

Leading article

Global trends in quality assurance in medical education: implications and challenges to medical education in Sudan

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Introduction:

The aim of this paper is to overview the concepts and global trends of quality assurance in medical education through accreditation systems based on internationally embraced standards, the efforts to have an oversight process of quality at global level while maintaining a firm commitment to the position that accreditation is a national matter requiring adaptation of the generic global standards to the national context. It also provides an update on international registries of medical schools

It mainly targets the medical education community in Sudan and the decision-makers in medical education to create awareness of the challenges of ensuring and sustaining quality in medical education in Sudan in the face of expanding number of medical schools. Such efforts are empowered by the recognition of Sudan Medical Council (SMC) by the World Federation for Medical Education (WFME) as a national accrediting body after fulfilling the WFME requirements in June 2018 ⁽¹⁾.

The overview is to alert the decision-makers and medical schools to the basic concepts on which they will be held accountable to the community and the stakeholders and highlights the challenges to maintain this global recognition.

The paper is based on overviews key publications addressing the concepts and updates of accreditation standards and the global vision for a robust global oversight on quality of medical education ^(1-5 &10) and the need for international registries in an increasingly expanding number of medical education institutions and globally mobile medical and health task force ⁽¹¹⁾.

Quality in medical education and accreditation:

The primary purpose of medical education is the delivery of high-quality healthcare to the population. The primary purpose of the accreditation of medical schools is ensuring that the medical education delivered will achieve that outcome. Accreditation is necessary to maintain the quality of medical education. It requires official bodies to authorize the accreditation; recognized standards against which the medical school can be judged and a robust process ⁽²⁾.

Accreditation and other quality assurance mechanisms will safeguard the interests of the

public. This will be beneficial to medical students, medical teachers, medical schools and colleges and healthcare authorities, at local, national, regional and international levels. Experiences from well-established accreditation systems, which combine counseling and guidance with review and control, have proved accreditation to be an effective quality assurance tool ⁽³⁾.

The World Federation for Medical Education (WFME) in association with the World Health Organization (WHO) has drawn up guidelines for the accreditation of basic medical education ⁽⁴⁾.

According to the guidelines, there are several components that are needed for a valid accreditation to take place: The first of these is an official body with the authority to grant accreditation. The second requirement is the acceptance of standards against which the performance of medical schools can be judged. The third requirement is the establishment of an effective process for formal accreditation ⁽²⁾.

The World Federation for Medical Education (WFME) has published the document on Standards for Basic Medical Education, which describes the basic standards, which an acceptable medical school will achieve along with quality improvement standards to which all medical schools should aspire ⁽⁵⁾. These have been piloted in a range of international settings and have been shown to be feasible and effective in all settings. It is recognized that many jurisdictions will already have, or will wish to develop their own standards, but these should be congruent with the WFME standards to facilitate international comparison ⁽²⁾.

Format of the standards:

If the standards are to be effective in promoting educational development, they must be in a format that provides clear direction for the medical schools. In addition to specifying the minimal requirements for recognition, they should indicate the domains and activities where educational development is expected or is occurring in other settings. The WFME standards provide clear examples of this approach ^(2,4,5).

Experiences from well-established accreditation systems, which combine counseling and guidance with review and control, have proved accreditation to be an effective quality assurance tool. The introduction of institutional self-evaluation at regular intervals is of utmost importance. Furthermore, review of self-evaluation reports and site visits by teams of trained and experienced experts ensures that programme development follows nationally adopted criteria and is consistent with international standards. Using international standards as a template for national criteria guarantees a foundation

for international recognition, while allowing for institutional self-determination ⁽³⁾.

Global oversight on accreditation:

Apart from quality assurance of medical education through national accreditation, international recognition of medical education programmes are needed. This will be beneficial to medical students, medical teachers, medical schools, colleges and healthcare authorities, at local, national and international levels; and will safeguard the interests of the public ^(3,5,6).

Accreditation is a national matter:

The World Federation for Medical Education (WFME) in a Position Paper ⁽¹⁾ envisaged that global standards for the quality improvement of medical education would be an essential tool for quality development of medical education programmes, and would also be used in international recognition of medical schools by establishment of a world register of accredited medical schools ⁽⁶⁾.

