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TECHNICAL DISCUSSIONS

ACCREDITATION OF HOSPITALS AND MEDICAL EDUCATION INSTITUTIONS–CHALLENGES AND FUTURE DIRECTIONS

B. MEDICAL EDUCATION INSTITUTIONS

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EXECUTIVE SUMMARY

Accreditation is a voluntary peer-review process designed to attest the educational quality of new and established educational programmes. In an accreditation system for medical education, an appointed committee or body assesses medical education programmes leading to the first medical degree and accredits those that meet agreed standards. Such systems may be provincial, national, subregional or regional, or a combination of these. By assessing the compliance of medical education programmes with nationally or regionally accepted standards of educational quality, the accrediting bodies serve the interest of the general public and of the students enrolled in those programmes.

Since 2000, the Regional Office has been engaged in a regional initiative to reform the health professions education (HPE) institutes in countries of the Region. One of the activities of this initiative was the preparation of guidelines on different interventions of this reform. These guidelines provide the schools adopting reform with practical tools on how to plan, implement and evaluate reform interventions. One of the most important elements of the reform process is adoption of national standards based on prepared regional standards. Adoption of standards is also a step towards establishing a national accreditation system. The Forty-ninth Regional Committee for the Eastern Mediterranean, in resolution EM/RC49/R.11 (2002) on health professions education, endorsed the regional reform process and urged Member States to establish a system of accreditation for health professions education faculties and institutes.

The regional guidelines on development of an accreditation system for health professions institutes are composed of four sections, regional standards, institutional self-study, rules and procedures and unified national medical examinations. The guidelines also include a number of forms and questionnaires. The guidelines describe steps in planning and implementing national accreditation systems such as setting standards, establishing the accreditation body, setting a plan of action, starting self-study accreditation, planning and implementing unified national medical examinations and implementing and maintaining accreditation.

Accreditation of medical education has become a necessity for all countries of the Region to enable medical school graduates in the Region to meet the requirements of global standards for medical education and practice. Accreditation provides support for continuous quality improvement in medical education and safeguards the medical profession. By complying with accepted regional or national standards, medical schools will play a leading role in improving health systems performance and promoting health.

1. INTRODUCTION

1.1 Accreditation and standards in medical education

Accreditation is a voluntary peer-review process designed to attest the educational quality of new and established educational programmes. In an accreditation system for medical education, an appointed committee or body assesses medical education programmes leading to the first medical degree and accredits those that meet agreed standards. Such systems may be provincial (in countries with a large number of schools), national, subregional (in countries with a limited number of schools) or regional, or a combination of these. By assessing the compliance of medical education programmes with nationally or regionally accepted standards of educational quality, the accrediting bodies serve the interest of the general public and of the students enrolled in those programmes.

To achieve and maintain accreditation, medical schools conferring a first degree in medicine must meet the standards laid out in the accreditation documents. The standards should be documented in both a narrative format that illustrates how standards relate to each other, and in a list format that allows the inclusion of explanatory annotations to clarify the operational meaning of standards when implemented. The terminology used in the standards, in particular the words “must” and “should”, is chosen with great care. Use of the word “must” indicates that the accrediting body considers meeting the standards to be absolutely necessary for achievement and maintenance of accreditation. Use of the word “should” indicates that compliance with the standard is expected unless there are extraordinary and justifiable circumstances that obstruct full compliance. Achieving standards is a matter of specific conduct and intentional planning. Some schools might develop certain unique qualities that go beyond standards achieved by other schools. Such qualities might, in the long run, serve as examples for new standard setting in all schools. Standards must be meaningful, appropriate, relevant, measurable, achievable and accepted by the users. They must have implications for practice, recognize diversity and foster adequate development.

1.2 Quality improvement in medical education

Measuring the quality of educational programmes is not an easy task. The difficulty lies in determining both what to measure and how best to measure it. Quality may be defined in many ways, such as “fitness for purpose”, “meeting the expectations of the consumer or user” and “satisfaction of client”. Requirements set by different stakeholders must be considered. Such stakeholders include medical professionals, patients, students, government and communities. Quality should be measured across all parts of the education programme: input, process and output. Quality is linked to relevance, equity and cost–effectiveness.

