Quality assurance and accreditation in medical education: difficult, expensive and essential



INQAAHE 12th biennial Forum 2020

Moscow and the Internet September 2020

David Gordon

President, WFME

Federación Mundial de Educación Médica الاتحاد العالمي للتعليدم الطبي

In two parts -

- Part 1 (28 September)
 - Why are QA and accreditation essential in medical education?
 - History
 - Evidence that they are essential?
 - Do they make better doctors and improve health care?
- Part 2 (29 September)
 - Why is accreditation expensive?
 - Including the assessment of accreditation the WFME programme
 - Does it have to be difficult?



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Introduction

The World Federation for Medical Education aims to enhance the quality of medical education and to promote the highest standards.

It is a partnership organisation of the world's six regional associations for medical education, also working with its two founding members WHO and WMA, and three executive members, JDN, IFMSA and ECFMG.

It was founded in 1972 by WMA and WHO.

Three main priorities among many others:

- promotion of accreditation through the WFME Recognition Programme
- raising the standards for BME, PGME and CPD
- maintaining the World Directory of Medical Schools

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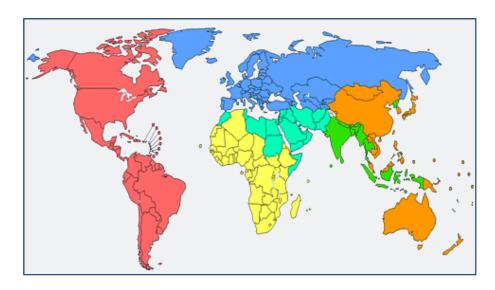
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Regional members of WFME

Western Pacific Association for Medical Education









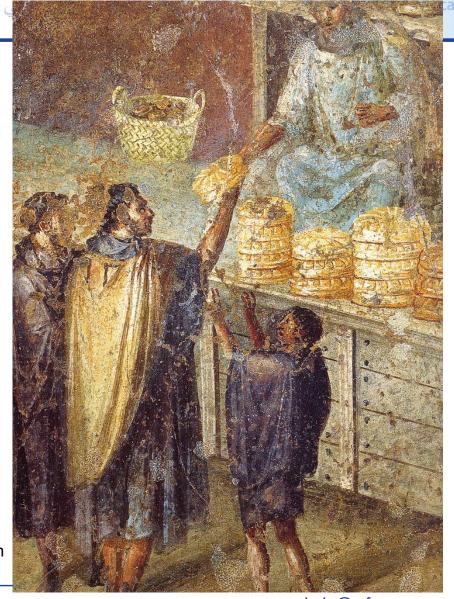




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- A marketplace in Egypt in Roman times
- A new doctor wishes to use space in the market to open his medical practice
- Examined by the manager of the market. Where was he educated? Who were his teachers? What evidence has he got of his competence?
- (He was writing to his mother)
 - Professor Vivian Nutton





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1837 to 1910, via 1858, in the process of improvement of medical education?

- 1837 the "most lawless"
- 1858 the General Medical Council of the UK
- 1910 the Flexner report



ANNO PRIMO

Victoriae Reginae,

No. 17.

By His Excellency Sin John Franklin, Knight Commander of the Royal Hanoverian Guelphic Order, Knight of the Greek Order of the Redeemer, and a Captain in Her Majesty's Royal Navy, Lieutenant Governor of the Island of Van Diemen's Land and its Dependencies, with the advice of the Legislative Council.

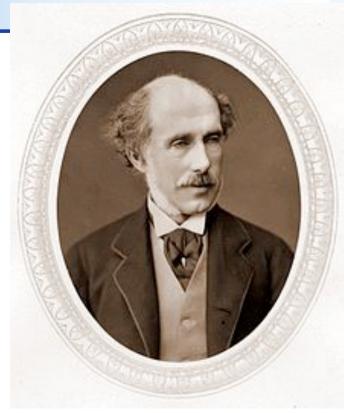
AN ACT to regulate the practice of Medicine in this Colony.

