching learning practices. In addition one is not sure whether changes seen are because of the intervention of FDP or not. And if the desired changes are not evident, it would be necessary to find out the challenges in implementations. It is quite obvious to be aware of the challenges in follow up of the participants and hence the impact analysis is a feasibility issue.

A big lacuna at present is in terms of creating and developing an educational leadership. Programs need to be designed to educate policy makers and update them about recent advances in medical education worldwide. These include engaging people's moral purposes, building capacity to generate forces for change, understanding the change process, developing the learning culture and the culture of evaluation and fostering development at all possible levels²⁰.

Discussion: Operational Utility of the National Faculty Development Program of MCI New Delhi The National Faculty Development Program of MCI New Delhi was made mandatory since 2009 so that all the medical teachers will acquire new knowledge. The projected outcome was the trained teachers who will transfer the newly acquired knowledge & skills to the working place & will also contribute towards educational research & create evidence in education. But no one was made accountable to evaluate the actual outcome of Faculty development Program neither the Nodal Centre /Regional Centre nor the MEU of the respective institute took responsibility.

As the Faculty Development Program was mandatory it just got restricted to certification purpose. As long as the university does not include it in its curriculum, the teachers & students are hesitant to implement them. As this was going to increase the work load of teachers as the changes were not mandatory. No feedback was obtained to know the reality of the medical colleges which could poses challenges for its implementation. So the actual outcome was never measured producing a huge gap between projected & actual outcome.

From August 2019 MCI has implemented Competency Based Curriculum / Medical Education (CBME) in all medical schools in India from the Academic year 2019-20 21. The salient features of CBME are, all medical school shall implement this module AETCOM module is incorporated in all the 4 phases of undergraduate Competency Based Curriculum for which another FDP Curriculum Implementation Support Program (CISP) has been launched which will be an additional FDP to be conducted by all the medical schools. Till date not even 50% are trained under the National Faculty Development Program in 591 medical schools in India as of now. This means a backlog of more than 50% teachers is required to be trained under the National Faculty Development Program in times to come. These teachers cannot avail CISP unless they are trained in Basic and Revised Basic Course Workshop. This has created a huge and substantial 'carry forward' group in its own way.

A situation of 'backlog' and 'carry forward' is piling up in an open ended incremental manner with passage of time and paucity the capacity to handle the same. In the recent past number of

medical schools/teachers has increased exponentially but the Faculty Development Programs are not commensurate to cater to the need of this ever increasing number of teachers due to opening of new medical schools and also augmentation in the existing annual intake of medical colleges in India. Faculty Development Programme under the aegis of MCI as such in the said context has turned out to be governed by law of 'tapering returns' which otherwise should be governed by the law of 'growing returns' or at least 'proportionate returns' but in no case by the law of 'diminishing returns'.

Till date more than thousands National Faculty Development Programs were organized in 591 medical schools across India but outcome analysis of these National Faculty Development Programs is nowhere on records. Distribution of trained faculty is also unequal in different regions of the country. A major chunk i.e. of the trained teachers belong to either medical schools geographically located in Southern or Western India for the obvious reason that greater number of Medical Council of India Nodal and Regional centres for Faculty Development Program are located in the said parts of the country.

Most of the trained faculty is from the medical schools under private sector as against the medical schools under public sectors for the obvious reasons of promotional support on the said count. An "Advanced Course in Medical Education (ACME)" is being conducted by the MCI Nodal Centres is also a victim of unequal distribution of the trained personnel for the very similar reasons as applicable to revised basic medical education workshop. Even Utility and effectiveness of Advanced Course in Medical Education is also not on Record for want of required studies on the said account.

Faculty Development Program as A Measure Of Accreditation Status Of Medical Schools In India 22: Faculty Development Program was never looked up as a measure of accreditation status of medical schools in India India is a signatory to World Federation of Medical Education (WFME) regulation since 2003 which mandates that medical schools that would not be accredited by the end of July of 2023, they shall not find a place in the "Directory of medical schools" formulated by WHO. India approximately has well over 591 medical schools out of a total of well over 2600 medical schools located globally. The present

accreditation status of the medical schools in India is not even 10% of its total number as accreditation is discretionary in terms of the governing policy and is not linked with any incentives or gains in case the accreditation is achieved except for value addition. Accreditation of the Indian medical schools will invariably have a global impact on the health education in its entirety.

The teachers are trained and oriented under the Competency Based curriculum Faculty Development Program to enable them to handle and dispense the Competency Based Curriculum notified and operationalized by the MCI in all the medical schools from the academic year 2019-20. Diligent meaningful and effective generation of Competency Based Medical Education is the desired outcome of the Faculty Development Program as a much needed intervention to attain the said objective.

As such, it is necessary that the assessment of the impact of the FDP is done for the purposes of invocation of any intervening alterations therein and also evaluating the same with reference to fulfilment of the set out objectives thereof.

Conclusion: There is a dire need to revisit National Faculty Development program for its structural, operational and conceptual modification. It should be evaluated for its effectiveness & impact at all the MCI Nodal Centers as a part of multi-centric studies. Operational utilization of the evidence based outcome towards suitable and appropriate policy intervention to make the faculty development programme well focused and well directed to the relevant needs, concerns and challenges of need to restructure the Faculty Development Program for its content. A hypothesis for the evaluation of the impact & effectiveness of the Faculty development Program for its up gradation & strengthening should be generated for its appropriate usage at the desired level.

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