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New Accreditation System in IRAN with a Look at Radiology Residency Training

Background

Graduate medical education has a distinguished role in the improvement of social medical services and public health. This goal can be approached mainly through regular evaluation of residency programs. The experience of other systems has shown that installation of internal evaluation in teaching institutions and the subsequent movements toward quality improvement are major beneficial effects of such evaluation. Moreover, a systematic gathering of information about educational programs will ensue and can lead to more accurate planning for medical education and medical services.

A thoroughly defined system for accreditation is therefore essential to meet the above goals. Briefly, accreditation is the best known formal review and expertise-oriented program evaluation. Naturally, there will be differences in accreditation systems among countries despite their common basics.

Developments in the Field of Accreditation in IRAN

The supervisory body of graduate medical education is the Iranian Council of Graduate Medical Education (ICGME), a section of the Ministry of Health and Medical Education, hence a governmental organization. ICGME conducts the evaluation and accreditation of residency programs, and in-training and certifying exams.

The number of verified residency programs in 1986-1996, reveals a growth in GME, which is more pronounced between 1991 and 1992.

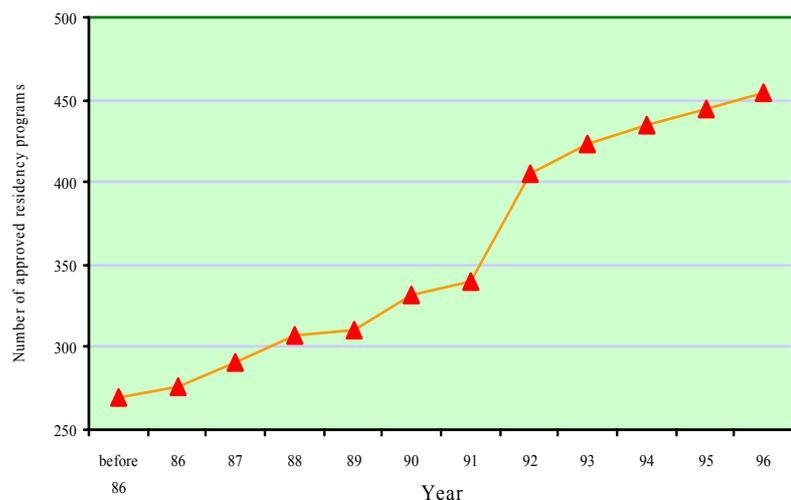


Figure 1: Growth of GME in I.R.Iran, 1986-1996

This growth along with the lack of predetermined and published standards for residency training in most specialties and sub-specialties, raised concern about the quality of graduate education.

Although the traditional appraisal process followed an expertise-oriented program evaluation approach, it had many shortcomings, some of which are as follows:

- Lack of predetermined and published standards;
- Lack of determined Policies & Procedures on exact process of standards development, evaluation and accreditation, and types of accreditation status;
- Lack of a specific chronological schedule for periodic evaluations;
- Lack of contribution by all the principal stakeholders in the process of standards development, evaluation, and decision-making.

In 1998, the secretariat of ICGME considered evaluation and approval of GME a priority, and an *ad hoc* committee (later called the Current Evaluation and Accreditation Division) was assigned to review the present situation and the accreditation systems of other countries and the state of the Master Plan for accreditation in Iran.

Short term and long term goals were set and tackled in parallel. The short term goal was to improve the current situation and the long term goal was to establish a well structured accreditation system for GME.

Several noticeable activities in the last 5 years have been conducted but in this issue attention is paid to the residency education in Radiology. In this regard, the activities can be categorized in two major fields:

A: Improvement in the quality of evaluation of teaching institutes.

Survey forms were designed for each specialty, based mainly on the expert ideas of National Specialty Boards (NSB). Yet, due to the lack of clear residency programs within the universities, residency training wards were evaluated by NSB members.