Standards are useful for educational institutions as a basis for internal evaluation towards continuous quality improvement. They are also a necessary tool for external evaluation, recognition and accreditation of schools. Standards might best be used in quality evaluation studies of schools by combining institutional self-evaluation and peer review. Evaluation based on generally accepted standards is an important incentive for improvement and for raising the quality of medical education. Therefore, short-term results of accreditation should not be the basis for decisions to close schools or deny recognition to graduates. As described in the regional accreditation guidelines, accreditation is usually granted for periods of up to six years. When schools are found to have serious deficiencies, they are granted

conditional accreditation for limited periods contingent upon certain issues to be addressed and actions to be taken by the school. If a school continues to be unable to deliver courses at the accepted standard, its students must be directed to another school to complete an accredited medical course before they can be recognized.

1.3 Accreditation of institutional settings and educational programmes

Setting

In industrialized countries, accreditation of established schools involves the educational programme. The institutional setting is included in the accreditation process only when the school is newly established or when major change takes place in an established school. As most of the schools in the Region are to be accredited for the first time, evaluation of the institutional setting will be an essential part of the initial accreditation process.

To have a reasonable likelihood of meeting relevant accreditation standards, both new and established schools should have accomplished certain minimum tasks with regard to the institutional setting of the educational programme:

- Formal delineation of the relationship between medical school and parent organization (i.e. university, ministry).
- Definition of the governance structure of the school.
- Development of a job description for the dean, with approval of the description from the responsible authorities.
- Appointment of a dean.
- Appointment of senior leadership within dean's staff in areas of academics, students, hospital relations and administration and finance.
- Appointment of leadership positions in departments and units.
- Establishment of department for medical education development.
- Appointment of a minimum of teaching staff (both senior and junior) as described by standards.
- Availability of physical resources, including sites for theory, discussion, and practical, clinical and field learning and training.
- Availability of all technical resources for learning, service, research and social activities as specified by the accepted standards.
- Availability of standard space per student and staff of library area and resources including information technology and computer aided learning facilities.

Educational programme

Clearly, the educational programme leading to the first degree in medicine lies at the core of the accreditation process. Physicians must be able to care for individual patients and communities by both promoting health and treating illness. They will be expected to assist with the health education of the community, exercise good judgement in the use of health resources, and work efficiently with a wide range of health professionals and other stakeholders. They must possess adequate educational base that allows them to respond to evolving and changing health needs throughout their careers.

Medical courses should produce graduates who are willing and able to develop further their knowledge and skills, beginning in the intern year and continuing throughout their professional careers, through in-service training, continuing medical education and use of modern information technology. The quality of each medical school will ultimately be judged by the ability of its graduates to perform at a high level in the changing roles the community requires of its medical practitioners. This requires a flexible approach and commitment to a lifetime of continuing medical education.

The goal of medical education is to develop junior physicians who possess attributes that will ensure that they are initially competent to practice safely and effectively as interns in their countries and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine. Attributes should be developed to an appropriate level for the stage of training. Specific attributes incorporating knowledge, skills and professional attitudes are described in Annex 1.

2. ACCREDITATION IN COUNTRIES OF THE EASTERN MEDITERRANEAN REGION

For most of the 20th century, the General Medical Council (GMC) of the United Kingdom was responsible for evaluating and maintaining a register of medical schools operating in countries of the Region and teaching in English. The 18 medical schools established in the Region before 1950 were founded by academicians from Europe, United Kingdom or United States. Not only is the curriculum in these schools based on the style used by the founding country, but the certificates conferred by these schools also follow the same nomenclature used in the founding country. For example, MBBCh certificates, used in Ireland, are given in Egypt; the MBBS degree of England is given in Pakistan; and the MBChB degree of Scotland is conferred in Iraq. Other schools in the Region have followed the American certification system (Islamic Republic of Iran) or the French (Lebanon, Morocco and Tunisia). Prior to 1975, its register of recognized medical schools around the world was the only source available to the GMC for recognizing medical school graduates from overseas and granting them permission to practice in the United Kingdom. In 1975, a licensing examination for overseas graduates was introduced in the United Kingdom for the first time. Although the GMC has continued to evaluate medical schools overseas, it no longer evaluates schools in some countries of the Region because of proliferation of new schools. The number of medical schools in the Region has grown considerably, from 18 schools in 1950 to around 207 in 2003. In the 1980s, licensing bodies in industrialized countries started to use the WHO *World directory of medical schools* in determining which medical school graduates from overseas would be allowed to sit for medical license examinations. However,

this listing of medical schools is confined to schools that are approved by the related national ministries of health.

