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## IFMSA Policy Document Accreditation and Quality Assurance

Proposed by Team of Officials

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## Policy Statement

### Introduction

Medical and Health Professions' education worldwide has been affected by wide differences and inequalities especially in times of pandemic and Public Health emergencies.

With the escalating issues of the Global Mobility of Health Workforce and the rapidly growing number of medical schools worldwide (The World Directory of Medical Schools gathers more than 3400 operating medical schools), the need for quality assurance of medical education grew exponentially. Medical students, as future healthcare workers, must receive medical education of an adequate quality, which focuses on the relevant healthcare issues of the populations they will subsequently serve. Institutions such as the World Federation for Medical Education (WFME), the World Medical Association (WMA), and the World Health Organization (WHO) on one hand have recognized the need for the establishment of a formal accreditation process, based on a set of Global Medical Education Standards, and also recognize the efforts of national quality assurance bodies (from now on referred to as Accreditation Agencies), which accredit medical education based on these standards (WFME Recognition Programme).

### IFMSA Position

We, the International Federation of Medical Students' Associations (IFMSA), affirm that there is a need for national and/or international Quality Assurance systems that guarantee the quality of medical education abiding by appropriate and rigorous global standards. IFMSA believes that the benefits of both accreditation and recognition are to assure high-quality medical education for medical students and educational training for medical doctors, thus maintaining appropriate healthcare delivery for the community they will serve. However, the accreditation systems around the world differ in several ways and many are severely lacking such quality assurance systems. IFMSA acknowledges the importance of quality assurance and advocates not only for raising awareness of the status quo but also for meaningful students' engagement in the accreditation process and internal quality assurance systems of medical education.

### Call to Action

- Governments and Higher Education authorities
  - To encourage the continuous development and enhancement of medical curricula and promote quality assurance systems in medical schools, including the development of a legal framework and a common strategy regarding Accreditation and Quality Assurance for independent Accreditation Agencies, as well as support to newly established medical schools;
  - To support Accreditation Agencies by all possible means, ensuring human, material, and financial resources;
  - To maintain the integrity of the Accreditation Agencies by having quality evaluation procedures that help monitor the development of these bodies and their function;
  - To minimize the bureaucratic challenges faced by the Accreditation Agencies in administrative tasks or political processes.



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- **NGOs**
  - To guide the countries in the process of establishing their formal quality assurance mechanisms and Accreditation Agencies;
  - To create capacity building opportunities for academic institutions, focusing on the benefits of formal accreditation and the WFME Recognition Programme, as well as the ECFMG 2024 deadline;
  - To evaluate the implementation of the Objective 1.1 of the WHO (2016) Global Strategy on Human Resources for Health: Health Workforce 2030 ('by 2020, all countries will have established accreditation mechanisms for health training institutions.') and provide support to the countries without formal accreditation process of medical education;
  - To evaluate the status quo of the quality assurance of medical education in reflection to COVID-19 pandemic and promote the WFME Distance Learning Standards;
  - To analyze the challenges of medical schools in relation to formal quality assurance process, and provide support in developing tangible solutions;
  - To continue promoting meaningful students' representation and engagement in the Accreditation and Quality Assurance processes.
  
- **Accreditation Agencies**
  - To establish national standards to guide the training of the future health workforce;
  - To assist medical schools continuously throughout the accreditation process, by offering institutional support and capacity building opportunities for the management of the medical school, as well as all personnel included in the process;
  - To continuously update the national accreditation standards considering the WFME Global Standards and local/national context;
  - To create a framework for medical students to be meaningfully engaged within the accreditation processes and agencies;
  - To collaborate with all relevant stakeholders in the attainment and improvement of rigorous quality assurance process of medical education through accreditation;
  - To publish the accreditation status of medical schools on accessible platforms.
  
- **Medical Schools and Academic Institutions**
  - To align internal quality assurance standards with the global standard, considering the local context and the needs of the population they serve;
  - To collaborate with all relevant stakeholders for the recognition of the Accrediting Agency by the WFME, in case the accreditation process takes place;
  - To actively engage medical students in the internal quality assurance and accreditation process, building a horizontal relationship for the benefit of medical education;
  - To advocate for the establishment of formal accreditation process carried out by an independent body in the absence of one, in order to promote sustainable quality assurance process of medical education;



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- To collaborate with other stakeholders in the provision of human, material, and financial resources for sustainable and transparent quality assurance process;
  - To follow up, together with the other stakeholders, on the compliance with quality assurance standards.
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- NMOs
    - To represent medical students and advocate for the enhancement of the quality of medical education with standardized accreditation procedures;
    - To engage in efforts to raise awareness regarding the need for Accreditation and Quality Assurance process in medical education and Meaningful Students' Engagement in it;
    - To work closely with all relevant stakeholders to monitor and evaluate the accreditation process nationally;
    - To strengthen collaboration at the international level and promote activities under the umbrella of Accreditation and Quality Assurance;
    - To advocate for Meaningful Students' Engagement in all levels of accreditation and quality assurance processes.

