# Accreditation of Basic Medical Education

Sharifah Hapsah Shahabudin
Vice Chancellor
Universiti Kebangsaan Malaysia

**NUS Medical School, 7 Dec 2006**

# OUTLINE OF PRESENTATION

- External forces impacting on medical education
- Need for standards on medical education
- WFME/WHO guidelines on standards in medical education
- Accreditation procedures
- Responsibilities of medical schools

Imagine a pond which starts with 1 lily pad

the number of plants doubles everyday until the pond is covered in 30 days

How many days would it take to cover:

1/4 of the pond?

1/2 the pond?

Answer:

1/4 of the pond? - 28 days

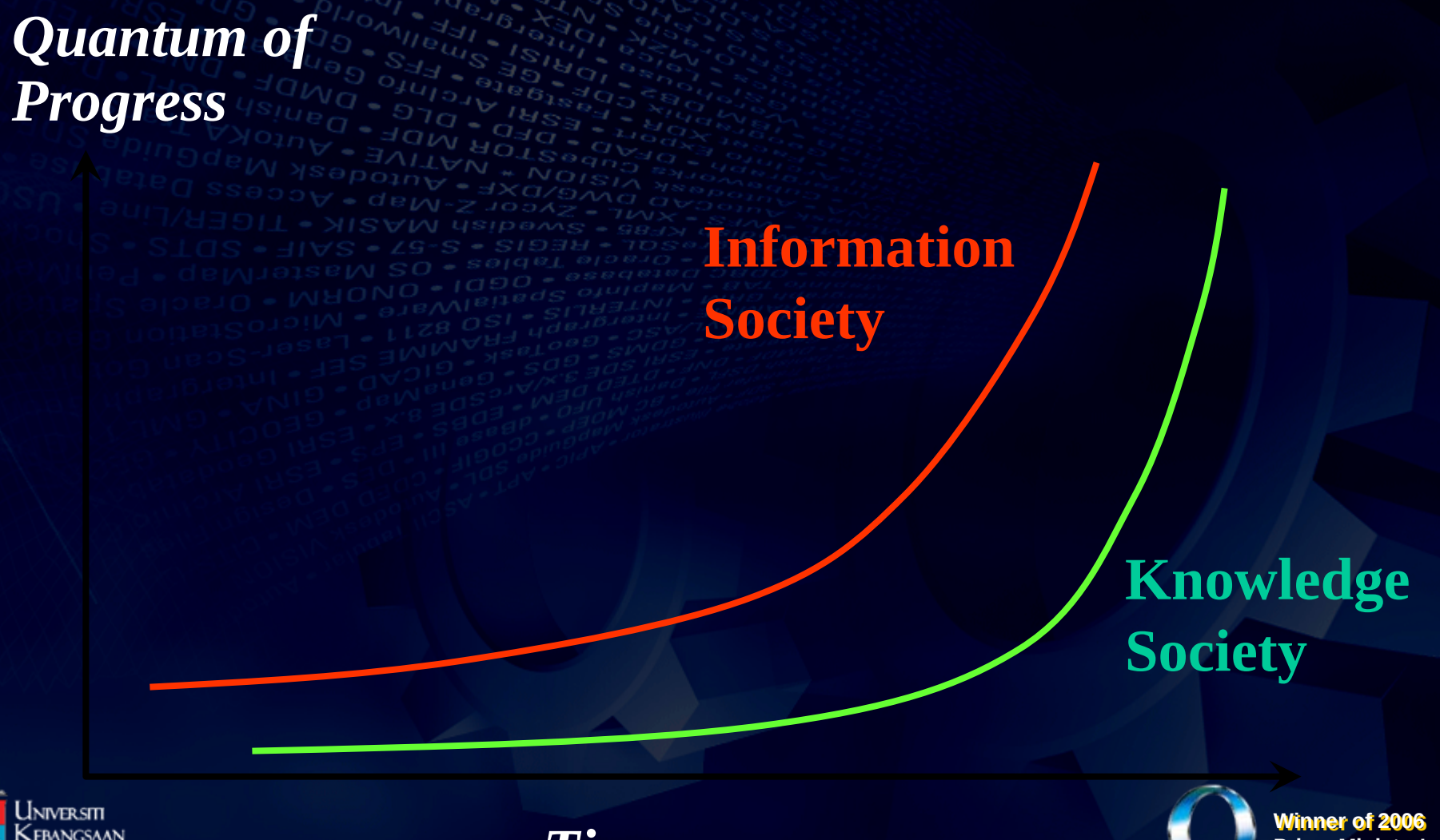
1/2 the pond?- 29 days

Day 26: 90% water still open
Day 27: 7/8 water still open

If you ring the alarm that the pond is about to be covered with lilies, everyone will say you are crazy

# This is how fast the world is changing

## The Lily Pond Effect



# Forces

**External forces e.g**
**Globalisation & Deregulation**
**Technology (digitisation & biotechnology**

↓

Impact on health practice & care

↓

Impact on medical education

- Impact on health care delivery with implications to medical education
  - multicultural population
  - People, bacteria, viruses cross borders easily
  - violent conflicts & natural disasters - injury, mental health, lack of health care, water, shelter & ecological damage
  - impact of GATS (mutual recognition agreements for professional services)
  - use of ICT in health care - teleconsultation, access to research data, need skills in scrutiny

80% of technology we will be using in our daily lives in the next 10 years has not been invented yet

Watch for developments in:

- Micro and nanoelectronics
- Biotechnology, genomics
- Robotics
- Biometrics
- patent protection, etc, etc

One day with nanotechnology, we may be able to slice off a tumour, cell by cell & leave them to the macrophages!

# Globalisation of medical education

- Global health in curriculum
- Enrolment of students in foreign medical schools, practice in home country
- global delivery of medical education
  - foreign campus
  - credit transfer arrangements (twin), bi and multi arrangements
  - consortia for virtual medical education
  - short term contract academic staff to teach & provide service

# IMPLICATIONS

**INTERNATIONAL STANDARDS IN:**

**MEDICAL PRACTICE**

**MEDICAL EDUCATION**

# International Standards in Medical Education

- WTO targets: liberalise services (inc Health & Education)
- Barriers have to be lifted, protection through domestic regulations (accreditation and practice standards, eligibility to practice, license to operate)
- WHO, WFME, ECFMG, consensus on standards in medical education since early 1990s, meetings in Geneva, Barcelona, Casablanca

