

Guidelines for Accreditation of Medical Schools in Countries of the South-East Asia Region



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Guidelines for Accreditation of Medical Schools in Countries of the South-East Asia Region

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Preface

The WHO Regional Office for South-East Asia and the Network of Medical Councils in SEAR countries share a commitment of improving the quality of medical education in countries of the SEA Region. The need for reforms and quality improvement in medical education, the remarkable increase in the number of medical schools in the Region over the past decades, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalization and mobility of the medical workforce, have increased awareness for the need of accreditation as a quality assurance tool.

In 2006, the Regional Consultation on Medical Councils in SEAR Countries had agreed to establish a regional network and to develop a workplan for 2007 focusing on collaborative studies or activities on accreditation, continuing professional development, ethics and patient safety. In this process, WHO was to provide technical support to develop guidelines or mechanisms in the area of reciprocity, accreditation, and quality of education. The action plan to review accreditation procedures and to develop medical accreditation guidelines was proposed to be carried out during 2007 after the consultation on Establishing a Regional Network of Medical Councils in SEAR Countries, New Delhi, India. A draft paper on Guidelines for Accreditation of Medical Schools was introduced as a concept paper for discussion in the first meeting of the Regional Network of Medical Councils in SEAR countries during 19-21 December 2007 in Sri Lanka.

The present guidelines are a consensus product resulting from the Second Meeting of the Network of Medical Councils in SEAR countries held in Chiang Mai, Thailand, 10-12 November 2008. The guidelines have been adopted with some modifications on the basis of the WHO/World Federation for Medical Education Guidelines for Accreditation of Medical Schools, published in 2005 (www.wfme.org) keeping in mind the country specific requirements and the prevailing national accreditation practices in the Region. These guidelines are regional, non-binding, flexible, and facilitatory in nature and are under the jurisdiction of the medical councils. It is hoped that the national accrediting authorities will follow these guidelines and develop their own instruments to adapt it to their own situation towards institutional accreditation. Therefore these guidelines for minimum standards for accreditation of medical schools should be seen as recommendations for the individual councils in SEAR countries

Coverage of the WHO–SEAR guidelines

The guidelines can be used in the process of accreditation of both new and existing medical schools. Referring to the WHO/WFME Guidelines for Accreditation of Basic Medical Education, Geneva/Copenhagen, May 2005, the guidelines encompass:

- (1) Fundamental requirements of accreditation systems
- (2) Legal framework
- (3) Organizational structure
- (4) Standards and criteria
- (5) Process of accreditation
- (6) Main elements in the process of accreditation
- (7) Decisions on accreditation
- (8) Public announcement of decisions
- (9) Benefits of accreditation

1. Fundamental requirements of accreditation systems

The basic requirement is that the accreditation system must be trustworthy and recognized by all; the medical schools, students, the profession, the health care system, the public and relevant governmental authorities. Trust must be based on the academic competence, efficiency and fairness of the system. These characteristics of the system must be known by the users, and consequently, the system must possess a high degree of transparency and be accessible to all relevant partners.

2. Legal framework

The accreditation system must operate within a legal framework. The legal framework must secure the autonomy of the accreditation system and ensure the independence from the government, the medical schools and the profession. It must authorize the accreditation body to set standards, conduct periodic evaluation and confer, deny and withdraw accreditation. It must also lay down the size and composition of the committee, procedure for accreditation, declaration of conflict of interest as well as handling of complaints.

3. Organizational structure

The medical council and/or legal mandate body/authorized body should set a separate unit to be responsible for accreditation with a permanent and adequate number of staff and appropriate structure depending on the countries.

The organizing body must review the number of members of the committee and their qualifications. The members must be highly esteemed and respected within the profession, and preferably of international standing. The balance of representation from the profession and other stakeholders in each committee must be determined.

Basically, there should be at least three committees:

- Network committee (regional level)
- Executive committee/council; and
- Accrediting / site visit committee

4. Standards and criteria

The standards or criteria to be used as a basis for the accreditation process should be predetermined. The standards or criteria should be generic guidelines and reflect the regional needs.

5. Process of accreditation

The process of accreditation must include the following stages:

- (1) A self-evaluation to elicit the institution's description and analysis of itself and its programme in relation to the predetermined standards and criteria.
- (2) An external evaluation based on the report of the self-evaluation and a site visit.
- (3) A final report by the review or site visit team after the external evaluation, containing the recommendations regarding the decision on accreditation.
- (4) The decision on accreditation, actions to be taken in case of conditional accreditation as well as the duration of the accreditation period and information about principles for renewal of accreditation depending on the medical council of each country.