In recent years a number of countries in the Region have initiated efforts to accredit medical schools. In Pakistan, the Pakistan Medical and Dental Council (PMDC), an independent professional body, runs a regular process of accreditation for all new medical colleges. The number of medical schools in Pakistan exceeded 37 in 2002. In Iraq, a national system of accreditation of medical schools, which included national unified examinations, was implemented in 1992 as part of a wider accreditation programme for all institutions of higher education. However, the programme was stopped in 1999 because of technical constraints. In the Islamic Republic of Iran, a national system of accreditation for postgraduate medical education has been in place since 1974. A set of national standards for undergraduate medical education was developed recently, and two universities are currently piloting a process of accreditation for undergraduate medical education. The Arab Board of Medical Specialization, a professional postgraduate board affiliated with the Council of Arab Ministers of Health, has successfully administered a subregional accreditation system for postgraduate medical education since the early 1980s. The pioneering work of the Arab Board in this respect has mainly focused on accreditation of training hospitals used for postgraduate studies. In 1999 the Committee of Deans of Medical Schools of the Gulf Cooperation Council (GCC) began developing standards during the first conference of GCC medical schools held in Kuwait. A set of standards was accepted by the Committee in April 2001. More recently, the Regional Office provided technical support to Egypt, Sudan and Yemen to prepare a set of nationally accepted standards for medical education as a step towards implementing national accreditation system. Although all countries of the Region have established procedures to be followed before graduates from a new medical school are recognized and accepted to practice, these procedures are laid out by national professional bodies or ministries of health and are not based on a structured and objective accreditation programme.

By assessing medical schools for accreditation purposes, professional medical registration bodies can be assured that a medical school's educational programme satisfies agreed national guidelines for basic medical education. Moreover, accreditation of a medical school facilitates registration of its future graduates in other countries. A graduate of a medical course accredited by a regional accreditation body would be eligible to register in any country of the Region. The increasing number of newly established schools in the Region provides added impetus for accreditation. Accreditation is a way to protect against unchecked proliferation of new medical schools and to ensure that established schools do not continue to operate with insufficient supplies and inadequate support. Accreditation is also a way to ensure that changes to admission policies to allow higher enrollments are supported by corresponding increases in training capacity and human and financial resources.

Accreditation provides an incentive for schools to introduce reform aimed at improving their educational performance and ensuring that both the schools and their graduates are fit for the purpose of promoting and improving the health of their communities. Globalization, information technology development, knowledge expansion and rapid development of communication systems that allow people to explore what is happening in different parts of the world have forced educators to think about curriculum changes that are responsive to these developments. Most medical schools in the United Kingdom and North America have changed their curricula and abandoned the subject-based system still being used in almost all schools in the Region. In the near future, graduates from the Region will face difficulties in

being recognized in other countries, and it will be more difficult for them to pass assessment tests before being allowed to practice. Licensing tests in the United Kingdom and United States, for example, now include sections on OSCE (Objective Structured Clinical Examination), ethics, problem-solving and information technology. In addition, many health agencies around the world are engaged in efforts to prepare a global accreditation system based on global standards. Medical schools in the Region will be left out of this global recognition system if they are not involved in other accreditation schemes.

3. REGIONAL GUIDELINES ON ACCREDITATION

Since 2000, the Regional Office has been engaged in a regional initiative to reform the health professions education (HPE) institutes in countries of the Region. One of the activities of this initiative was the preparation of guidelines on different interventions of this reform. These guidelines provide the schools adopting reform with practical tools on how to plan, implement and evaluate reform interventions. One of the most important elements of the reform process is adoption of national standards based on prepared regional standards. Adoption of standards is also a step towards establishing a national accreditation system. The Forty-ninth Regional Committee for the Eastern Mediterranean, in resolution EM/RC49/R.11 (2002) on health professions education, endorsed the regional reform process and urged Member States to establish a system of accreditation for health professions education faculties and institutes.

The regional guidelines on development of an accreditation system for health professions institutes are composed of four sections, regional standards, institutional self-study, rules and procedures and unified national medical examinations. The guidelines also include a number of forms and questionnaires.

a) Regional standards

These standards deal in detail with the following domains, and include indicators and criteria for each domain.