# IMPACT OF GLOBALISATION ON MEDICAL EDUCATION

**WTO & GATS LAY RULES FOR TRADE IN SERVICES**

**DEVELOPMENT OF INTERNATIONAL STANDARDS OF QUALITY**

**1994: WHO, ECFMG, WFME EXPERT GROUPS & TASK FORCES**

**1999: WFME GUIDELINES ON STANDARDS IN MEDICAL EDUCATION**

**2001: WPRO GUIDELINES ON STANDARDS IN MEDICAL EDUCATION , PILOTED IN MALAYSIA**

**2003: IIME MINIMUM ESSENTIAL COMPETENCES IN MEDICAL EDUCATION**

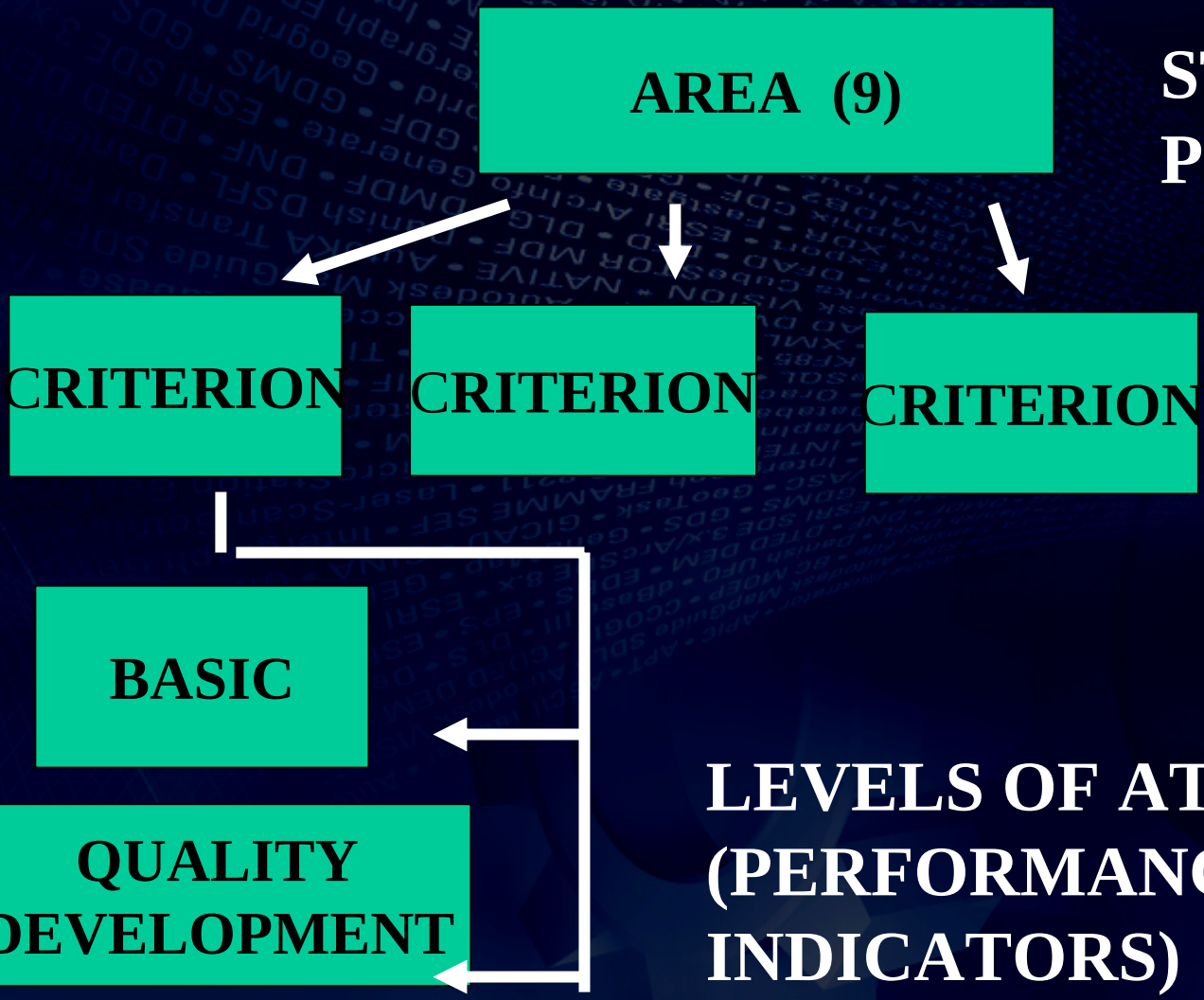
# ACCREDITATION

- GUIDELINES ON STANDARDS FOR ACCREDITATION
- PROCEDURES FOR ACCREDITATION
- DECISIONS ON ACCREDITATION STATUS

# Assessment of Quality

- Standards of educational programs
- Standards of practitioner/graduate performance
- Standards of professional practice
- Input or process indicators to support learning outcomes
- Demonstration of competence/achievement of learning outcomes
- Practice guidelines

