Achieving Higher Education Autonomy: Growth and Capacity Building in a Private Medical University

Metsiwodzi MK[1]*, Odonkor P[2]
[1]Department of Registry, Family Health University, Teshie Accra, Ghana
[2]Department of Physiology, Family Health University, Teshie Accra, Ghana

***Corresponding Author: Mawunyo Korku Metsiwodzi**
Address: Department of Registry, Family Health University, Teshie Accra, Ghana
Phone: 0249085811, Email: mmetsiwodzi@fhu·edu·gh

Brief Report

Attaining full autonomy is a transformative journey for any higher education institution, signifying its maturity and capacity to shape its academic destiny independently. For a private health training university, this milestone is particularly profound, as it empowers the institution to innovate in medical education, conduct cutting-edge research, and contribute directly to healthcare solutions. This transition hinges critically on robust growth and capacity building, encompassing academic excellence, faculty development, state-of-the-art infrastructure, and sound governance. This article examines the multifaceted aspects of achieving autonomy for a health training university, emphasising the crucial role of strategic growth and continuous capacity building.

The pursuit of autonomy compels the health training university to ensure the delivery of high-quality and relevant medical education and research independent of external pressures. Autonomy grants the institution the flexibility to design specialised curricula that respond to evolving healthcare needs, invest strategically in advanced medical technologies, and foster a unique research culture.[1,2] It enables the recruitment of world-class medical faculty and researchers, who are essential for both teaching, research and clinical practice.[3] Furthermore, an autonomous health training university is better positioned to establish strong partnerships with hospitals and healthcare providers, thereby ensuring comprehensive clinical training for students and strengthening the national health system.[4] This independence is not merely symbolic; it is fundamental to the university's ability to maintain academic rigour, ethical standards, and a commitment to innovation in a rapidly advancing field.

The journey toward autonomy for a private health training university is inextricably linked to the deliberate cultivation of its internal capabilities. One of the primary areas of focus is academic excellence.[5] This involves developing and refining medical, dental, nursing, and allied health programmes that meet rigorous national and international accreditation standards.[6] Capacity building here encompasses establishing specialised research centres, securing funding for clinical trials, and fostering a vibrant research environment that encourages both faculty and students to engage in research activities. Simultaneously, faculty development is paramount. Attracting and retaining highly qualified health professionals who possess both academic credentials and extensive clinical experience is critical.[7] This necessitates competitive remuneration, opportunities for continuous professional development, advanced clinical training, and mentorship in research and publication. According to Guterres et al., the expertise of faculty directly translates into the quality of education and the institution's research output.[8]

Another crucial aspect of capacity building is infrastructure and technology. For a health training university, this means investing in state-of-the-

art labs, simulation labs, advanced diagnostic equipment, and lecture halls.[9] The integration of digital learning platforms, telemedicine technologies, and electronic health record systems are also vital for preparing students for the future of healthcare. Critically, access to high-quality clinical training facilities, often through affiliations with teaching hospitals or dedicated university hospitals, is indispensable. These facilities provide the opportunity for practical experience necessary for medical students to develop clinical competencies. Finally, robust governance and financial sustainability form the bedrock of autonomy.[10] This involves establishing transparent administrative structures, ethical leadership, and strategic financial planning to ensure long-term viability. Diversifying funding sources beyond tuition fees, through research grants, endowments, and clinical service revenue, is crucial for sustaining growth and investing in capacity building.

Despite the apparent benefits, the path to autonomy and capacity building for a private health training university is fraught with challenges. The high cost associated with health training education, including specialised equipment, laboratory maintenance, and competitive faculty salaries, can be a significant hurdle.[11] Talent acquisition is intensely competitive, as top medical professionals are in high demand across clinical practice, research, and academia. Navigating complex and evolving regulatory hurdles set by medical and higher education accreditation bodies requires meticulous planning and continuous adaptation. Furthermore, securing and maintaining high-quality clinical training partnerships with hospitals can be challenging due to the limited availability of placements and the need to align institutional objectives with the demands of clinical practice. Overcoming these obstacles requires strategic foresight, resilience, and a proactive approach to problem-solving.[12]
The experiences of private health training universities that have successfully achieved autonomy offer valuable insights. One of the most important lessons is the necessity of strategic investment in critical areas such as simulation technology, research infrastructure, and faculty training.[13,14] Partnerships are also key; collaborating with established hospitals, research institutions, and international health institutions and organisations can significantly enhance capacity and provide invaluable resources. Embracing a culture of continuous quality improvement through regular self-assessment, peer review, and feedback mechanisms ensures that the institution remains at the forefront of health training education and research.[15] Above all, visionary leadership that can articulate a clear strategic direction, inspire all stakeholders, and navigate complex regulatory and financial landscapes is indispensable for guiding the institution through its growth trajectory towards full autonomy.