## Position Paper

### Background

Accreditation is a quality assurance mechanism that is becoming increasingly common around the world and differs in several ways, although in some countries, has been occurring for decades; but in others, it is relatively new, or doesn't take place at all. Accreditation reviews the educational programs of medical schools based on a clear and specific set of standards that should reflect the national needs and with the input of relevant stakeholders within the country. These standards should provide a frame for the quality assurance of the minimal requirements for a medical school to be able to answer the needs of the population it serves.

[1]

Accreditation and Quality Assurance (AQA) plays an important role in the improvement of medical education by adjusting it to changing conditions in the healthcare delivery system. Quality assurance of Medical Education through Accreditation adds a lot for medical students (undergraduates - graduates) as it can influence the quality of admission criteria, curriculum content, teaching and learning methods, learning environments, assessment systems, and ultimately the competence and practice of graduates through ensuring education and training in the new information technologies in order to help cope with the explosion in medical and scientific knowledge and technology. [3][4]

The history of accreditation goes back to 1942 when The Liaison Committee on Medical Education (LCME) was established as the first accreditation agency authorized by the US Department of Education which combined the separate accreditation programmes of the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). LCME worked with the Committee on Accreditation of Canadian Medical Schools (CACMS) on accrediting medical education programmes with nationally accepted standards of educational quality that lead to the Doctor of Medicine degree in the United States and



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Canada. [3] In 1972 in Copenhagen, Denmark, the World Federation for Medical Education (WFME) was formally founded, and the founding organizations included the World Health Organization (WHO) and World Medical Association (WMA). WFME works on enhancing the quality of medical education worldwide, with the promotion of the highest scientific and ethical standards in medical education.

In 2003, the WFME collaborated with WHO to create WFME Global Standards and collaborate on the development of high-quality medical education. In January 2004, the WHO and the WFME formed a strategic partnership focused on the accreditation of medical schools.

Following the establishment of the WHO/WFME Strategic Partnership, the two organisations decided to set up an International Task Force on Accreditation. In 2005, as a result of this task force, the WHO/WFME Guidelines for Accreditation in Basic Medical Education outlined the principles for valid accreditation. The document provided recommendations concerning accreditation in countries with just one or a few medical schools. Later on, the WFME formulated a programme on Promotion of Accreditation of Basic Medical Education within the framework of the WHO/WFME Strategic Partnership. The programme includes the development of national specifications of the WFME Global Standards, and provisions for institutional self-evaluation and external review, as well as procedures for accreditation. [5]

## Accreditation status in 2021

The WFME Recognition Programme is the only programme accepted by the Educational Commission for Foreign Medical Graduates (ECFMG), a mission based organization based in the US, which provides certification to International Medical Graduates (IMGs) who are willing to practice in the United States [6]. The ECFMG previously announced that starting from 2023, only students or graduates of a medical school accredited by an agency recognized by the WFME will be able to apply for the ECFMG Certification. Unfortunately, as a result of COVID-19, there are a lot of countries that have been forced to suspend or limit their accreditation process. Therefore, the ECFMG decided that the implementation of the accreditation requirements will be moved to 2024. [6][7]

According to the statistics of the WFME, to date, 23 accrediting agencies have received the WFME recognition, a further 16 are in progress and 8 more are soon to enter the process. The WFME encouraged interested accrediting agencies to apply as soon as possible (before 2024) to ensure that the recognition process will be completed before the set deadline. [6]

As mentioned in the WFME Basic Medical Education Global Standards (the 2020 Revision), which have been used in about half of all the medical schools in the world, The standards are classified into eight areas with two levels [7]:

- Basic standards / minimum requirements ('must'): it means all the standards under this level have to be fulfilled.
- Standards for quality development ('should'): it means all the standards under this level don't have to be fulfilled, but if the medical school has partially or completely achieved these standards, it will be a strengthened point.

The eight areas are represented as follows:

- 1. Mission and values:** This area reflects the purpose, values, and distinct qualities of the medical school.
- 2. Curriculum:** This area addresses the central educational functions of the institution, which are defined by the curriculum.
- 3. Assessment:** It assures, drives, guides, creates, and optimizes learning while providing feedback, to achieve the purposes of the school and its stakeholders.



