

Advancing Accreditation through Strengthening the Educational Infrastructure

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The purpose of this article is to shed light on the newly established educational structures in Egyptian medical education institutes, and their role in facilitating accreditation.

Accreditation is a process of quality assurance that determines whether an institution or program meets established standards for function, structure, and performance. The accreditation process also fosters institutional and program improvement. Accreditation is a voluntary process of evaluation and review, which is performed by a non-governmental agency of peers.

The purposes of the accreditation agencies related to medical education is to develop the most effective methods to evaluate medical graduates, to promote the quality of graduate medical education. Eventually, an accreditation program will improve the quality of health care in a particular country by ensuring and improving the quality of physicians in that country. Another important purpose for accreditation is to allow for international recognition of the graduates of medical schools, thus opening vast “markets” for the graduated health care professionals and increasing their “competitiveness” in an expanding global health care market.

In Egypt, the National Quality Assurance and Accreditation Agency (NQAAA) has been established, and has already developed national standards for higher education, by which it approves, continually assesses and publicly recognizes educational programs under its aegis.

Accreditation protects the interests of medical graduates, benefits the society, and improves the quality of teaching, learning, research, and professional practice.

When an institute applies to the NQAAA for accreditation of its educational program, the following criteria, derived from international good practice, will be used in the evaluative framework

NQAAA Accreditation Criteria

1. Academic standards
2. Quality of learning opportunities

3. Research and other scholarly activities
4. Community involvement
5. Effectiveness of quality management

Medical education institutes “Faculties of Medicine” have to develop *Infrastructures* that will be able to actively implement and sustain the requirements of the accreditation agency. The education infrastructures will have to focus upon the criteria for accreditation set by the NQAAA; namely the Academic standards, Quality of learning opportunities, Research and other scholarly activities, Community involvement and Effectiveness of quality management.

For practical reasons, this article will focus on the first two and the last of the accreditation criteria, as they are strongly related to the educational infrastructures within the medical education institutes.

Academic Standards

The medical education institute seeking accreditation has to define the following indicators

I. The Intended Learning Outcomes (ILO's)

The institute has to define what a medical graduate is expected to be able to *perform* on graduation. These ILO's are the basis upon which the whole educational program is designed. ILO's have to be derived from the overall mission and vision of the university and faculty, and have to reflect the interests of the society in attaining a qualified medical graduate.

II. Curricula

The ILO's of the medical education program have to be translated into a coherent and well articulated curriculum that is viable and achievable. The curriculum has to be developed and continuously updated, so as to reflect the needs of the society while upholding innovations and advancements in the field of medicine.

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III. Student Assessment and Student Achievement

The methods used for student assessment should ensure that students fulfil the required levels of knowledge, skills and attitudes that enable them to perform competently in the health care settings in which they are anticipated to serve. For a medical educational program to be accredited it has to include mechanisms that will ensure that standardized and objective student assessments are implemented.

As Richard Kraft noted, the mere presence of academic standards is useless without a mechanism that ensures the implementation of the standard. Every academic institution should develop a structure which ensures development and implementation of the curriculum. In medical education, the institutional structure responsible for the development and implementation of the curriculum within the institutes of medical education are the *Curriculum Committees*. These structures involve all stakeholders concerned with medical education graduates.

Ideally the curriculum committees should include representatives of

- *The Ministry of Health and population*; representing the major “employer” of medical education graduates,
- *Experts* on the medical education field; who provide the “Content” that is evidence based and focuses upon the best practices in the field,
- *Practitioners and physicians*; with a perspective from the “real life”; helping in directing the curriculum towards the knowledge and skills most useful for daily healthcare provision.
- *Educators*; who bring and integrate the sound methods of teaching and learning into the curricula.
- *Students*; whose representation in curriculum committees brings the “customers expectations” into the curriculum.

Institutional curriculum committees should have a national governing body within the Supreme Council of Universities (SCU) that allows for national harmonization of the curriculum, while ensuring the curriculum will not ignore the unique requirements of every institute.

