

A review of defining standards process in basic medical education accreditation in Mexico and WFME

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ABSTRACT

Today, through out the world, medical education has two critical needs: need for structural reform and innovative plans and then need for social accountability in terms of educational program quality and its effectiveness. Educational assessment and accreditation could be considered as operational (executive) strategy to meet both needs. Of outmost important as the first toward educational assessment and accreditation is the task of specifying standards for medical education both in terms of the institution and the educational program of the institution. Since these standards constitute a new framework against which the medical institutes can measure themselves. Here, in this article we have briefly reviewed the process of developing these standards by AMFEM (in Mexico) and by WFME at an international level. We have tried to underlie two critical features common in both processes. First, the importance levels to defining the physicians' role in terms of what the society or better say, the health care system (as the representative of social health requirement) expects from a good physician. Second, the thoughtful attempt to involve as many experts as possible in the process of developing the standards and providing opportunities to discuss the result of each stage of the specifying standard process.

Key words: STANDARD, ACCREDITATION, WFME, AMFEM

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Introduction

Since 1982, many reports from all over the world have addressed the need to innovations and reforms in medical education (1). These reports have emphasized the lack of physician's competency for responding the shifting social needs in terms of health care provided through health systems. On the other hand, directors of medical education institute are conventionally ignoring social accountability regarding the effectiveness and quality of educational programs. Our country is no exception. Following the recent social and political changes, social accountability in terms of effectiveness and quality of higher education and medical education quality improvement has been the center of constant public focus. Important to consider is that no change or reform will be effective or successful unless the current state gets completely clarified. Moreover, no social accountability is possible unless the appropriate standards are established.

The World Federation for Medical Education (WFME) which deals with medical education and training throughout the world found assessment and accreditation of medical education institute as the strategic means to meet both needs. In fact, by making this choice, WFME emphasizes that initially, we should

develop common tools to describe the current situation and to define the ideal quality and consequently define the pathway of the reform accurately. The institutes are then demanded to provide social accountability according to the established standards and definitions. National accreditation can be the proper means to put this strategy into practice. Also, in our third five-year development plan assessment and accreditation are high on the agenda.

Accreditation was first introduced in US higher education early in 20th century as a means to assure quality and has evolved during the last century to become the most systematic approach to quality assurance in US higher education system. In European countries, this approach was also adopted to meet the

20th century raised demand for social accountability in terms of medical education effectiveness and quality (specially in East Europe after 1989-91 reforms).

In this article we have addressed the standards for accreditation, other aspects of accreditation is not the focus of this article.

Educational standards

Standard is defined as a plan, rule or law which measures quality, weight, length, value or quality of an item (3). Standard is also defined as criterion, scale or measure for decision-making or judgment. A standard could be obligatory or voluntary.

Institute for International Medical Education (IIME) defines educational standards as a plan, formation or model which creates the capability to assess graduates performance in terms of acknowledged professional essentials (3). WFME task force report in the Medical Education Journal pointed out: A standard should be definable, meaningful, appropriate, measurable, and be accepted by the users (4). This report noted a number of characteristic for educational standard:

- standards must acknowledge regional differences in educational program
- standards should consider dynamic nature of educational development
- In addition to respond to the minimum needs standards should encourage quality improvement.

Our medical education has seriously suffered the lack of these standards. The discussions on medical education quality lack the required standard to describe the current or the ideal quality. Consequently, the usual evaluation of medical universities quality is mostly based on individual expert opinion so evaluation results are so various. Considering the current status, the medical universities are not able to determine their position comparing to ideal state as well as their pathway to quality improvement. Lack of the required standards has limited the validity of the accreditation process which has been undertaken in Iran IIME believed that the standard are based on expert consensus or decided by medical education authorities (3). WFME acknowledged that often the standards are the combination of the teachers' and the students' opinion, the professional organizations views and public and governmental interests (1). So we may conclude that the standards include educational authorities' view or the experts' view as well as the views of medical education system clients who are students and general population. In the current article we review the process of the standard developing which are used by Mexican medical education system and WFME. The main reason for including these two examples is that they are developed in the last two decades. The more developed country which has a long lasting history of accreditation (such as USA) is now dealing with improvement of the standards. This review hopes to be of some assistant for those who attempt to develop the required standards at national levels.

Developing accreditation standards in Mexico (5)

The Mexican Medical School and Faculty Association (AMFEM) which is a civil association comprising from private and public institute (established in 1975) with the purpose of continuous quality improvement plan.