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**4. Students:** Appropriate admission and selection policies, and systems for support of students are important for educational quality, management, and outcomes, and for the wellbeing of students.

**5. Academic staff:** Adequate numbers of well-trained and committed academic staff (also referred to as faculty or teachers), supported by technical and administrative staff, are critical to the effective delivery of the curriculum.

**6. Educational resources:** It consists of sufficient educationally and contextually appropriate physical, clinical, and information resources that are critical to the delivery of a medical curriculum.

**7. Quality assurance:** It focuses on doing a regular review of the activities of the medical school, supported by a system of school-level quality assurance, to ensure that the medical school is appropriate and compliant with its mission and curriculum.

**8. Governance and administration:** It maintains the effective implementation of the educational, research, and quality assurance activities of a school by providing management, administration, budget allocation, and accountability which should involve all interested parties.

## The importance of accreditation in enhancing Global Health Education

Global Health highlights transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration, and may be a synthesis of population-based prevention with individual-level clinical care. [8] With the growing recognition of the impact of globalization in healthcare, institutions are placing greater emphasis on Global Health issues. However, there is no standardized mechanism for international recognition of educational institutions and programs dealing with Global Health education. With the event of the worldwide development of Global Health education initiatives and programs, new sorts of unions and organizations are established.

Besides the WHO, UNICEF, and World Bank, many specialty professional organizations have Global Health subcommittees. The Consortium of Universities for Global Health [9], built in 2008, has included 203 university members across the world, including the US, Ethiopia, Pakistan, Egypt, Australia, Israel, India, Mexico, Tanzania, Canada, UK, Japan, Jamaica, etc. Global Health education reflects the increasing attention to Social Accountability of medical schools. Currently, there isn't any consensus on the approaches to Global Health Education, because medical schools have developed Global Health curricula independent from each other [10]. One of the most significant gaps in Global Health Education is the lack of standardization. Despite the increased interest by medical students and resident trainees, little has been done in the standardization of these experiences. Without standardization, large disparities remained in funding, accreditation, oversight, and evaluation among Global Health training programs.[4] Hence, it can be concluded that Accreditation and Quality Assurance is an important measure that can be taken to enhance Global Health Education.

## Accreditation of Medical Education for a continuous quality improvement and a better healthcare worldwide

The Health System's primary purpose is to improve health. One of the main building blocks of Health Systems is the Health Workforce. The main indicators used to measure the Health Workforce are the number of health workers per 10,000 citizens, their distribution by specialty, region, place, and gender, and the annual number of graduates of health professions educational institutions per 100,000 citizens, by level and field of education. [12]

WHO Global Strategy on Human Resources for Health: Health Workforce 2030 established that all countries will have accreditation mechanisms for health training institutions by 2020. Accreditation processes and standards to be achieved are important for quality



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assurance of health workforce education and training. On another note, it is essential to strengthening accreditation processes that can't meet current and future education requirements to respond to population health needs and changing clinical practice. [13] These accreditation processes, by following established standards, promoting self-assessment activities, should seek to develop a culture of continuous quality improvement for quality medical education. This can be built by generating evidence and reporting results for the improvement of the educational programme and its outcomes in the competencies of the future Health Workforce. As the deadline for the fulfillment of the Objective has passed, it is important to evaluate and measure the establishment of the Accreditation mechanisms, as well as focus on the drawbacks and support the countries coming late to fulfil it. [14][15]

### **Accreditation and Social Accountability**

Social Accountability of medical schools, a concept developed in 1995 by the WHO, is defined as “the obligation to direct their (*medical schools*) education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve”. [16] Accreditation Agencies, as well as medical schools in the exercise of training the future health workforce, should direct their activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve. [17] The accreditation process should ensure that the quality of training is of the highest quality, with a Socially Accountable approach. This approach must be defined from the goal of the educational institution to achieve the expected competencies of Healthcare Worker. Medical schools should establish educational activities to produce the desired healthcare professional, subsequently having a significant impact on the Health System, addressing the priority health needs of society. [18] It is also important that medical schools actively adopt educational approaches related to Social Accountability. For example, designing community-based educational experiences, interprofessional education responding to the needs of the communities. Accreditation and continuous quality improvement process must ensure that these strategies can be applied in medical education. [19] Finally, there is very limited evidence on the impact of the accreditation process. More evidence is needed to support the impact they have on students, the program, the quality of Healthcare Systems and, above all, on the needs of the communities. [20]