The experience in Egypt where “*National Core Curricula*” for pediatrics, community medicine and obstetrics and gynecology were developed by the “National Curriculum committees” of the

“Standards by themselves will have little if any impact on academic achievement”

Richard Kraft

Medical Education Sector of the SCU in 2004, represents an important landmark in the development of medical education in Egypt. The process is far from complete, and tools for implementing and evaluating the curricula need yet to be developed.

Quality of Learning Opportunities

In order to fulfil the criteria for accreditation, a medical education institute should provide:

Teaching and learning that are based upon what students NEED to know/perform and the BEST method for students to learn what they need.

Mechanisms for providing student support to ensure that students can progress satisfactorily through the educational program, and that the students are informed about their progress.

The medical education institute must also provide Learning resources that are appropriate for implementing the curriculum. Academic and support staff, the technical and administrative members together with the facilities that can maintain an educationally sound approach to teaching and learning; skill labs, clinical practice sites, computer labs, libraries and faculty development centres, are but some of the learning resources that medical education institutions must provide, in order to fulfil the accreditation requirements.

The SCU has mandated that medical education institutes establish and maintain Education Development Centres (EDC's), which are structures that have among their responsibilities the task of ensuring the quality of learning opportunities. The EDC's have to work to implement the curriculum by designing proper instructional materials that are educationally sound, and by addressing all domains of the curriculum; “Knowledge-Skills- Attitudes” in all educational environments “Classroom –Skill lab-Clinical area”. The EDC's have to ensure continuous professional development of members to guarantee the educational and technical quality of the faculty.

Effectiveness of Quality Management and Enhancement

The SCU has mandated that medical education institutes have to develop a system of internal quality assurance that will oversee the academic activities undertaken by the institute, *Quality*

Assurance Committee (QAC's). The QAC has to be able to respond to the developments and changes in the field of medical education, in a manner that will allow the academic activities to flourish, and in an atmosphere conducive to promoting learning.

Self evaluation, internal reporting and improvement plans have to be developed by the QAC, and these should be open, transparent, focused and supportive of continuing improvement.

The medical education institute has to take effective and prompt action to promote the strengths, address any weaknesses and demonstrate responsibility and accountability in a manner that will allow for the assurance of the quality of medical education.

In summary, the process of accreditation of medical education institutes is essential for assuring the quality of the medical graduate, which in turn will reflect upon the quality of health care provided to the society, and will increase the competitiveness of the medical graduate in a global health care “market”. Infrastructures in every medical education institute have to be established to implement the reforms required to fulfil the criteria for accreditation, and should be overseen by the national body governing medical education “The Medical Sector of The Supreme Council of Universities”, while conforming to the standards of accreditation set by the National Quality Assurance and Accreditation Agency.

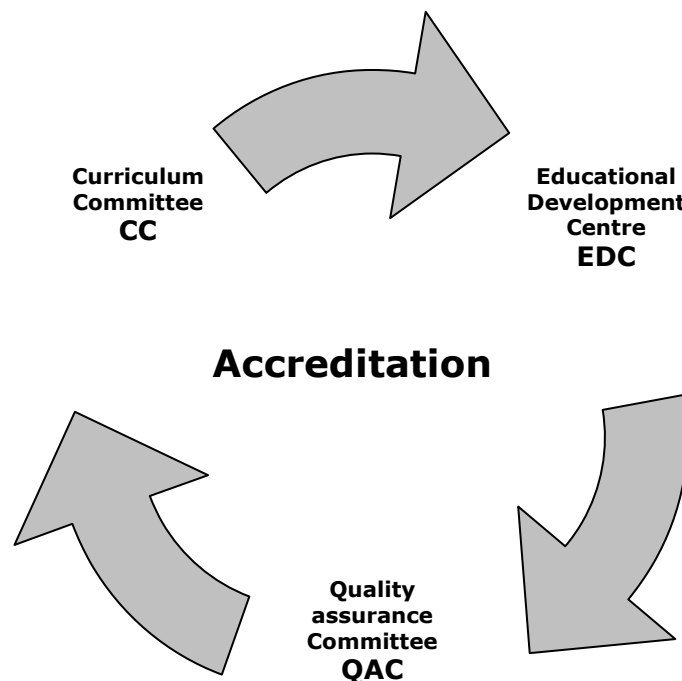


Figure 1. Educational infrastructures important for facilitation of accreditation of a medical education institute

References

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