- Sponsorship of the institution
- Vision, mission, and objectives
- Students, including admissions policy
- Human resources, including promotion policy
- Physical and technical resources
- Governance and administration
- Curriculum, including content, methodologies and use of national languages
- Student assessment
- Postgraduate and continuing professional development programmes
- Research policies and facilities
- Involvement in improving health systems and services
- Involvement in community development
- Programme evaluation
- Constraints and innovations

b) Institutional self-study

The self-study is an essential step towards participation in an accreditation system. The study team includes representatives of the school's administration, faculty, student body and other partners and is responsible for carrying out the following tasks:

- Collecting and reviewing data about the school and its educational programme according to accepted standards of accreditation.
- Identifying institutional strengths and issues requiring action to meet the accepted standards.
- Defining strategies to ensure that strengths are maintained and problems addressed.

c) Rules, process and procedures

This section contains details on the following components and stages of the accreditation process:

- Structure and function of the accreditation process
- Accreditation body committees and assessment teams
- Initial contact
- Initial documentation
- Assignment of teams to schools
- Review of initial documentation
- Preliminary visit to school
- Assessment visit
- Consultation and additional feedback
- Formal report
- Review of accreditation committee report
- Decision on accreditation and options
- Periodic reports by school to the accreditation body.

d) Unified national medical examinations

Unified examinations for medical students test the outcome of medical educational programmes. They may be organized at subnational or national level. Such examinations should be based on the core curriculum and should be planned in accordance with the following criteria:

- An independent national body should develop, administer and evaluate the exam and should include representatives from all colleges, the Ministry of Health and professional associations.

- Examinations should be administered according to agreed and disseminated standards.

- Testing should include, in addition to recall, competencies such as interpretation, analysis, comparison, decision-making, problem-solving and other competencies which are regarded essential for graduation and practice in the community. In this way, the

examinations will support reorientation of medical education towards relevance to community needs and responsiveness to innovation.

- The examination should be a single multidisciplinary test that could be given during the regular college examinations.

- Examination results should serve as feedback for medical universities, colleges and departments for improving educational programmes.

4. STEPS IN PLANNING AND IMPLEMENTING NATIONAL ACCREDITATION SYSTEMS IN COUNTRIES OF THE REGION

4.1 Setting standards

- Establish a national task force
- Hold seminars and meetings with representatives of all partners
- Review regional standards
- Accept and adopt national standards
- Recommending for legalization
- Discuss and approve rules and procedures of accreditation including unified exams

4.2 Establishing the accreditation body

- Establish the national accreditation body
- Set clear legal function and rules
- Ensure independent status
- Produce and disseminate accreditation documents

4.3 Setting a plan of action

- Develop timetable to accredit schools
- Set date for organizing national unified exams

4.4 Starting self-study accreditation

- Support schools to conduct self-study accreditation

4.5 Planning and implementing unified national medical examinations

- Establish scientific committees
- Organize national questions bank
- Establish central and local implementation committees

4.6 Implementing and maintaining accreditation

A typical schedule is shown in Box 1.

12 to 18 months before the assessment visit: hold preliminary discussions about the visit
• The medical school nominates a week for the visit. • The accreditation body sends the school copies of the Accreditation Guidelines, a model visit programme, and the guide to the preparation of an accreditation submission. • The school's draft submission is due 6 months before the visit.
6 to 12 months before the assessment visit: constitute the team
• The accreditation body confirms the team membership, after inviting the school to comment on its proposed membership. • Team members are sent information on the process.
6 months before the assessment visit: submit documentation and finalize arrangement for the visit
• The school submits copies of its draft accreditation submission. • The assessment team meets to discuss the draft submission, and the programme for the assessment visit. • The chair and secretary undertake a preliminary visit to the school. • The accreditation body and the school arrange the visit programme. • The school submits its final accreditation submission 2 months before the assessment visit.
The assessment visit
• The visit is generally one week. • The assessment team interviews relevant groups in the school, the health services, and the university. It also inspects facilities. • The visit concludes with the presentation of the team's preliminary conclusions and discussion with senior school officers.
After the assessment visit: prepare the accreditation report
• The team prepares a draft report, which it circulates to the school usually within 5 weeks of the conclusion of the visit. The school is invited to comment on the draft. • The team considers the school's comments and prepares its final report for the Medical School Accreditation Committee. • The Committee develops draft recommendations on the school's accreditation. It sends them to the university for comment. • The report, recommendations and any comments by the university are then submitted to the Accreditation Body for final decisions on accreditation.

