

## Institutional accreditation: a long overdue process

### Editorial

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#### Introduction

Accreditation of an educational institution is a process of external evaluation of the curriculum and its associated activities to determine whether the public can be assured that the qualification granted by the institution to its graduates is of a standard that is likely to result in safe practice. It is generally a process-oriented activity in that it examines the strengths and weaknesses of the processes involved in the curriculum, such as its teaching-learning activities, examination procedures and management. However, these processes are not viewed in isolation, but in the context in which they take place. Thus the process of accreditation also examines the nature of the inputs into the curriculum, such as the caliber of teachers and entering students, the nature of learning resources and facilities and the sources of funding. Some institutions use product or output measures, such as the performance of their graduates in national licensing examinations or during the period of internship immediately following graduation, as the basis for accreditation of the curriculum. Curriculum here is taken to mean all those planned activities that are implemented in an institution which bring about learning in the students. Accreditation is relevant to each phase of the continuum of medical education: undergraduate, postgraduate and continuing.

#### Purposes

The purpose of institutional accreditation is two-fold: to protect educational quality and to

encourage curriculum improvement.<sup>1</sup> Protection of educational quality implies both quality assurance and the maintenance of educational standards. In serving this purpose accreditation guarantees the academic standing of the qualification granted by the institution. If the process of accreditation is to have any "teeth", the recommendations made by the accrediting body must be recognized by those who are responsible for the registration of the degree as a license to practice. This means that if an educational institution loses, or is not granted, accreditation, its graduates run the risk of non-registration.

The extent to which accreditation serves its second purpose, that of encouraging curriculum improvement, depends very much on the manner in which the accrediting body carries out its responsibilities. If it focuses primarily on the first purpose and ignores the second, it does not fulfill its obligation to society completely. Accrediting bodies should not act punitively, but in a manner which encourages institutions to improve themselves in areas where deficiencies exist. Process evaluation takes precedence over product evaluation because the former is able to identify strengths and weaknesses, whereas the latter identifies the quality of the product, but not the reason for that quality. Christine McGuire exhorts us to "use product evaluation to sound an alarm that something is wrong, and process evaluation to determine what is wrong". Unfortunately, by the time a deficiency in the product is identified the process which was responsible for it is a thing of the past. Hence a need exists for ongoing process evaluation.

#### Importance of Context

As pointed out earlier, accreditation of an institution must be viewed in the context in which the processes of its curriculum are carried out. An educational institution undertakes training activities directed towards the society in which the graduates of that insti-

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tution will serve at the end of their training. Societal needs vary from one country to another, and even from one region to another in the same country. Thus any accreditation process that does not take into account priority societal needs which dictate the goals and mission of that institution would not serve either of the purposes of accreditation as outlined above. While it would not provide evidence of safe practice of the institution's graduates in the society served, it would also not encourage relevant curriculum development.

Another reason as to why context is important is that resources and facilities available to institutions vary from one country to another, and even within a given country. While this does not mean that an institution can carry out its role without minimum resources, it does mean that expectations of resource availability cannot be directly transferred from one society to another. Accreditation bodies must be aware of resource limitations when evaluating curricula to ensure safe practice of graduates.

This brings us to a consideration of the desirability of international standards in medical education as a basis for accreditation.

### **International Standards**

Over the past decade two international bodies have developed global standards for medical education. The World Federation for Medical Education (WFME) developed standards for all three phases of the continuum of medical education,<sup>2</sup> while the Task Force of the Institute for International Medical Education (IIME) developed a list of global minimal essential requirements for undergraduate medical education.<sup>3</sup> These standards were developed by international groups of experts, the former focusing on the processes of medical education, and the latter on the content of medical education. The standards developed by WFME have been pilot tested in several countries, while those developed by the IIME have been pilot tested in seven medical schools in the People's Republic of China.

The question arises as to how a set of international standards, be they related to process or content, can apply to institutions catering to a wide range of societal needs and with varying degrees of sophistication in the resources and facilities available to them. The

answer lies in the nature of the standards. The expert groups developing these standards were acutely aware of these variations and took particular care to ensure that the standards allowed for societal priorities to be addressed by each institution, while ensuring that each met the minimum criteria for professional practice at the relevant stage. The process standards developed by WFME had sufficient flexibility to enable each institution to measure its performance against its priorities, while the IIME group focused on the general content that should be included in any undergraduate medical curriculum. In this age of globalization of medical education and physician migration, these standards provide one way to the host country to determine if migrating physicians have been trained in an institution which met them.

At the undergraduate level a core curriculum which consists of universal elements of basic medical education can be identified and should be addressed by all medical schools which aim at producing safe medical practitioners.<sup>4</sup> These elements consist of both content and process skills. For example: (a) the sciences underlying the practice of medicine are universal, even though relative emphases may vary depending on health care priorities; (b) the process skill of self-directed learning is also universal and critical if the professional is to undertake lifelong learning in the face of exponential growth of medical knowledge. The potential dangers of identifying a core curriculum are stereotyping of curricula and the encouragement of mediocrity rather than excellence, when institutions focus their attention predominantly on the core.