WHEREAS an Act was passed in the present Session of the Legislative Council intituled "An Act to provide for the attendance "of Medical Witsesses at Inquests" wherein it was amongst other things enacted that whenever upon the summoning or holding of any Coroner's Inquest it should appear to the Coroner that the deceased person was not at or immediately before his death attended by any legally qualified Medical Practitioner then it should be lawful for such Coroner to issue a surmons for the attendance as a Witness at such Inquest such legally qualified Medical Practitioner in actual practice as should reside nearest to the place where such inquest was holden. AND WHEREAS it has thereby become necessary to declare who shall for the purposes of that Federación Mundial de Educación Médica الاتحاد العالمي للتعليدم الطبي

- 1858
- "... it is expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified Practitioners."
- The General Council of Medical Education and Registration of the United Kingdom

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Flexner report, 1910, positive outcomes

- Insistence on suitable and high standards for medical education
 - Academic content of the course: quality of staff: duration of the course: facilities: etc.
 - Importation of the best practice from elsewhere (particularly German universities)
- Closure of half of all the medical schools in the USA

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But – less positive outcomes of Flexner (1)

- "Education must be scientific" but what is science?
 - (The example of JHU)
- Little possibility of integrated curricula
- Education outside the hospital, for example in primary care, less likely
- Anatomy, physiology, biochemistry, pharmacology and so on, but little opportunity for anthropology, sociology, economics, medical law and so on...
- "... in this dissertation, ethnographic, historical and epidemiologic data are brought to bear on the subject of the Acquired Immune Syndrome (AIDS) in Haiti"

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Less positive outcomes of Flexner (2)

- The loss of 5/7 "historic black medical schools"
- "The negro needs good schools rather many schools ..."
- Only Howard (Washington) and Meharry (Nashville) survived, and still survive
- Before then ...
 - "...some free Negro students either traveled to Europe or trained at a small cadre of eastern or midwestern universities. Notable among these were the University of Pennsylvania ... Harvard ... Yale ..."
 - "The first black physician to earn a formal medical degree was James McCune Smith, who studied ... at the University of Glasgow"



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- "The need for reforms and quality improvement in medical education, the remarkable increase of the number of medical schools around the world over the last decades, many of which have been established under questionable conditions, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalisation and mobility of the medical workforce, have increased the awareness of accreditation as a quality assurance tool."
- "In 2004, the WHO-WFME Strategic Partnership to improve medical education set up an international task force on accreditation. Based on the results of this task force the strategic partnership has formulated this set of guidelines for accreditation of basic medical education institutions and programmes."

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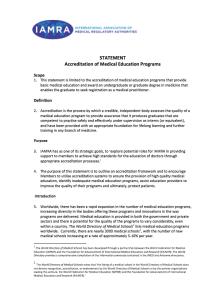


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Why accreditation?

- To verify that medical schools are competent in the delivery of medical education, and that medical education programmes are suitable. This is to ensure that medical schools are educating doctors fit to serve the needs of the population where they function
- Objective 1.1 of the WHO (2016)
 Global Strategy on Human
 Resources for Health: Workforce
 2020 is that 'by 2020, all
 countries will have established
 accreditation mechanisms for
 health training institutions.'
- IAMRA has called for accreditation in all countries





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Questions to be asked about accreditation

- What standards are medical schools being measured against?
- How to keep accreditation and recognition processes fair but not inappropriately rigid or even mindless ("put that tape measure away")
- Cost-effectiveness

Is accreditation doing good in the long-term?

- Does it make better doctors?
- Does it improve health care?

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Is accreditation effective?

- There is some evidence
 - van Zanten and Boulet (2013, Quality in Higher Education, 19:3, 283-299)
 - Alrebish et al. (2017, Medical Teacher, DOI:10.1080/0142159X.2016.1254746)
 - Note: accreditation not as "passing the examination" but as a long-term quality improvement process.
- History cannot be ignored
- We should not berate ourselves for lack of evidence of the benefits of accreditation.
 - There is a lack of evidence for most activities in medical education

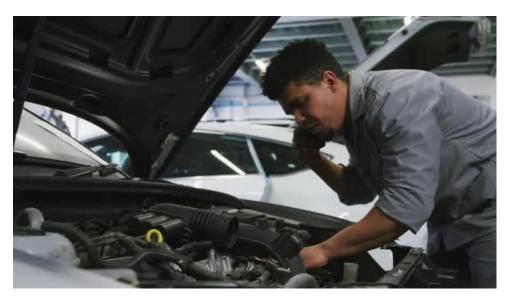
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Quality assurance and accreditation in medical education: difficult, expensive and essential – day 2



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Recapitulation of part 1

- Part 1
 - Why are QA and accreditation essential in medical education?
 - History there is a great deal of supportive history
 - Evidence that they are essential? difficult to prove, but often "self-evident"
 - Do they make better doctors and improve health care? well ...
- Part 2 (29 September)
 - Why is accreditation expensive?
 - Including the assessment of accreditation the WFME programme
 - Does it have to be difficult?