In conclusion, achieving autonomy in higher education for a private medical university is a comprehensive undertaking that demands a relentless focus on growth and capacity building. It is a journey that transcends mere procedural compliance, embedding itself in the very fabric of the institution's academic, operational, and financial structures. By strategically investing in educational excellence, fostering faculty development, building cutting-edge infrastructure, and establishing robust governance, private medical universities can not only secure their autonomy but also elevate the standard of healthcare education and research, ultimately contributing significantly to the well-being of society.

References

1. Al Gharsi AY, Belhaj FA, Nirmala R. Academic autonomy as driving change: Investigating its effect on strategy development and university performance. Heliyon. 2024;10(8):e29536. doi:10.1016/j.heliyon.2024.e29536
2. Gade J, Gade S, Miryala RK. Academic autonomy in higher education. Educ Soc. 2024;47(2):59-64. Available from: https://ssrn.com/abstract=4793227
3. Geletu GM, Adige AY. Accountability system, academic autonomy, and freedom of academia versus pathways to educational excellence in Hawassa University, Ethiopia. Int J Educ Reform. 2024;0(0). doi:10.1177/10567879241290191
4. Fitzpatrick PJ. Improving health literacy using the power of digital communications to achieve better health outcomes for patients and practitioners. Front Digit Health. 2023;5:1264780. doi:10.3389/fdgth.2023.1264780
5. Tariq M, Ali SA. Quality assurance and its application in medical education. J Coll Physicians Surg Pak. 2014;24(3):151-2.
6. Roberts Lyer K, Saliba I, Spannagel J. University autonomy decline. 1st ed. London: Routledge; 2022.
7. Khadar A, Kansra P. Empowering excellence: The vital role of faculty development programs in higher education accreditation. 2024. doi:10.4018/979-8-3693-1698-6.ch007
8. Guterres A, Goncalves A, Pereira S. The role of lecturer in improving college quality learning. Int J Innov Res Sci Stud. 2025;8:1949-55. doi:10.53894/ijirss.v8i2.5586
9. Aryee GFB, Amoadu M, Obeng P. Effectiveness of eLearning programme for capacity building of healthcare professionals: A systematic review. Hum Resour Health. 2024;22:60. doi:10.1186/s12960-024-00924-x
10. Ali MA. Autonomizing public universities in Ethiopia: Exploring the potential challenges. F1000Res. 2024;13:1416. doi:10.12688/f1000research.157858.1
11. Okoroafor E, et al. An overview of health workforce education and accreditation in Africa: Implications for scaling up capacity and quality. Hum Resour Health. 2022;20:37. doi:10.1186/s12960-022-00735-y
12. Sirili N, Frumence G, Kiwara A, Mwangu M, Goicolea I, Hurtig AK. Public private partnership in the training of doctors after the 1990s' health sector reforms: The case of Tanzania. Hum Resour Health. 2019;17(1):33. doi:10.1186/s12960-019-0372-6
13. McGaghie WC, Issenberg SB, Cohen ER, Barsuk JH, Wayne DB. Does simulation-based medical education with deliberate practice yield better results than traditional clinical education? A meta-analytic comparative review of the evidence. Acad Med. 2011;86(6):706-11. doi:10.1097/ACM.0b013e318217e119
14. Salmi J. The challenge of establishing world-class universities. Washington DC: World Bank Publications; 2009.
15. Wong BM, Headrick LA. Application of continuous quality improvement to medical education. Med Educ. 2021;55(1):72-81. doi:10.1111/medu.14351