Comments following their implementation and the endorsement of the programme at the WFME 2003 World Conference ^(5,6) required changes to the plan ⁽⁷⁻⁸⁾. An international team established in 2004 by the Strategic Partnership between the WHO and WFME to improve medical education clarified these changes. The Task Force that defined the WHO/WFME Guidelines for Accreditation in Basic Medical Education ⁽⁸⁾ considered that organizations such as the WHO or the WFME should not assume an accrediting agency role.

It was, therefore, recommended that accreditation should be a national responsibility. However, countries with only one or a few medical schools could use an accrediting agency in a neighboring country or a regional or sub-regional system ^(3,6).

It was realized that further debate is needed on how to achieve reliable and valid international recognition of medical education institutions and programmes. Issues identified for resolving included: what do we understand by international

recognition? Which criteria should be used? How can trustworthy information be achieved? Which requirements should be defined for inclusion in an international database and to fulfil recognition status? What will be the effect of developing such a database ^{(3)?}

In dialogue with FAIMER (Foundation for Advancement of International Medical Education and Research) it was decided that WFME could take a lead in formulating and implementing policies and procedures for recognition of agencies accrediting medical schools.

This new recognition activity is part of the WFME programme for promotion of accreditation in medical education, but it does not involve direct accreditation of specific programmes in basic medical education and their institutional context.

It must be emphasized that this recognition of accrediting agencies is not a precursor to the introduction of international accreditation of medical programmes or medical schools. Nor is it a substitute for national accreditation. On the contrary, by investigating and approving the national accreditation systems, this activity acknowledges and supports the national or sub-regional accreditation system ^(4,10).

WFME Recognition Programme ⁽¹⁰⁾:

In 2013 WFME announced its recognition programme for national accrediting bodies:

The Recognition Programme delivers an independent, transparent and rigorous method of ensuring that accreditation of medical schools worldwide is at an internationally accepted and high standard. WFME evaluates compliance of accrediting agencies with pre-defined criteria.

The World Federation for Medical Education (WFME) does not accredit individual medical schools; however, through the Recognition Programme, WFME evaluates the legal standing, accreditation process, post-accreditation monitoring, and decision-making processes of an

accreditation agency for programmes or schools of basic medical education. WFME Recognition Status of an agency confers the understanding that the quality of medical education in its accredited schools is at an appropriate and rigorous standard. Through the Recognition Programme, WFME aims to ensure patient safety through competent practicing doctors; and it aims to protect medical students from studying in poor quality schools.

Benefits of WFME Recognition Status:

- Global mark of recognition: Recognition Status is the indicator to the medical education community, to students and to employers that the quality of medical education in schools or programmes accredited by that agency is to an appropriate and rigorous standard.
- Learning and driving up standards: Through the process of recognition – self-evaluation and feed-back from the expert visiting teams – WFME shares best practice and provides quality improvement measures. Some of these will be a condition of Recognition Status; others will be quality improvement recommendations.
- ECFMG eligibility for medical graduates: ECFMG has announced that effective in 2023, eligibility for USMLE and employment as a doctor in the United States will be restricted to graduates from medical schools/programmes accredited by an agency which is recognized by the WFME Recognition Programme or to an equivalent standard ⁽¹⁰⁾.

Global registers ⁽¹¹⁾:

Since 1953, a number of organizations have developed global medical school directories, available both in print and electronically. These resources have been used by medical regulatory authorities (MRAs) to assess the qualifications of physicians trained in other jurisdictions and by researchers tracking changes in the physician workforce supply

In 2002, the Foundation for Advancement of International Medical Education and Research

(FAIMER) published its own online directory of medical schools - the International Medical Education Directory (IMED). This directory included details such as current and historical school names, location, language of instruction, curriculum duration, degree title awarded, and links to the websites for more than 2,500 schools. In 2008, the World Federation for Medical Education (WFME), in collaboration with WHO and the University of Copenhagen, published the Avicenna Directory of Medical Schools. The Avicenna Directory was intended as a continuation of the WHO Directory. It contained listings for over 2,000 schools, a portion of which included extensive information about affiliations, admission requirements, curriculum, facilities, faculty, enrollment, and other topics, collected through a detailed questionnaire distributed by WFME.

