IFMSA Policy Proposal
Accreditation and Quality Assurance

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Policy Statement

Introduction

Recent developments such as globalization in medicine, as well as the rapid expansion of medical education providers, necessitates the use of quality assurance practices as well as formalised accreditation processes. With more than 3,000 medical schools worldwide and in particular the proliferation of for-profit providers, institutions such as the World Federation of Medical Education (WFME), the World Health Organization (WHO) and the World Medical Association (WMA) have

recognised the need for formal accreditation. There are many benefits to these processes, including standard-setting, adaptive improvement over time and ultimately, high quality doctors providing appropriate care for the community. As it stands currently, less than half of all countries have a robust process, which may hinder cross-collaboration, trust in the profession and medical innovation.

IFMSA Position

We, the International Federation of Medical Students' Associations (IFMSA), affirm that robust quality assurance and accreditation mechanisms safeguard the quality of health systems. The IFMSA believes that accreditation processes should be formalised, have an aspect of impartiality, and allow appropriate self-reflection and student feedback. We believe that for many countries, these processes are severely lacking and should be addressed at national levels as a matter of priority. Furthermore, the IFMSA acknowledges the opportunities arising from quality assurance and improvement: ultimately, a global workforce of doctors meeting the healthcare needs of the population.

Calls for Action
The IFMSA calls upon:

- **Governments**
  - To promote quality assurance systems, including the development of legal frameworks for independent, national accreditation/recognition bodies for medical schools;
  - To support the activities of such bodies, as well as ensuring adequate human, material, and financial resources are available for their completion;
  - To monitor the development and function of said bodies by creating regular review and evaluation systems;
  - To reduce administrative barriers and bureaucratic hurdles, wherever possible, ensuring clear and applicable accreditation processes;
  - To collect data on the accreditation status of educational institutions and its validity, and make them available to the public;
  - To create a dedicated body, responsible for following up on the quality assurance processes of educational institutions and in particular, medical schools. The body should not only comprise of government officials, but also academics and students;
  - To regulate the creation of new medical schools using standards such as those put forth by the WFME or using nationally-set standards;
  - To promote the implementation of quality assurance standards within medical schools through measures of policy and legislation.

- **Development partners** (e.g. WHO, WFME)
  - WFME to continue to involve and assist countries that do not currently have robust accreditation practices;
  - WHO to call member states to establish accreditation systems, adjusted to the national needs;
  - To promote cross-collaboration and assistance where necessary to develop the accrediting bodies;
  - To work together to collect more data on the status of accreditation worldwide, making that data and any progress made known to the public;
  - To maintain a directory of all current medical schools, including their accreditation status;
  - To recognise existing national- or regional-based accreditation bodies and assist in their ongoing development;
  - To offer opportunities for capacity and awareness building to ensure all stakeholders are optimally informed in the process of acquiring and maintaining accreditation.

- **National Member Organizations (NMOs)**
  - To engage on local and national levels to assist in accreditation practices;
  - To consistently and actively contribute in advocacy process for national accreditation and medical education quality assurance systems;
  - To work together with their National Medical Association in monitoring and evaluating the accreditation & quality assurance process nationally;
  - To continue representing and raising the voices of its students with regards to quality medical education;
  - To advocate for students to be involved at all levels of accreditation and quality assurance;
  - To collaborate on an international scale and exchange practices; NMOs involved in accreditation nationally should be encouraged to support NMOs seeking to become involved as well.

- **Academic institutions**
  - To engage with their (respective) government and/or NGOs to formalise a process of accreditation. Failing that, to attempt informal quality assurance involving networks of institutions to ensure best practice in education;
  - To equip its medical schools with adequate human, material, and financial resources for quality medical education including quality assurance;
  - To ensure that student engagement, contribution and involvement during any accreditation and quality assurance processes are maintained;
  - To involve students at all levels of the accreditation process, including faculty meetings and site visits;
  - To work together for the development of national standards for medical education, using the WFME standards as a guide, adapted to the specific national needs and cultural setting;
  - To incentivize/promote academic staff to employ quality assurance mechanisms on a smaller-scale basis, such as classroom teaching.