### **Accreditation in the Continuum of Medical Education**

Accreditation at each phase – undergraduate, postgraduate and continuing – of the continuum of medical education must take into consideration the other phases. Thus accreditation of medical schools at the level of undergraduate education should consider the requirements of postgraduate education in laying down criteria. The concerns that, for example, postgraduate bodies have expressed in some countries about the basic science knowledge of graduates who present themselves for postgraduate training stem largely

from a lack of consideration of these requirements by agencies responsible for accrediting undergraduate education. It is of utmost importance that postgraduate bodies be either represented in, or consulted by, those responsible for undergraduate accreditation. In the same vein the needs of continuing medical education must be taken into account in accreditation of postgraduate programs. In practice, however, this is rarely a problem as the same bodies are responsible for postgraduate and continuing medical education.

### Process of Accreditation

A system of accreditation which depends solely on graduate performance does not meet the two-fold purposes of accreditation. Thus most institutions are subjected to input and process evaluation in accreditation. A system which involves wide consultation, supports diversity of programs and promotes institutional self-evaluation is most likely to serve the two purposes of accreditation best. Such a system has been laid down for undergraduate (and graduate) medical education by the Australian Medical Council (AMC).<sup>5</sup> The system is characterized by a preliminary documentation of its activities by the institution being considered for accreditation followed by a first visit to the institution by the chairman and secretary of the assessment team, during which the administration and senior staff are briefed on the objectives and processes of accreditation. Several months later the accreditation team visits the institution for a period of five days, during which curricular processes are observed and interviews held with staff, students and administrators. On the last day the findings and conclusions of the team are presented verbally to the head of the institution, who can respond and correct errors of fact. A formal and detailed accreditation report with conclusions and recommendations is presented to the AMC, who approves or amends it and submits it to the head of the institution, with release to the public if the latter and AMC agree.

This system affirms the right of each school to determine its philosophy and define its objectives, against which assessment is carried out, as long as societal needs are met. Thus diversity and innovation are encouraged. It also encourages internal monitoring of the curriculum by the institution, so that each

school is expected to set up its own program evaluation mechanism. The accrediting body does not prescribe conditions but provides guidelines for curriculum development. To avert the tendency to be complacent once accreditation is granted for five or ten years, the institution is expected to undertake formative evaluation at frequent intervals after accreditation has been granted.

### Developments in the Arabian Gulf Region

Guided by the recommendations of the WFME on international standards for medical education, the GCC Medical College Deans Committee developed a set of minimum requirements which medical colleges in the region should meet, but should not be satisfied with. The document was also developed with the intention of assisting medical colleges to develop their internal program evaluation system, which was seen as an important step for accreditation and curriculum improvement. These requirements were developed in the broad domains of curriculum, assessment, program evaluation, students, staff, physical resources, management, research, continuing medical education and continuing quality improvement. Each college is requested to respond to a questionnaire as part of its accreditation submission, and the response is expected about six months before the assessment visit.

Recently, the Deans Committee was requested by the World Health Organization to evaluate, in an advisory capacity, the College of Medicine established in Bahrain by the Royal College of Surgeons of Ireland.<sup>6</sup> After the process of self-evaluation was completed a team of three experts from the Deans Committee visited the College facilities and met with faculty, students and administration. The Committee asked questions and made observations on a document which was presented to it, and the College responded to these questions in a professional and positive way. The Committee recommended to the WHO that the College could be accredited to offer the MBBS degree. Thus far this has been the only medical school evaluated by the Deans Committee. The College of Medicine in Kuwait tested the submission questionnaire and found it very useful, practical and applicable to the context

of the colleges of Medicine in the Arabian Gulf region. In the United Arab Emirates, an accreditation body of the Ministry of Higher Education has laid down a clear policy and procedure for accreditation and all government and private colleges and programs must be accredited by the Ministry. External evaluators are engaged for such accreditation. In Saudi Arabia too, accreditation is undertaken by the Ministry of Higher Education.

## Conclusion

The assessment of the quality of medical education – be it undergraduate, postgraduate or continuing – is a complex endeavor which cannot, and should not, be addressed by a single method. At a time when training institutions and programs are increasing rapidly, the public has a right of guarantee that the products of training are of a sufficient caliber to practice safely. In some countries medical schools are being opened for financial gain. Sometimes these are lacking in quality staff and facilities. Established institutions in some countries continue to be drained of resources as lower priority is given to higher education compared to sectors with more immediate gains. Poor quality education would naturally reflect on the quality of graduates from such institutions, and, in the long term, impact adversely on the service they provide to

society. While institutional accreditation can do little to curb such practices, it can do much by acting as a sieve for their negative effects, and as a means of identifying those aspects where deficiencies exist and can be rectified. A multifaceted approach to assessment of quality is called for, if that guarantee is to be a genuine one. Many countries still lack a system of accreditation which can provide that guarantee. The accreditation of medical education is long overdue in such countries which do not have such in place.

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