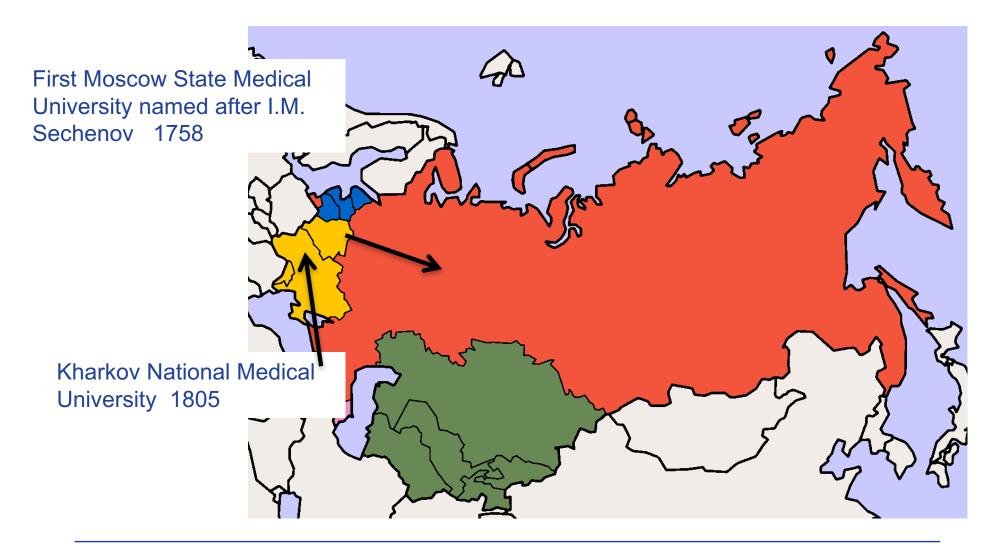
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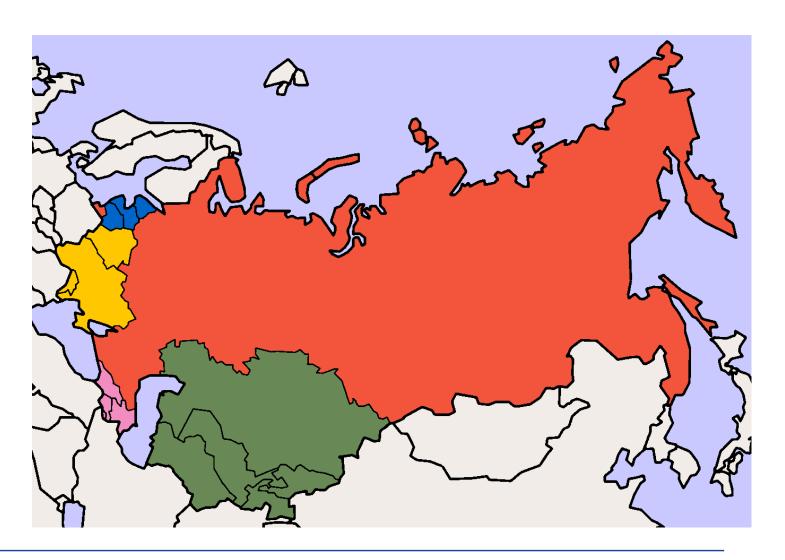
- Part 1 (28 September)
 - Why are QA and accreditation essential in medical education?
 - History
 - Evidence that they are essential?
 - Do they make better doctors and improve health care?
- Part 2 (29 September)
 - More history: if there is no medical school ...
 - Why is accreditation expensive?
 - Including the assessment of accreditation the WFME programme
 - Does it have to be difficult?

If there is no medical school, then no medical students, no doctors ...



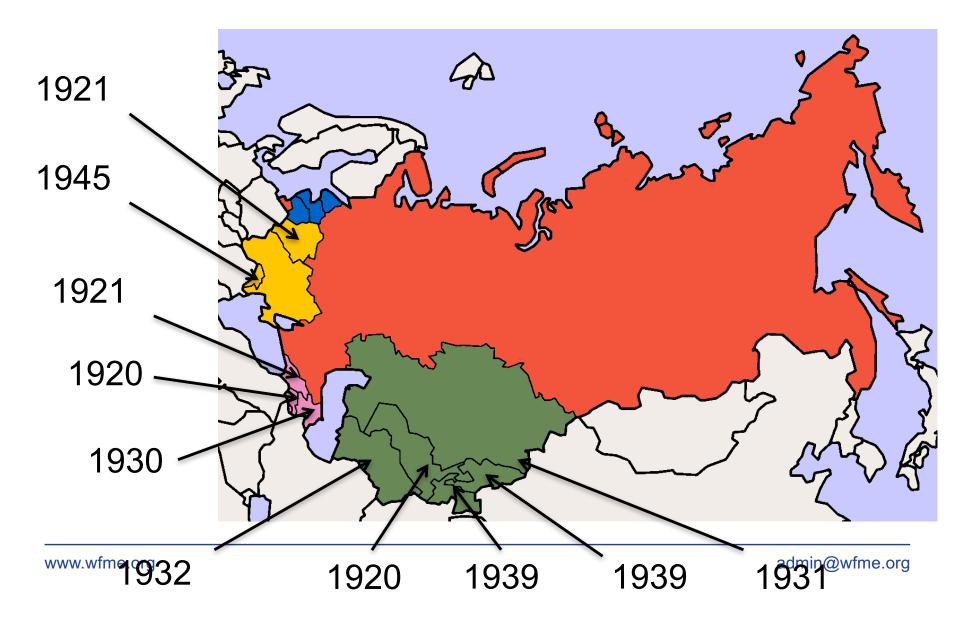
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First medical school in each SSR?



