

Public private partnership A Case Study of the Melaka-Manipal Medical College

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Public Private Partnerships have become an accepted norm in the education sector in most of the developed and progressive nations. Governments have realized the need for involving the private sector because of the escalating costs of higher education. The partnership process allows for sharing of costs and optimal utilization of faculty and facilities. The shared vision allows for greater accountability and credibility because multiple stakeholders tend to have a more dynamic approach to monitoring of the outcomes at each stage.

The Manipal Group has been involved in joint ventures both within the country and abroad. The Sikkim Manipal University and the Melaka-Manipal Medical College captures the spirit of partnership at its best and will be discussed.

Background of the Venture

Melaka-Manipal Medical College is the first Indo-Malaysian joint venture in private medical education. The proposal was conceived from the 'Look East Policy' of the former Prime Minister, Tun Dr Mahathir Mohamad. He recognized the need for greater South-South cooperation in the economic and social sectors. This led to the signing of an agreement in New Delhi in 1993, witnessed by both the Prime Ministers of Malaysia and India. The agreement was between the Joint Venture Medical College Corporation (JVMC) Malaysia and the Manipal Academy of Higher Education (MAHE) India to offer a twinning programme leading to the MBBS degree. The objective was to provide additional doctors for Malaysia and offer opportunities for students in this region to study medicine at a cheaper cost than in the West.

From 1953 to 1993, Manipal had trained over 2700 doctors from Malaysia. The situation changed in 1993 with the new policy on admission of foreign students to medical colleges in India. Malaysia was suddenly in urgent need of training opportunities within a minimum lead period. The Melaka-Manipal Medical College seemed to be an excellent idea.

The Manipal Experience

Manipal made a humble beginning in 1953 when Dr TMA Pai started the first private medical college in India. The Manipal Academy of Higher Education (MAHE) was established in July 1993 when its Professional Colleges were granted university status. MAHE was the first institute in the private sector to be recognized as a Deemed University by the Government of India. Manipal's affiliation with other centres of learning across the globe has facilitated the exchange of knowledge and culture through students and faculty exchange programmes. Manipal has more than 70,000 students on its rolls, from 49 countries. It has 2 universities, 21 professional colleges, 11 hospitals with 4200 beds, 9 campuses, and various twinning programme with universities abroad. The Manipal Group celebrated their Golden Jubilee in 2003.

MAHE has the following achievements to its credit with regard to export and import of education:-

- Students from 49 countries worldwide come to the Manipal Institutions seeking education in this culturally diverse University Township.
- Degrees from Manipal are now recognized in 40 countries.
- In the current year 2081 foreign students were enrolled in MAHE. Interestingly the Indian scene for foreign students is dominated by Manipal. University of Pune is second with 1416 while Delhi University is third with 1077.
- The Manipal Group has campuses in Malaysia, Nepal, Dubai, and Muscat.
- Twinning programs are being conducted in various fields with universities in the USA, Australia, UK, and Nepal.
- New programs are in the process of finalization such as twinning programs for MBBS at Sri Lanka and with the American College of Medicine, Antigua.

The Programme

Melaka-Manipal Medical College offers a 5 year twinning programme of 10 semesters leading to the MBBS degree which is awarded by MAHE. The first phase of 2 ½ years (5 semesters) is conducted in the

Manipal Campus in India which has excellent facilities for teaching of Basic Sciences in terms of infrastructure, museums, skill laboratories and experienced faculty. The basic sciences and pre-clinical subjects are covered in 4 semesters. During the 5th semester, students commence their clinical training. This semester in India exposes them to the morbidity profile related to the prevailing socio-economic conditions.

The second phase of 5 semesters (2½ years) is at the Melaka Campus, Malaysia. Students continue with their clinical training at the Melaka General Hospital (800 beds), Muar Hospital (400 beds) and at the Community Health Centres. Another 200 beds are available at the Terendak Camp Hospital to augment the clinical training facilities. Manipal does not have to own and operate its own hospitals, but provides world class facilities to students on our campus at Melaka.