6. Main elements in the process of accreditation

Self-evaluation

The purpose of the self-evaluation is to elicit the institution's description and analysis of itself and its programme in relation to the predetermined

standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognized as an important planning instrument to enable the institution to assess its strengths and weaknesses and to identify areas for improvement.

Standards

The self-evaluation must be comprehensive and cover all areas included in the WFME standards with six additional standards*.

6.1 Mission and objectives

The medical school must define its mission and objectives and make them known to its constituency. The mission statements and objectives must describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

6.2 Educational programme

The medical school must define the curriculum models and instructional methods employed.

6.3 Assessment of students

The medical school must define and state the methods used for assessing of its students, including the criteria for passing examinations globally.

6.4 Students

The medical school must have an admission policy including a clear statement on the process of selection of students.

6.5 Academic staff/faculty

The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, whose responsibilities must be explicitly specified and monitored.

6.6 Educational resources

The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

6.7 Programme evaluation

The medical school must establish a mechanism for programme evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

6.8 Governance and administration

Governance structures and functions of the medical school **must** be defined, including their relationships within the University.

6.9 Financial aspect*

The medical school should demonstrate financial stability to sustain the academic operation to meet accreditation requirements.

6.10 Continuous renewal*

The medical school must as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and **must** rectify documented deficiencies.

6.11 Research*

The medical school should have a policy to encourage research and should document a research environment. Teachers should be encouraged to do research.

6.12 Service*

The medical school should be encouraged to participate in the national health care system through undertaking community-oriented programmes.

6.13 Art and culture*

The medical school should teach medical students to respect and be sensitive to other beliefs, cultures, customs and local wisdom (medical humanity).

6.14 Educational results*

For existing medical schools only:

Student learning outcomes in terms of percentage of students passing the mid-term and final examinations should be defined. Assessment of a student's competence should include empathy, caring, etc.

6.15 Social accountability

The medical school should uphold the principle of social accountability in carrying out all its functions, education, services and research.

Site visits

The purpose of the site visit are to provide an external validation of the conclusions of the self-evaluation regarding fulfilment of the standards and, if necessary, to acquire supplementary information.

The Final Report

The review or site-visit team must clearly state in its final report the fulfilment or lack of fulfilment of the specific standards or criteria and must briefly give an account of the evidence supporting the evaluation. The report must conclude with recommendations concerning the decision on accreditation to be taken by the accreditation committee or council.

7. Decisions on accreditation

Decisions on accreditation must be based solely on the fulfilment or lack of fulfilment of the criteria or standards. Accreditation must be valid for a fixed period of time.

The categories of accreditation are:

- Full accreditation. For the maximum period of 2-5 years if all criteria or standards are fulfilled, but with the proviso that the medical council can visit the school at any time if the school performance is not adequate or if some standards are not met during the accreditation period. For opening a new medical school, feedback from the accreditation committee should be given before the school can open and visits arranged every year until the graduation of the first batch of students.
- Conditional accreditation. Meaning that accreditation is conferred for the entire period stated, but with conditions to be reviewed after a shorter period to check fulfillment of the conditions. Conditional accreditation can be used in case where few criteria or standards are only partly fulfilled or in case where more criteria or standards are not fulfilled. The seriousness of the problem is to be reflected in the specification of conditions.
- Denial or withdrawal of accreditation. This decision can be taken, if many criteria or standards are not fulfilled, signifying severe deficiency in the quality of the programme that cannot be remedied within a few years.

8. Public announcement of decisions

The decisions on accreditation of medical schools must be made public. Publications of the reports providing the basis for the decisions, or a summary of the reports should also be considered.

9. Benefits of accreditation

Accreditation of medical schools at any level will benefit medical students, medical teachers, medical schools, health care authorities and help to safeguard the interests of the public and to recognize medical schools in the Region.

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To safeguard the quality of healthcare there is a felt need that it is necessary to produce quality health workforce who are competent and well motivated too.

The institutions producing health workforce plays the vital role in ensuring proper training to them. The quality of the institute with quality faculty, quality program and good teaching-learning environment are pre-requisites towards ensuring developing quality health work force.

The accreditation of institutes by professional councils / bodies with standard criteria helps identify quality institutes like medical schools. A regional guideline for accreditation was overdue for the medical schools of this region. The present guidelines will guide and assist the countries and their professional bodies to set their own criteria of accreditation.



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