During this period, 49 Radiology wards in 15 medical schools were evaluated and the appraisal status is listed below:

- Full approval, 16 (32.7%)
- Probationary, 10 (20.4%)
- Probationary without resident admission, 1 (2%)
- Rotational (only approved for rotations from approved institutions), 14 (28.6 %)
- Disapproved, 8 (16.3 %)

The main observed problems were mainly in the field of faculty, equipment and scholarly activities, thus the important goal was to motivate programs which would activate the internal evaluation and pay more attention to the quality of education. Residents' active contribution was encouraged by listening to and talking into consideration their ideas and critics.

B: Planning and installation of a new framework for accreditation.

In parallel, after a comprehensive review of accreditation systems in other countries, the ad hoc committee proposed the initial draft of the bylaws for the new system, which was later adopted by the Council in 2000. The main topics of the bylaw were as follows:

- The structure of the system as shown in figure 2, consist of Accreditation Commission (AC) and Specialty Review Committees (SRC) for each specialty.
- The process of developing Residency Program Standards (RPS); core educational objectives, and evaluation and accreditation.

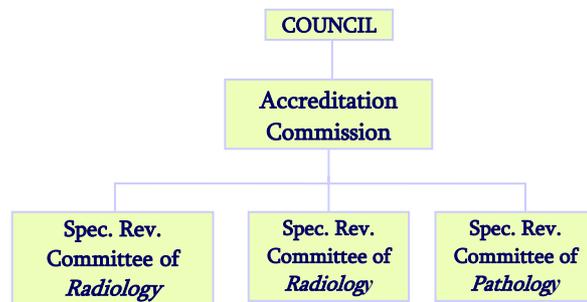


Figure 2: The structure of accreditation system for GME in I.R.IRAN

-Categories of accreditation status: Provisional, Full, Probationary, Withheld and Withdrawn.

Since then, activities in Radiology residency training have been:

1. Establishment of the Specialty Committee (SC) of Radiology in winter 2000. The members were selected are from the National Board of Radiology, Iranian Society of Radiology, and Departments of Radiology, and one or two radiologists interested in educational affairs. SC recommends the Commission Residency Program Standards (RPS) and Core Educational Objectives and reviews Radiology Residency Programs (RPs).

2. Establishment of the Accreditation Commission (AC). The members are from Specialty Committees, universities and the Ministry of Health and Medical Education and the headed is the Secretary of ICGME. AC recommends the Council on Policies & Procedures of accreditation, General Residency Program Standards, Institutional Standards, and Residency Program Standards and approves Core Educational Objectives.

3. In January 2002, AC reviewed the proposed Program Standards in Radiology, which then was adopted in May 2002 by the Council. In November

2002, after 10 months of processing, the Accreditation Commission approved the Core Educational Objectives of Radiology.

4. Implementation phase calls for: First, orientation programs for faculty staff and the administrators. Second, formative external evaluations to help Radiology Residency Programs get prepared for summative evaluations in one year. For this purpose, based on approved standards, program directors with the assistance of other faculties do the internal evaluation of RP, and try to find appropriate solutions for identified non-compliance with the standards by consulting SC of Radiology through formative evaluations. Most of the process has been done up to now and at present the system is planning for formative evaluations.

Conclusion

Program evaluation is of utmost importance to guarantee the quality of medical education and optimize teaching medical pre- and post graduates, thereby resulting in improvement of social medical services. The point is that, accreditation is more a helping hand to find the defects and eliminate them than an accusing inspector. At last, a successful

accreditation system can best promote the process of effective internal evaluation.

Now, in Iran, we are facing the hinge of the system, the implementation phase of accreditation. We should consider a multidisciplinary approach including administrators, departments, faculty members, and even residents. As noticed during the traditional evaluations, lack of faculty members and also equipment in many radiology departments, needs financial and human resources be provided, and this calls for the support by the administrators in faculties and the Ministry both. Most importantly, we should consider the fact that any change needs some time to install.

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