Position Paper

Background

As defined by the World Medical Association (WMA), the goals of medical education are to prepare practitioners to apply the latest scientific knowledge to promote health, to prevent and cure human disease, and to import the ethical standards for governing the thought and behaviour of physicians. It also states that all physicians have a responsibility to themselves, the profession, and their patients to maintain high standards for basic medical education [15]. Therefore, high-quality healthcare practice can only be achieved through a high-quality medical education. Currently, the number of all medical

schools worldwide is estimated to be over 3,000, and the rate of increasing new medical schools worldwide is around 5-10% each year [16]. With the diversity of the education systems, the increasing need for qualified health workforce worldwide and the globalization and cross-border medicine, the establishment for global standards for medical education and continuous quality assurance and improvement system remains as priority at the international level.

Accreditation is defined as the process by which a credible, independent body assesses the quality of a medical education program, to provide assurance that it produces graduates that are competent to practice safely and effectively, and have been provided with an appropriate foundation for lifelong learning and further training in any branch of medicine [16]. The purpose of accreditation and quality improvement in medical education is to adjust medical education to changing conditions in the healthcare delivery system, and to prepare doctors for the needs and expectations of the society [17]. Commonly, the accreditation process involves self-assessment, external review, and site visits. The system should be based on standards, supported by a legislative instrument such as policy and national regulations. Such a legislative instrument should be accountable, transparent, non-profit-making, representative of but independent from all major stakeholders, be efficiently administered, and be conducted by an independent body/agency [17][2]. All results should be reported publicly and the system itself must undergo a periodic evaluation so that the standards and procedures remain and can perform optimally [17][2]. Consequently, accreditation systems are currently the most effective tools to ensure the quality of medical education and graduates, and remains a cornerstone for quality assurance in medical education. Currently, less than half of all countries have national accreditation bodies or formal accreditation processes, with considerable variation between the WHO regions [2]. Some countries rely on national licensing examination only for their graduates' quality assurance, some only have the accreditation system, while some countries already have both systems to maintain quality improvement in their medical education system.

WHO, along with its partnership with WFME, has a long-standing commitment to improving quality of medical education and healthcare practice, which consequently, improves the health status within the community. Integral with WHO's organizational constitution since 1948; establishing international standards for the education and qualifications of the health workforce and fostering improvement in the quality of education and qualifications are within the mandate [18]. WFME itself has marked its active involvement in quality improvement effort for medical education; from the first International Collaborative Programme for the Reorientation of Medical Education in 1984, Edinburgh Declaration in 1988, the World Summit on Medical Education in Edinburgh, 1993, and the launching of WFME Global Standards in Medical Education for Better Health Care which continuously renewed and improved since 1997. In 2004, for the first time, WHO and WFME established the International Task Force on Accreditation in Medical Education, as a part of WHO-WFME strategic partnership at the year. The three-day assembly of the Task Force in Copenhagen, involving 23 countries from six WHO-WFME regions remarks as the cornerstone for Accreditation System establishment effort worldwide [14]. That year, too, the WHO/WFME Policy on Accreditation was released, along with the WHO/WFME Guidelines for Accreditation in Basic Medical Education. Following them, in 2013, WHO also released the Policy Brief on Accreditation of Institutions for Health Profession Education [2].

Recently, the World Medical Association (WMA), during their 68th General Assembly in Chicago, October 2017, released their official Declaration of Chicago in Quality Assurance on Medical Education. Previously, the WMA Resolution on WFME Global Standards for Quality Improvement of Medical Education in 2004 was also being reaffirmed during the 197th Council Session in Tokyo, 2014. Both of the documents recognize the importance of accreditation and quality assurance effort for medical education, and addressing the urgent need for each national medical association within countries to work along with the governments in establishing independent national accreditation agency, as well as ensuring the operation of the certain agency is supported by adequate policy and national regulations [15][19]. There are several other international organizations working for accreditation and quality Assurance/Improvement aspect of medical educations, some of them are; FAIMER (Foundation for Advancement of International Medical Education and Research), which is a foundation under ECFMG (Educational Commission for Foreign Medical Graduates), IAMRA

(International Association of Medical Regulatory Authorities), supported by many other National Medical Education Bodies, Councils, and Accreditation Agencies worldwide. Notably, the World Directory of Medical Schools is an initiative of FAIMER and WFME, whereby all known medical schools are recorded, regardless of accreditation status [20].

Discussion

Societal implications of accreditation

There are many benefits to quality assurance, with and without formal accreditation processes. These include benefits to global medical knowledge, local and regional health outcomes, but also benefits the individual students and their learning experiences.