# INTERNATIONAL STANDARDS IN MEDICAL EDUCATION




**STRUCTURE & PROCESS OF ME**

**37 OPERATIONALLY DEFINED**

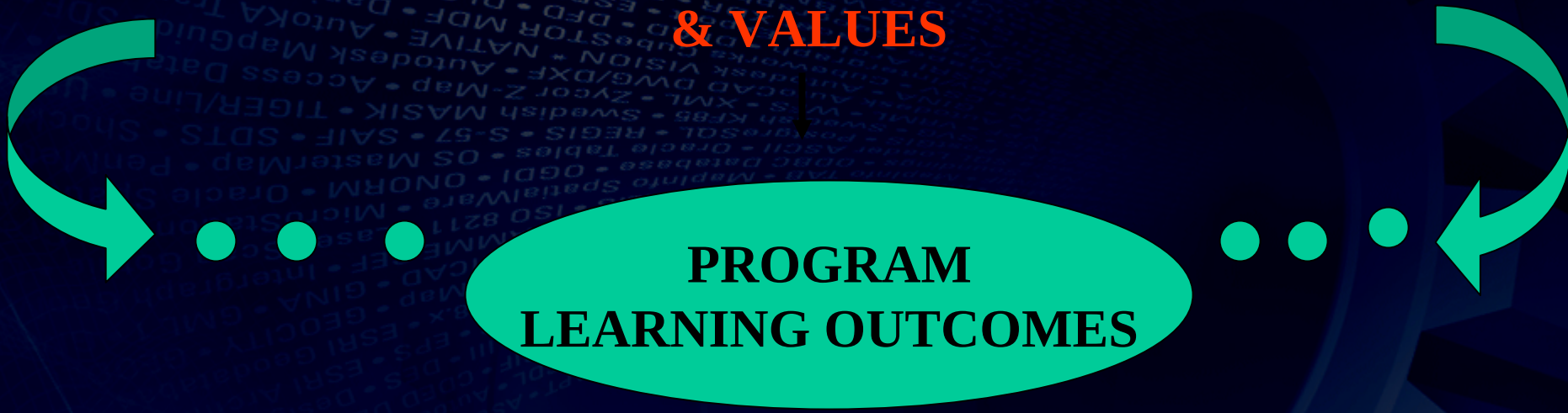
**LEVELS OF ATTAINMENT (PERFORMANCE INDICATORS)**

# 9 areas of QA Standards

1. Vision, Mission, Goals and Learning Outcomes
2. Design of the Program & Management of Delivery
3. Student Assessment System
4. Students & Student Support Services
5. Academic Faculty
6. Educational Resources
7. Program Evaluation
8. Leadership and Governance
9. Continuous Quality Improvement

# RATIONALE FOR 9 AREAS

**NEEDS & EXPECTATION OF SOCIETY**
**INSTITUTIONAL PHILOSOPHY, VISION, MISSION & VALUES**



**LEARNING OUTCOMES**

↓

**Design of the program**
**content & structure, T/L methods, assessment methods**

**Continuous Quality Management (governance & administration) of Resources to deliver program & support attainment of learning outcomes**

**STUDENTS, ACADEMIC FACULTY, ADMINISTRATIVE STAFF, SUPPORT STAFF, PHYSICAL FACILITIES, MONEY, ICT**

# Examples of Standards

- Input- vision & mission relevant to public needs, fair student admission & staff recruitment policy, relevant up to date curriculum, dedicated & competent teachers
- Process- efficient selection procedures for staff & students, quality teaching, effective management of resources, unbiased QA process
- Performance-good student progression, postgraduate placement, graduates perceived to care, research in relation to community concerns, community leadership, good communication skills

# Table 1 Minimum Essential Requirements and Standards in Medical Education

**Professional Values, Attitudes, Behavior and Ethics:** demonstrate commitment to a set of shared values (e.g excellence, altruism, responsibility, compassion, empathy, accountability, honesty and integrity, respect for other's welfare, cultural diversity, beliefs and autonomy, and a commitment to scientific methods); the autonomy (moral and ethical reasoning and legal responsibilities) to set and enforce these values, and responsibilities to self-regulate and uphold them. for the benefit of patients, the profession and society at large;

**Scientific Foundation of Medicine**: possess the knowledge required for the solid scientific foundation of medicine and be able to apply this knowledge to solve medical problems. The graduate must understand the principles underlying medical decisions and actions, and be able to adapt to change with time and the context of his/her practice.