The plan included two phases: established of national accreditation system and academic development plan. AMFEM as its primary task set to define quality. To research this end the AFMEM planning committee arranges the session for discussing the issue at hand, which resulted basic definition and extent of medical education accreditation that form the cornerstone for developing the standards of quality.

In a meeting in Merida, Yucatan Mexico held by AMFEM in 1992, extensive discussions have taken place on quality assessment criteria, required competencies for general practitioners (GPs), probable practice scenarios for the next 20 years and assessment criteria for determination of medical institute adaptive capabilities to new changes. The proposal scenarios in this meeting attempted to predict GPs role and task in the setting of health care system as well as the disease prevalence. A high degree of agreement was achieved on the assessment criteria for physician competencies, their priority and level of importance and on the probability of possible scenarios. In the meeting based on "basic definitions of medical school accreditation and assessment", 73 criteria classified under 10 topics have been confirmed. These 10 topics cover all aspects of educational process. For each criterion one or several level of achievement were included. General agreement on the 10 topics was 68% (by Delphi method). The 10 topics include:

1. general principle and education goals
2. organizational orientation
3. medical curriculum and its academic structure
4. evaluation of education process
5. students
6. members of medical school
7. institutional communication
8. resources clinical training environment
9. management

After agreement on the criteria, AMFEM planning committee was assigned to develop quality standards for each criterion. An obligatory norm was determined for each criterion which must be met by every medical education institute. In October 1993, another meeting was held by AMFEM (Torren, Coahuila, Mexico) to evaluate the newly set standards and to make necessary changes. This meeting confirmed 88 standard fewer than 10 topics with a high degree of agreement. Now, AMFEM applies these standards for medical institute accreditation.

Developing international standards by WFME

In 1998, WFME has recently decided to extend its international collaborative program for medical education reorientation and has declared "international assessment and accreditation of medical schools educational programs" as its strategy to reach this end. In 1999, WFME as a primary step toward this goal formed a task force comprising of experts from eight countries of the five continents. The task force

developed 38 primary standard classified under 9 topics. The topics are:

1. mission and goals
2. education program
3. students assessment
4. students
5. members of medical universities
6. educational resources
7. program evaluation
8. higher and executive management
9. continuous renewal

In order to gain the general approval at international level, WFME held a universal panel to discuss the standard which resulted in some changes appeared in the next published edition of the standards (36 standard instead of 38). These standards are defined at two levels: basic standards and standards for quality improvement. The pilot study of these standards is currently underway in 12 medical institutes throughout the world which may lead to new changes in these standards. The final results are to be revealed and confirmed at WFME conference of "International Standards of Medical Education for A Better Health care".

The development process of medical education standards has its roots in 1988 and 1993 conferences held in Edinburgh. In these conferences medical education leaders from all over the world, emphasized the discordance arising between medical education and health care (in terms of the new medical competencies required to response to enhanced health care demands) and examined socio-economic changes affecting health care and outlined physicians roles and duties. They also expressed the need for reorientation of medical education and provided several recommendations as pathfinders for conducting the reforms. The plans provided by the Edinburgh conferences are comparable to the Mexican scenarios delineating the future health system and physicians role.

Discussion and conclusion

A reasonable way to find out the main principles of specifying medical education standards is to look for common features in site of different settings.

1. A comparison between two experiences mentioned above revealed that both experiences primarily have attempted to define the current state of health care system and physician's role as the most important single product of medical education institutes. Then the characteristic and required competencies which an ideal physician must possess have been accurately defined. In other words in both experiences what a health care systems requires from a physician has been used for defining the characteristic essential for medical education institute ultimate output (physicians). In both instances, a physician who is able to fulfill the health care system expectations of physician

considered to be ideal. But why are well-defined roles and characteristics of physicians considered so essential? As it is known, some consider a good physician, a physician with the latest information on medical advancements. Others consider a physician ideal when he/she is completely aware of health problems in his/her environment and is competent enough to take necessary steps for solving the problem. These different concepts when put into practice lead to graduates with a whole different set of competencies. So, when there is no clear definition of the physician (the product of medical education process). There will be no definition for the process which is supposed to educate them. Applying the standards developed in other settings (for example other countries) cannot be considered an appropriate solution since those standards have been developed to fulfill a set of needs which are not essentially the same as ours. So we may recommend that a reasonable approach to specify our national medical education standards is to define physician roles accurately as the first steps. Consequently based on the definition and worldwide experience we can develop our optional medical education standards and accreditation system.

2. It is important to remember that for the standards to be accepted by users, it is essential that opportunities to discuss the results of each stage in the process of reaching the final medical education standards be provided. The acceptance of these standards by those who are to use them further enhances the standards effectiveness.

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