Students are admitted in two batches annually of 150 each in March and September. The eligibility criteria are based on the guidelines of the regulatory bodies in Malaysia. Admission is on merit thus allowing for a level playing field in this contentious area. The academic programme is student-centred with emphasis on self-directed learning, group discussions, and problem solving. Expertise from MAHE is constantly available for curriculum development.

MMMC is recognized by the Malaysian Medical Council, the WHO, IMED, and the Sri Lankan Medical Council. The College is not recognized by the Medical Council of India since it is a twinning programme between two countries. Four batches would have graduated to date. This has contributed over 200 doctors to Malaysia.

The Partnership Process

The partners in the Joint Venture Medical College are:

- State Government of Melaka
- Manipal Group
- Members of the Indian Diaspora

Contribution of Government of Malaysia

- *Use of Hospitals and Health Centres in two states*

MMMC is allowed to use the facilities of the General Hospital at Muar and Melaka and Health Centres for the purpose of the teaching and training of students.

- *Teaching Staff*

Consultants in the hospitals assist in the clinical training of the students. Over 100 consultants work as

part time teachers. The Malaysian Medical Council considers the services of 3 part time faculty equivalent to 1 full time employee.

- *Supervisory and Advisory Services*

The government regulatory bodies i.e. the Malaysian Medical Council and the National Accreditation Board supervise and provide advisory services to ensure maintenance of minimum standards in conformity with government regulations.

- *Financial Assistance to students*

Government agencies provide scholarship to deserving students admitted to MMMC.

Contribution of Private Partners

Basic Science Training at Manipal

There is a shortage of basic science Faculty in Malaysia hence the excellent facilities at the Manipal Campus India are used for the first phase.

- *Infrastructure for the Melaka Campus*

Construction of the campus at Melaka including hostel and recreational facilities comparable to the best in the country.

- *Provision of Patient-Care Service*

MMMC provides faculty to augment patient-care at the hospitals and health centres.

- *Provision of trained medical officers to meet country's requirement*

The newly graduated doctor is required to undergo compulsory rotating resident housemanship for a period of one year.

- *Training of staff in the Health Centres and arranging CME for doctors*

These activities help in upgrading the standards of doctors and para medical personnel in the health centres. The CMEs arranged allow doctors to keep abreast with advancing medical knowledge.

An Enabling Environment

Malaysia provides an excellent opportunity for Public-Private Partnership for the following reasons:

- Political stability and good governance.
- Ethnic diversity and religious tolerance.
- Persistent demands in the education and health sectors because of a growing population. Malaysia presently has a population of 24 million and is encouraging demographic growth.
- Strong growing economy with sustained economic growth which allows for an upward social mobility and the aspirations that go with it. This generates demand.

- Planned manpower development with well defined targets and foreseeable deficits. The doctor population target for 2002 was 1:960, achievement was 1:1,377. The target for 2020 is 1:600.
- Malaysia Incorporated Policy – focuses on the advantages of public-private partnerships for rapid economic growth.
- Well documented and liberal Private Higher Education Institutions Act of 1996.
- Positive approach by all Regulatory Bodies in terms of transparency and accountability.
- 2700 strong base of Manipal Alumni doctors from KMC.
- Geographical proximity and socio-cultural ties to India.

BENEFITS FOR ALL, A WIN WIN SITUATION

Outcomes and Benefits for Malaysia

- The Joint Venture helps the health sector in Malaysia to move towards the desired doctor: population ratio in a planned manner. MMMC has contributed 213 doctors in the past two years.
- Since the clinical training is carried out in Government Hospitals and Health Centres in Malaysia, the graduates are very conversant with the functioning of the government health sector and national health policies.
- The Regulatory bodies within the country are able to monitor the education process and ensure that outcomes and new graduates meet the country's expectations. This is not possible for doctors coming from foreign medical schools.
- Induction of trained faculty from India augments the specialist manpower in Malaysia. The Melaka-Manipal Medical College would otherwise have drawn a large number of specialists from the Malaysian health delivery system.
- There is an extreme shortage of teachers in Basic Sciences hence this phase of training is carried out in India.
- Faculty at MMMC assists the Government Hospitals at Melaka and Muar in the delivery of services.
- The college helps to create an academic and research environment in the Government Hospitals used for teaching, thus upgrading their quality of care.
- Capital and recurring costs for the programme are borne by the College. Hence the partnership is a major financial gain for

the government while training 300 graduates per year.