To first describe the benefits to accreditation, we must define what standards a robust system should assess. The WFME Global Standards, broadly endorsed in all WHO regions, involve 9 areas of standards of accreditation which can be further divided [2]. While these standards are intended to be adapted to fit national or regional needs, many existing accreditation systems such as Australia use very similar standards [21]. Specifically, the 9 domains are:

- mission and objectives
- educational programme
- assessment of students
- students
- faculty/staff
- educational resources
- programme evaluation
- governance and administration
- continuous renewal.

This framework lends self-assessment and accreditation support for tangible, logistical resources as well as methodological approach and student experience. This holistic approach to quality assurance is a key benefit of the process, and anecdotally leads education providers to develop under-addressed domains.

The overall quantitative benefit to education is difficult to describe, as it is largely seen as self-evident. Nevertheless, there is some evidence that the countries with the most established systems (UK, US and Australia) vastly improved education quality when these were introduced [2]. In nursing, although research is equivocal, several studies indicate that accreditation standards improve confidence and competence of graduates, and directly improve patient outcomes [2].

Perhaps the most useful part of accreditation for students is the chance to formalise discussions regarding continuous quality improvement and support. Even in more developed countries, relationships between students and faculties can break down and become unproductive. The more objective, third party component of accreditation can address this impasse, as well as provide tools or guides to faculties in terms of student support. Students should be involved in all levels of the quality assurance and accreditation process, as they are often the only ones who experience the whole education “product”, and may be very experienced in education and use of technology [23]. In many cases, graduate outcomes are intrinsically linked to the quality of the education provided, and so students should be involved in more than a tokenistic role with regards to feedback [23]. This includes involving students in faculty meetings, site visits, and representation within accreditation bodies. Useful interaction of students in quality assurance may require a degree of upskilling, but has shown to be not only rewarding for the students but it creates a more robust review process [22].

Another key area of accreditation is that it be outcome-based, not necessarily prescriptive. With the increasing pace of medical research and delivery improvement, it is important that medical students of

the 21st Century be adaptive, as should be their education. While there are some hesitations about the use of accreditation as “minimum standards”, namely that providers will lower their quality to just meet requirements, the process is generally tied very closely with quality improvement. In many cases education does need to have the safety net of meeting the minimum, while allowing flexibility and encouraging education providers to always be improving. Indeed, flexibility should be encouraged for institutions trying to discern their own vision of medical teaching and learning.

Outcome-based accreditation refers directly to what education providers are producing, and may include intern surveys, in-hospital assessment as well as broader health impact. This allows novel development of education such as distance education and IT incorporation, providing that the graduate outcomes are still there. It acknowledges the pathway of learning and the minimum standard that all graduates should be meeting. This ties in very closely with social accountability of the medical workforce, and may work to stem the flow of poor quality, for-profit education [7]. Without a national accreditation system, it is difficult to argue that good quality education is being offered. The Lancet Commission on the Education of Health Professionals links accreditation directly to social accountability, in the sense that it can direct health professional education towards addressing the priority health concerns of the community, region and nation [2]. Quality medical education in turn benefits the local community, by providing both a highly skilled and socially accountable medical workforce.

Global Medicine

The increasing globalization in medicine along with cross-border education and migration of health workers have boosted the demand for an international ‘trust’ in health professions underlining the need for definition of standards and for introduction of effective and transparent accreditation systems. However, there are no present mechanisms for international recognition of medical educational institutions and programs [1]. Currently, approximately two-thirds of countries with medical schools have some system of quality review, or accreditation, in place. However, even in countries or regions where accreditation for medical education programs exists, systems vary substantially in process, complexity, transparency, accountability, and consequences of the assessment [12].

The exponential growth in the private sector offering health professional education has created extra need for accreditation to safeguard public and professional accountability. Higher education has now become a trade commodity regulated by bodies such as the World Trade Organization and the International Organization for Standardization (ISO). While this is a meaningful first step towards global synchronization of standards, it is not the WHO’s mandate to assess the quality of individual institutions. In reaction, emphasis has been placed on quality assurance, expressed in terms of harmonization, standardization, accreditation, and mutual recognition of qualifications. Quality assurance and accreditation systems for higher education based on external review are now used in somewhat more than 70 countries [10]. For instance, 147 of the 191 new medical schools established in India in the past 30 years are private universities [2]. In 2004, the Strategic Partnership between the World Health Organization (WHO) and WFME to Improve Medical Education formulated a WHO/WFME policy on accreditation and defined the WHO/WFME Guidelines for Accreditation in Basic Medical Education. Yet accreditation should be a national responsibility and Global standards should be used as a template for national and regional standards [1].