Box 1. Schedule of activities for accreditation of a medical school

5. CONCLUSION

Accreditation of medical education has become a necessity for all countries of the Region. Accreditation systems will enable medical school graduates in the Region to meet the requirements of global standards for medical education and practice. Accreditation provides support for continuous quality improvement in medical education and safeguards the medical profession. By complying with accepted regional or national standards, medical schools will play a leading role in improving health systems performance and promoting health.

6. RECOMMENDATIONS

To Member States

1. Establish a national task force to plan for national accreditation of medical education.

2. Prepare a detailed plan of action for implementing national accreditation systems.

To WHO/EMRO

3. Finalize, publish and disseminate the regional guidelines on how to plan, implement and maintain national systems of accreditation.

4. Identify the countries in the Region that are ready to plan and implement national systems of accreditation, and provide technical support to these countries in preparing and implementing plans of action for establishing national accreditation systems.

5. Enhance cooperation with GCC countries to support efforts to establish a subregional system of accreditation in these countries.

6. Encourage the development of other subregional systems of accreditation for medical education in order to include countries with a limited number of medical schools.

7. Continue to monitor the experiences on accreditation in other parts of the world in order to guide accreditation efforts in the Region.

Annex 1

SPECIFIC ATTRIBUTES FOR GRADUATES OF MEDICAL EDUCATION

A. Knowledge and understanding

Graduates completing basic medical education should have knowledge and ability to apply the following items.

1. Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice and health care, and to acquire and incorporate the advances in knowledge that will occur over their working life.

2. The normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind.

3. The epidemiology, etiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged. A more detailed knowledge is required of those conditions that require urgent assessment and treatment.

4. Common diagnostic procedures, their uses and limitations.

5. Management of common conditions including pharmacological, physical, nutritional and psychological therapies.

6. Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.

7. The principles of public health medicine, health education, disease prevention and screening.

8. The principles of amelioration of suffering and disability, rehabilitation, and the care of the dying.

9. Factors affecting human relationships, the psychological well being of patients, families and communities, and the interactions between humans and their social and physical environment.

10. Systems of provision of health care including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources.

11. The principles of ethics related to health care to individuals, families and communities and the legal responsibilities of the medical profession.

B. Skills

Graduates completing basic medical education should have developed the following skills:

12. The ability to take a tactful, accurate, organized and problem-focused medical history.

13. The ability to perform an accurate physical and mental state examination.

14. The ability to choose the clinical skills that are appropriate and practical to apply in a given situation.

15. The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.

16. The ability to select the most appropriate and cost effective diagnostic procedures.

17. The ability to interpret common diagnostic procedures.

18. The ability to formulate a management plan, and to plan management in concert with the patient.

19. The ability to formulate a plan for prevention of disease and promotion of health of individuals, families and communities.

20. The ability to communicate clearly, considerately and sensitively with patients and their families, doctors, nurses, other health professionals and the general public and communities.

21. The ability to counsel patients sensitively and effectively, and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.

22. The ability to collect and interpret data from communities and populations and the ability to recognize and deal with reportable conditions.

23. The ability to recognize serious illness and to perform common emergency and life-saving procedures such as caring for the unconscious patient and administering cardiopulmonary resuscitation.

24. The ability to interpret medical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry and research relating to community health problems and needs.

25. The ability to use information technology appropriately as an essential resource for modern medical practice.

C. Attitudes as they affect professional behaviour

At the end of basic medical education, students should demonstrate the following professional attitudes that are fundamental to medical practice and health care delivery:

26. Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community.

27. Recognition that the doctor should have the necessary professional support, including a primary health care physician, to ensure his or her own well being.

28. Respect for every human being, including respect of sexual boundaries.

29. Respect for community values, including an appreciation of the diversity of human background, religious and cultural values.

30. A commitment to ease pain and suffering and play a role in holistic development of communities.

31. A realization that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.

32. An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.

33. An appreciation of the need to recognize when a health or clinical problem exceeds own capacity to deal with it safely and efficiently and of the need to refer the problem for help from others when this occurs.

34. An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.

35. An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues.

36. An appreciation of the systems approach to health care safety, and the need to adopt and practice health care that maximizes patient and community safety.

37. An awareness of the need to communicate with patients, their families and communities, and to involve them fully in planning management and in making decisions on health issues.

38. A desire to achieve the optimal health care for the least cost, with an awareness of the need for cost–effectiveness to allow maximum benefit from the available resources.

39. A willingness to work effectively in a team with other health care professionals.