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All within ~10 years of each republic joining the USSR





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Accreditation – what is being measured, and how is it being measured? (1)

- "What is being measured" = is the medical education programme suitable, and is the medical school competent in the delivery of medical education?
- That is, does the medical school meet the agreed standards?



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mme

of medical

ón Médica



for graduates

General Medical Council

2018

WORLD FEDERATION FOR MEDICAL EDUCATION



Basic Medical Education

WFME Global Standards

Quality Improvement

China Standards and
Accreditation for
Medical Education

Working Committee for
the Accreditation of Medical Education of
Ministry of Education, China

CATION

中国医学教育 (临床医学专业) 标准与认证指南

教育部临床医学专业认证工作委员会

北京大学医学出版社印制

WFME Office: University of Copenhagen · Denmark · 2003



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Accreditation – what is being measured, and how is it being measured? (2)

- "How is it being measured" = (1) what are the criteria for meeting those standards?
- ... and (2) what is the process to see if the criteria are being met?

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Accreditation – what is being measured, and how is it being measured? (2)

- "How is it being measured" = (1) what are the **criteria** for meeting those standards?
- ... and (2) what is the <u>process</u> to see if the criteria are being met?

The <u>Guidelines for Accreditation of Basic Medical Education</u> were developed by an international task force in 2004, and published jointly by WHO and WFME in 2005. These guidelines form the basis of the 2013 WHO policy briefing on medical accreditation and the 2016 IAMRA statement on accreditation of medical education programmes.

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WFME Recognition Criteria

- ... 20 lead criteria, including (in addition to examination of papers and the medical school's self-examination) the requirement for:
- On site observation and evaluation
- The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.
- The agency team is of appropriate size, experience and qualification to conduct the site visit.
- The agency team evaluates the quality of the school's facilities and resources at the main campus, branch campuses or additional locations and a representative sample of clinical core clerkship rotation sites affiliated with the school, as appropriate.
- During the site visit, the agency team gathers information by a variety of methods, including but not limited to: documents
 and statistics; individual and group interviews with a representative sample of staff and students; and by direct
 observation.
- The site visit is of sufficient detail and duration to determine compliance with the standards.
- The agency provides guidance to the school on the site visit.

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Hence – accreditation of a medical school is expensive

- Expert team
- Administrative support
- Time
- Site visit



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The WFME Recognition Programme for accrediting agencies

- Why did the WFME Recognition Programme start?
- Because of the dangers of unacceptable, often money-making, accreditation systems (- in the extreme, "\$100,000 in the hand")
- If something (the quality of medical schools) is to be measured, then the measurement tool (the accreditation process) must be accurate
- "The main reason [for accreditation of medical education] is to enhance the quality of medical education, by verifying that medical schools are competent in the delivery of medical education, and that medical education programmes are suitable. This is to ensure that medical schools are educating doctors fit to serve the needs of the population where they function"

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How did the recognition programme evolve?

- September 2010, Philadelphia, Pennsylvania, 8th International Conference on Medical Regulation
- First announcement of the 2023 [now 2024] plans of ECFMG
 - "... school must be accredited through a formal process ... or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME)"
- We had the criteria (WHO-WFME) but how to create a process to evaluate accrediting agencies?

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- A process like the accreditation of a medical school self evaluation, documents, site visit …
- Plus examination of the final decision-making process of the accrediting agency
- ... And a final decision-making process on whether the accrediting agency should be ... Accredited?

Accepted??

Recognised???