**Clinical Skills**: able to use evidence-based approaches to diagnose and manage patients in an effective and efficient way, with appropriate utilization of human resources, diagnostic interventions, therapeutic modalities and health care facilities, including for health promotion and disease prevention;

**Critical thinking and research**: able to use scientific methods and creativity to critically evaluate existing knowledge, technology and information to formulate hypotheses and to solve problems, with awareness of the complexity, uncertainty and probability of decision-making in medical practice (evidence-based decisions); continuously undertake self assessment and self-directed study for personal development throughout the professional career.

**Management of Information**: possess knowledge and skills to search, collect, organize and interpret health and biomedical information from different databases and sources; retrieve patient-specific information from a clinical data system; use information and communication technology to assist in diagnostic, therapeutic and preventive measures, and for surveillance and monitoring health status; maintain records of own practice for analysis and improvement

**Population Health and Health Systems:** possess knowledge for protecting and promoting the health of a whole population (individuals, families and communities) and able to take appropriate actions; possess knowledge of the principles of health systems organization and their economic, social and legislative foundations for the efficient and effective management of the health care system.

**Communication skills**: possess skills to synthesize and present information appropriate to the needs of the audience both orally and in writing and to create an environment for effective communication and with sensitivity to cultural and personal factors that improve interactions for mutual learning and teamwork with and among patients, their relatives, members of the healthcare team and colleagues, and the public

# Accreditation

- A quality assurance process in which the evaluation report of the institution/program is submitted to an accrediting authority.
- Purpose: to certify whether an institution or program qualifies for a certain status.
- status may have implications for the institution itself (example permission to operate) and/or its students (example eligibility for grants ) and /or its graduate (example for certain employment).

# Accreditation procedures

- Building data collection system for periodic institutional self study & analysis
- Institutional report on areas of strengths, concerns & opportunities & actions being undertaken
- External validation of internal self study, colleagial approach in conducting visit; discuss with relevant stakeholders: students, faculty, administrators; visit facilities
- Objective reporting, summary on public domain

# Accreditation Decisions

Accreditation is usually conferred when the accrediting authority is confident that:

- The academic standards have been attained
- The learning opportunities offered to students are of commendable quality
- The institution has demonstrated good management of the standards and quality

# Attainment of academic standards

- Clear learning outcomes
- Curriculum designed to achieve intended outcomes
- Assessment methods effectively measure outcomes
- Student achievement matches the intended outcomes

# Quality of Learning Opportunities

How well they promote student learning & achievement

- Effectiveness of T/L & supervision in relation to program outcomes
- Student progression
- Staff qualifications & academic support
- Learning resources

# Institutional Management of Standards & Quality

Robustness & security of processes & procedures in relation to degree granting responsibility:

- Leadership & governance
- Mission & goals
- Approval, program review & improvement
- Management of academic credits, assessment & examinations
- Management of collaborative arrangements

# Accreditation Status

- Accreditation status is normally classified as:
  - full accreditation (usually or 5-7 years)
  - partial/provisional accreditation (with follow-up within period of partial accreditation)
  - no accreditation

# RESPONSIBILITIES OF MEDICAL SCHOOLS

- desire of medical schools to self-impose quality standards that are higher than national or international norms.
- Accreditation process of the professional body is viewed as a validation exercise of the internal QA system of the school
- continuously monitor and adjust performance to meet self imposed increasingly higher standards
- willingly submit to external scrutiny and international benchmarking at any time in the spirit of transparency and mutual trust.

# Conclusion

- World is changing at giddy pace
- Digitisation, globalisation, deregulation, biotechnology are real global forces that are changing the health of the world
- Medical education is globalising in content & delivery
- International standards & accreditation well established
- Medical schools must demonstrate they have the ideas to innovate, the professionalism to perform & openness to collaborate in a global system to improve the lives of people everywhere

# Thank you