### **Digital Learning**

Digital learning is any type of learning that makes effective use of technology. [21] With the current pandemic and the development of educational technology, there has been a move towards digital learning to ensure continuity and avoid stagnation of medical schools. We still have to find the full benefits of digital learning. The question of how digital learning can be successful becomes more urgent as we are looking into the best way to provide the medical students the knowledge and skills they will need during their years in medical school, while respecting the national and local protocols set during the pandemic. [22] We have to know that digital learning requires more from both the teacher and the learner, in order for it to be effective. As such, motivating the learner and the teacher will be the best approach to ensure that this unfamiliar learning environment becomes effective and is of high quality. [23]

To ensure the quality of digital learning we must look at how the quality can be improved and assured, and address its requirements. The environment has changed, yet the goal of medical education hasn't. Although there are more requirements to ensure that digital learning is providing the medical students all that they need, this will create a stronger student-teacher bond as the success of digital learning not only relies on the platforms but also on the drive of both the teacher and the students.



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## Health Workforce Migration

There has been a 60% rise in the international migration of health care workers, which are migrant doctors and nurses working in Organisation for Economic Co-operation and Development (OECD) countries over the last decade. It is rightfully predicted that this percentage will continue to rise in the following years. [25]

In 2010, the World Health Organization adopted a key global quality assurance governance instrument called "The code". The code is helping in better management and understanding of healthcare workers' migration through capacity building, information, and cooperation. [26]

Let's take Norway as an example: As one of the OECD countries that has an increasing immigration number, Norway was faced with the challenge of having 12% of all nurses and care service workers as immigrants; in Oslo as much as 49%. Of all doctors certified in Norway, 70% are qualified abroad, most of them being Norwegian citizens. Altogether 13% of doctors in Norway have foreign citizenship. And that's where the code came into action as it reduced "the pull" effect on health workforce migration by capacity building programs that are long term, domestic and comprehensive about mental health and primary care services. The WHO code is considered important but not sufficient to increase awareness of the global health workforce. The Norwegian government implemented the code but knew that this isn't the full solution to this problem since it starts way back in medical schools and countries with no quality assurance nor accreditation mechanisms implementation, either nationally or internationally. The code would work properly in a world where medical students all graduate on the same level, then the code wouldn't have to be that long-term never-ending solution, it would just be the kick-off of the health worker career offshores. [26] On the other hand, the complete opposite occurs in developing countries, despite the shortage of health workforce in these countries, medical students migrate to more developed countries, exacerbating the shortage and deepening the issue.

A study was made in Croatia to investigate the migration-related attitudes of final-year medical students in 2013. [27] Among 260 respondents (response rate 61%) 90 students (35%) reported that they are ready for permanent migration, expecting better quality of life, more professional development chances, better healthcare organization, or cultural appreciation. [27] Migration is commonly described as negative since the main flow is from low- and middle-income countries to high-income countries. [27] However, there are also positive aspects of Health Workforce migration, such as gaining more knowledge and professional experience. [27]

The WHO Global Code of Practice on the International Recruitment of Health Personnel discourages active recruitment from countries with the critical health workforce shortage, encourages countries to develop sustainable Health Systems that would allow, as far as possible, for domestic health services demand to be met by domestic human resources, as the article 5 of the code states that Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas, such as through the application of education measures, financial incentives, regulatory measures, social and professional support. [28] To help in regulating the health workforce in developing countries, it also states in article 10 to encourage international organizations, international donor agencies, financial and development institutions, and other relevant organizations to provide technical and financial support and support the Health Systems in developing countries that suffer from clinical workforce shortage. [28]



## Meaningful Students' Engagement: Obstacles and Recommendations

According to the WHO/WFME Guidelines for Accreditation of Basic Medical Education: "All main groups of stakeholders must be represented in the accreditation committee or council [...] about one-third of the members should be drawn from other main stakeholders, including governmental authorities in charge of medical education or the healthcare system, regulatory bodies, students, related health professions, the public, etc." [29].

The student's participation in the accreditation of higher education is considered as one of the key agendas in the quality assurance process. [30]

Unfortunately, students usually are not a part of the accreditation process due to a lot of obstacles, such as inadequate or lack of support provided by institutions to student representatives and student union members. Also, laws or formal regulations can restrict student representation on relevant Boards or/and Committees, without forgetting the students' lack of awareness of the fundamental role they can have in their education. [31]

On the other hand, there are recommendations and good practices that help students overcome those obstacles. For example, it's recommended that all involved students are instructed before the start of the accreditation process. Also, students can suggest projects and influence long-term planning through representatives on Boards or Committees. Lastly, having a background in quality assurance and management/leadership issues in higher education institutions might be important to participate efficiently. [31]

Students can play a pivotal role during the accreditation process by being involved in the provision of information (through the answers to the questionnaires regularly, participation in focus groups, etc.) and by assisting in the preparation of reports on self-assessment as members of a self-assessment group. [30]

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