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Choosing the right word

- Accrediting the accreditors/accrediting medical schools??
- Standards for medical education/standards for accreditation??
- Medical schools are accredited measured against standards for medical education
- Accrediting agencies are recognised using criteria for recognition

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Choosing the right word (2)

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We have been feeling our way

- Because much of the advice in development of the programme was from western countries, the processes felt very European/N American – we have worked to make them feel more "global"
- Timescale of the recognition process originally the final decision-making meeting was planned to happen just once each year
- The papers were too long! two particular reasons ...
- Many details to be worked out ...
 - Recruitment of assessors
 - Training of assessors
 - Evaluation of assessors
 - Travel and SV policies, etc. etc....
- A very overworked organisation



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The cost

- \$60,000 plus expenses: systematically worked out in ~2014
- Principles:
 - must as far as possible cover true full cost
 - process to help countries and accrediting agencies with little money
 - payment before final assessment
- Does it meet those principles?
 - barely:
 - yes, support for less developed countries is in place:
 - not always
- **Under review!**

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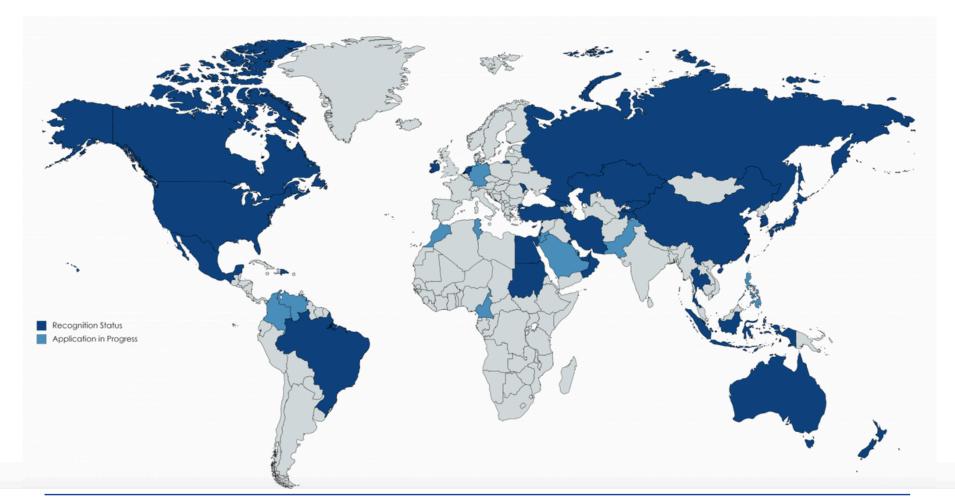
Recognition Programme recently

- Process using the model of accreditation
 - Medicine-specific
 - Self-evaluation
 - Site visit observation
 - Recognition Committee
- Pre-defined criteria
 - 2005 WHO/WFME policy on accreditation
 - Criteria based on an expert consensus of good practice
 - Updated 2018, updated again 2019
- WFME as a "partner in development" "improvement as well as compliance"

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Countries served by agencies with Recognition Status (Map)





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Questions we are asked

- Have you turned anyone down?
- Surely you know that medical education in XXXXXXX is the best in the world and therefore does not need external assessment?
- Does the accrediting authority in my country have to come in for Recognition?
- When will ECFMG clarify its 2023 [now 2024] policy?

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Questions we should be asked

- Who gives WFME the authority to do this?
 - "Earned" not "positional" authority; developing trust in what we do
- Is it right for WFME to have a monopoly?
- What are your problems, or what are you worried about?

Questions we ask ourselves

- How to keep accreditation and recognition processes fair but not inappropriately rigid or even mindless ("put that tape measure away")
- Cost-effectiveness



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Why is accreditation of medical education difficult?

- Three reasons: first, the problem of evidence in education
 - Education is not a "hard" science", it is developed and adapted by society
 - Therefore we should not expect the evidence for anything in education to be as definite as evidence in (for example) physiology or molecular biology
 - Therefore, any statement of ideas on instructional skills, learning theory, learning objectives, integrated learning, curriculum design, accreditation, and so on and so on, should be examined thoroughly and with caution
 - Anyone selling a new idea in education should be looked at with the same care as anyone selling a new drug



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Why is accreditation of medical education difficult?

- Second reason: the dangers of conflict of interest, concealment of process, outright fraud
- Third reason: the problem of evaluation when it is difficult or impossible to make an assessment "on site"
 - Three requests to allow accreditation without any site visit ...
 - One request for WFME to evaluate accrediting agencies without direct observation of the agencies at work

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 "It is not true that people stop pursuing dreams because they grow old, they grow old because they stop pursuing dreams."

Gabriel García Márquez

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