Using Accreditation to Drive Faculty Development and Evidence-Base Health Professional Education

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The crisis of our time relates not to technical competence, but to a loss of the social and historical perspective, to the disastrous divorce of competence from conscience (Boyer, 1990)

Accreditation has been defined as a process of review and approval by which an institution or program is granted a time-limited recognition of having met certain established standards. A recent WHO Policy Brief on Accreditation of Institutions for Health Professional Education argues that 'preparing an effective health workforce by accreditation of the preparing institutions has become increasingly important', citing a number of reasons, listed in the box.

- Accreditation is believed to improve education by encouraging reflection, focus, motivation and team-building in educational teams
- As interest in quality assurance and accountability in higher education grew, the accreditation of educational programmes became central to these debates. 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.
- The exponential growth in the private sector offering health professional education has created a need for accreditation to safeguard public and professional accountability. For instance, 147 of the 191 new medical schools established in India in the past 30 years are private universities.
- The increased variation between programmes following traditional teaching approaches and those adopting contemporary approaches has led to a need for accreditation to ensure patient safety and good quality clinical outcomes.
- The impact of globalization on health professional education has further increased the need for accreditation.
- Accreditation also helps students to make informed choices about where to study in order to attain their career goals.

Source: http://whoeducationguidelines.org/content/policy-briefs

The Lancet Commission describes accreditation as the 'formal legitimization of an institution to grant degrees, enabling its graduates to achieve licensing and certification for professional practice.' A variety of approaches are used – often a combination of self, peer and external review – based on predetermined standards. While there is considerable global diversity in standards and accrediting bodies, they consider accreditation as a means for quality assurance while at the same time providing strong incentives for improvement and reform. By ensuring graduates are able to meet the health needs of the patients and the populations they serve, accreditation is 'central to the professional education institutions linking their instructional activities to their societal purpose.'

The commission cites the World Federation for Medical Education (WFME) standards, suggesting they are used in around half of all the medical schools in the world.

These standards are broken down into the following nine areas:

Mission and objectives	Educational programme
Assessment of students	Students
Faculty / Staff	Educational resources
Programme evaluation	Governance & administration
Continuous renewal	

These global standards for undergraduate and postgraduate medical education and continuing professional development were published by the WFME in 2004. A joint international taskforce of the WHO and WFME on accreditation in medical education was then established, leading to development of the 2005 WHO/WFME Guidelines for Accreditation of Basic Medical Education and the introduction of a 'Global Database of Health Education and Training Institutions.'

The WFME standards are organized at institutional and educational program level, so addressing issues around structure and organization of the program / institution, the educational process, including content, and educational environment (facilities, resources).

Various jurisdictions have developed similar standards. For example, in Australia the Australian Medical Council (AMC) has published a set of standards in its document Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012. These standards are based on the AMC's Graduate Outcome Statements which use a thematic framework to organize the outcomes into four domains:

1. Science and Scholarship: the medical graduate as scientist and scholar
2. Clinical Practice: the medical graduate as practitioner
3. Health and Society: the medical graduate as a health advocate
4. Professionalism and Leadership: the medical graduate as a professional and leader

Similarly, a joint WFME / Association of Medical Schools in Europe taskforce published a set of European specifications to the WFME global standards in 2007, which recognized specific European conditions, such as EU Legislation and the European Higher Education Area.

CASE STUDY: THE ACCREDITATION EXPERIENCE IN ONE AUSTRALIAN MEDICAL SCHOOL

The Australian Medical Council describes itself as 'responsible for setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards. The standards define the knowledge, skills and professional attributes expected on graduation and, in broad terms, how the education and training should be provided. The AMC has developed a process to review and accredit medical courses, including appointing an expert team to conduct the review. An AMC team will consider an institution's accreditation submission, and decide on the major issues, on the meetings, on the site visits and other information that will assist it to complete its review.'

Apart from primary medical education programs provided by university medical schools AMC accreditation processes apply to:

- Specialist medical training and continuing professional development programs
- Internship, the first year after medical school, which is a year of supervised workplace-based clinical experience. This process is new in 2014.