In 2012, WFME and FAIMER agreed to combine their resources and collaborate on a single directory, the World Directory of Medical Schools (WDOMS). The World Directory was first published online in April 2014 (at www.wdoms.org) and has replaced its predecessor directories: Avicenna and IMED. It is financed by international agencies - the directory's "sponsors" - that have roles in their countries' medical regulation or accreditation processes.

At the time of its launch, the World Directory contained records for 2,567 medical schools, and as of December 2017 contains 3,140 current and historical schools and 3,358 associated medical programs in 185 countries and territories ⁽¹¹⁾.

Quality assurance of medical education programmes in Sudan:

Medical education in Sudan embraced the innovative initiatives in medical education including the concepts of quality in medical education; since 2002 the Medical and Health Sciences Committee of the Ministry of Higher Education and Research endorsed a national document of standards required to be fulfilled by existing medical schools and new schools on establishment titled "The Model Medical School". The standards were based on WFME standards for basic medical education after

adaptation to the national context and were updated in 2013 ⁽¹²⁾. A commission for evaluation and quality was established for institutional and programmes evaluation was established in 2004 and started a big advocacy on quality in education and its tools. It is now being upgraded to the Authority of Evaluation and Quality in Higher Education; its bylaws are in the final stage of endorsement by the parliament. It allows for a more independent external evaluation and regular monitoring ⁽¹³⁾. Sudan Medical Council is a member of its higher council and coordination in matters of medical schools programmes evaluation is agreed upon ⁽¹³⁾.

Sudan Medical Council (SMC) was mandated for accreditation of medical schools in 2004 ⁽¹⁴⁾. An administrative structure was established, a policy document was passed, adapted national standards based on WFME standards for basic medical education and aligned with the "Model College" standards were adopted. Plans and activities including wide advocacy, training of assessors and collaborative work with medical schools and health partners were executed including the first round of external evaluation of 22 medical schools out of 24 targeted

Since 2009 the advocacy and training efforts were linked to WFME through participation of senior advisers in workshops and assessors training as well advice on suggested future plans.

In 2013 SMC strategy targeted obtaining WFME recognition as a national accrediting body a prime goal and worked to fulfill the recognition criteria. That was successfully attained on June 2018 becoming the 9th country to achieve that worldwide ⁽¹⁾. Two medical schools were accredited since then and the initial indicators of the positive impact of recognition were evident. A number of medical schools submitted their applications and self-study documents for starting the accreditation process by SMC. Public debate on quality of medical education and the impact of accreditation on graduate outcome, as well as support at higher legislative and executive levels were promising. That achievement was

celebrated but challenges remain. These include:

- Maintaining and advancing commitment to quality in medical education and its outcome at higher legislative and executive levels.
- Maintaining and further development of confidence of community and health partners in the process and outcome of medical schools.
- Continuing engagement and support of medical schools and medical students associations
- Commitment of medical schools and universities leaderships to adopting the process of self-study as a tool for continuing renewal and quality improvement; and adopting a culture of quality assurance; and provide the required funds for supporting the medical schools
- Sustainability issues at SMC and medical schools levels
- SMC quality training of assessors and ensuring involvement of younger generations
- Maintaining and further development of confidence of community and health partners in the process
- Compliance with WFME rigorous recognition monitoring requirements

Conclusion:

The global trend for a robust functional oversight on quality of medical education and its outcome through WFME standards and recognition process for national accrediting bodies is embraced internationally and is dictating the future direction on quality issues in medical education.

In the face of increasing trends of globalization of medical and health force, the current efforts to unify and improve international registries making them more comprehensive and accessible is much needed and commendable.

The increasing demand to take a step further and establishing a register for “accredited medical schools” is building and the ECFMG announcement on 2013 may be an indicator of that trend.

In Sudan, Ministry of Higher Education has taken commendable steps to establish a system of external evaluation and quality monitoring of educational institutes including medical and health sciences schools.

The recognition of Sudan Medical Council by the World Federation of Medical Education as a national accrediting body is a welcome international certification of the robust accreditation system and its quality. However, challenges remain and need to be analyzed and addressed.

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