Joint ventures like MMMC reduces the lead period of establishing a medical college if done by a single party.

Benefits for the Students

- An opportunity to study medicine in a situation where capacity is restricted.
- Cost of education is considerably less than studying in the western countries.
- The students save on time since the courses abroad are of 6 to 8 years duration.
- Twinning reduces the time spent away from home.
- The time spent in India gives the student a strong exposure to Basic Sciences and morbidity patterns related to the socio-economic status and cultural practices of another country.
- Living on a multidisciplinary university campus at Manipal gives the student a unique cross-cultural experience and builds confidence and independence.
- The student becomes a part of an esteemed educational system with an international reputation and a worldwide alumnus.
- The clinical phase is carried out in government hospitals in Malaysia where the students work with patients and staff from different ethnic backgrounds akin to their own. This allows for effective communication and rapport and seamless merger into the environment into which they ultimately will work.
- The MBBS degree is recognized by the Malaysian Medical Council, WHO and IMED thus preparing the students for global competition.

Benefit Outcomes for the Private Partners

- For Manipal, the establishment of the college in Malaysia, gives the opportunities to:
 - Establishing a medical college in the minimum lead period and at favourable costs because of the public-private partnerships.
 - Retain old links with India, having trained 2700 Malaysian doctors in Manipal
 - to establish its reputation and brand name overseas

- to acquire the best practices in medical education and health delivery and to prepare for global competition
- to replicate the Manipal model overseas and create a centre of excellence in the region
- The twinning mode allows Manipal to use its strengths and facilities in Basic Sciences to the optimal.
- Gives the faculty from Manipal an opportunity for an overseas appointment with a financial advantage and a valued exposure to the education and health sectors of Malaysia.

- For the local partners to share in the thrill of creating an institution in the service of their country and the reputation and financial gains that will accrue in the future.

Opening the Gateway of Opportunity through Public Private Partnership in Education

The Melaka-Manipal case study is an example of the manifold dividends of Public Private Partnerships. The project has been cited as a success story by the International Finance Corporation. It is an example worth emulating to create educational hubs



Facilitation by the Ministry of Overseas Indian Affairs (GOI)

- To identify the larger concentrations of diaspora and suggest locations for creating educational hubs.
- To coordinate with the various ministries in the Government of India for obtaining necessary approvals and support for the educational programmes to be conducted overseas.
- To sensitize missions abroad to look for opportunities in establishing campuses abroad.
- To work with financial institutions to provide financial support for such projects.
- To provide adequate publicity to these programmes amongst the diaspora.

Limiting Factors for A PPP

Medical Education in India is regulated by the Medical Council and the Ministry of Health. The present statutory conditions imposed by the MCI do not allow for the flexibility that is required to foster partnerships between the Public and Private sectors. The regulations are too stringent with regard to ownership and operation of teaching hospitals,

sharing of faculty and use of consultants as part time teachers. There is an over emphasis on the use of tertiary care centres while district hospitals languish. The most retrograde approach is not to recognize twinning programs in medicine. As this will be a major inhibiting factor for future projects.

Conclusion

It has been a very rewarding experience to work with the public sector in Malaysia. Good governance and an enabling environment have allowed for a trickle down effect, in that the value of such cooperative efforts seems to be known to all categories of employees. This facilitates excellent work relationships allowing for a participatory process which is stimulating. The Regulatory process is positive with the correct focus on quality. As an incremental approach Manipal is exploring the possibilities of starting Dental, Pharmacy, and Allied Health Programmes.

The success of the venture is due to the pragmatic approach of the Government of Malaysia towards Public Private Partnerships in education and healthcare.