Promotion of national accreditation systems will pivotally influence future international appraisal of medical education. Information about accreditation status—agencies involved and criteria and procedures used—will be essential to future databases of medical schools and will be a foundation for international “meta-recognition” of institutions and programs, thereby create a basis for international recognition of medical education (“accrediting the accreditors”). The WFME already in its 1998 position paper emphasized the value of such a register of accredited medical schools. Currently, there

are three major databases listing medical schools: (1) the WHO World Directory of Medical Schools, (2) the FAIMER International Medical Education Directory (IMED), and (3) the Institute for International Medical Education Database, which is no longer in operation [10].

Since the 1980s, cross-border higher education through the mobility of students, academic staff, programmes/institutions and professionals has grown considerably. In parallel, new delivery modes and cross-border providers have appeared, such as campuses abroad, electronic delivery of higher education and for-profit providers. These new forms of cross-border higher education offer increased opportunities for improving the skills and competencies of individual students and the quality of national higher education systems, provided they aim at benefiting the human, social, economic and cultural development of the receiving country. The challenge faced by current quality assurance and accreditation systems is to develop appropriate procedures and systems to cover foreign providers and programmes
(in addition to national providers and programmes) in order to maximise the benefits and limit the potential drawbacks of the internationalisation of higher education [14].

The accreditation of distance learning educational programmes poses particular and obvious challenges. Blended learning programmes (a combination of face-to-face teaching and distance teaching, using strategies such as computer-mediated or literature-based environments) are less problematic because of the opportunity to focus on the face-to-face element of the programme. Distance learning programmes highlight the concerns about curriculum quality in the absence of an internationally sanctioned mechanism for comparing different programmes [2]. Regional collaboration regarding standards has been increasing. In 1975, the European Union signed a convention regarding mutual recognition of medical doctors. This Medical Directive, which was recently renewed, defines, as a basis for mutual recognition and free movement of medical doctors in the European Union, minimum requirements for undergraduate medical education and for education of general practitioners and medical specialists [13]. The EU and the Southern African Development Community have stimulated a quest to harmonize health professional qualifications and to make registration transferable. If accreditation standards are harmonized across the countries within such blocks, the migration of health workers is facilitated. Easy migration allows for a more flexible and diverse health workforce among the countries in the block, and creates increased educational and career opportunities for health professionals [3].

In July 2010, the Educational Commission for Foreign Medical Graduates (ECFMG®) in the United States determined that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, an applicant's medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME) [11]. ECFMG's decision to require medical school accreditation as a requirement for ECFMG Certification is a significant step in its continuing efforts to enhance protection of the public. This requirement will catalyze efforts to accredit medical education internationally, encouraging the development of a formal process that utilizes globally accepted criteria. Such a process will have the effect of harmonizing accreditation standards, and creating a meaningful international accreditation system that will improve the quality of medical education and health care worldwide. A system that recognizes the accreditors, who in turn accredit individual medical schools, is a viable model that employs unified standards, while allowing for necessary regional variation. WFME has established standards that could be used for this purpose and, through its upcoming pilot, is establishing the necessary procedures and a working model for accrediting bodies and medical schools that wish to attain a new standard of quality medical education and meet the accreditation requirement for ECFMG Certification [11][12].

While cross-border collaboration and migration has many benefits, it is worth considering the contribution to negative effects such as brain drain. The brain drain of health professionals has become a source of concern for many developing countries and international organizations. The

World Health Organization estimates the current global shortage of health workers at more than 4 million, and still arising in recent decades. Research suggests a large number of less developed countries are affected by this phenomenon, including the Philippines and countries from sub-Saharan Africa [4]. Many observers and analysts have pointed to the physician brain drain as one of the major factors leading to the under-provision of healthcare staff in developing countries and, ultimately, to low health status and shorter life expectancy [5][6][7][8][9]. However, efforts such as the WHO Global Code of Practice on the International Recruitment of Health Personnel [24] recommends for health workers and associated stakeholders to the following:

- Commitment to assisting countries facing critical health workforce shortages
- Investment in information systems to monitor international migration of health workers
- Emphasis on education and efforts to retain health workforces in member states
- Protection of migrant workers' rights
- Responsible recruitment policies by destination/receiving countries and fair treatment of migrant health workers

Overall, evidence suggests that accreditation not only benefits students and their learning, and consequently the national health systems, but it may also provide wider benefits to globalised medicine. Through robust, formal accreditation systems and more informal quality assurance practices, basic medical education can continue to be the foundation of good healthcare in the 21st Century.

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