This case study will briefly outline the accreditation experience of the James Cook University School of Medicine as a primary medical education program. The course was originally assessed as a new medical school by the AMC in

1999. The AMC publishes on their website the executive summary of all accreditation reports, which summarizes the accreditation history of the School along with areas of strength and areas for improvement.

Specific accreditation standards that address faculty development include:
Standard 1: The context of the Medical Program ~ 1.4 Educational expertise: (1.4.1) The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.

Standard 1: The context of the Medical Program ~ 1.8 Staff resources: (1.8). The medical education provider has the staff necessary to deliver the medical program.

Another standard addresses interprofessional education:
Standard 4: Learning and Teaching: (4.7) The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.

In preparing for an accreditation visit, the School submits a portfolio of documents which address the School's progress in meeting the accreditation standards since the last review. Under Standard 1, the School described its expertise in medical education, including development of a medical education unit, recruitment, resources allocated, and plans for faculty development. Accreditation teams review submitted documents, recommendations from previous accreditation reports along with the School's responses, and interview staff, students and other stakeholders.

Accreditation findings may commend areas of strength, thereby providing important feedback to the School and the university. For example, the School's 2010 report acknowledged a number of areas of strength including:

- the continuing use of a wide range of contemporary teaching and learning methods that are appropriate for a regional and rural medical school with a disseminated program
- the strong focus on providing training for the delivery of quality health care in rural and remote settings
- the revised clinical skills program that strengthens the early years of the curriculum
- the partnership with the private hospital sector, particularly the Mater Misericordiae Hospitals

Staff find such positive feedback encouraging and motivating, and may use this evidence to support their case for further resources, academic promotion, or for teaching awards etc. In turn, other areas that were highlighted as needing improvement, have led to appropriate resources being directed towards them, for example:

- the governance structure as the School moves to a new phase of development, with a doubling of student numbers and a substantial growth of new clinical placement sites (AMC standard 1.1)
- the completion of the curriculum database and ensuring its utility for staff and students (AMC standard 3.1)
- the mechanisms to communicate learning objectives and assessment requirements to clinical teachers
- the recruitment and professional development of small group facilitators and home group tutors to sustain the current teaching model

These recommendations form a work plan for the School between accreditation visits and can establish strategic directions and priorities. The last two points, for example, suggest specific faculty development activities that the School is currently undertaking. Some areas of strength may emerge over time. The School's appointment of an Evaluation Officer in response to concerns in an earlier accreditation report has now become an area of strength:

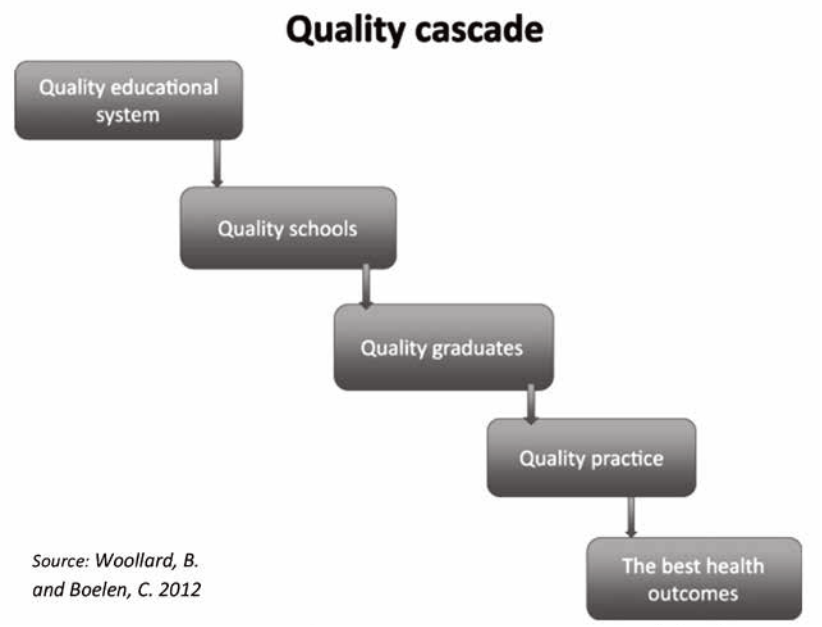
- the five-year plan to evaluate the school-wide curriculum which has, importantly, identified annual reporting priorities.

A number of positives have arisen from this appointment: enhanced activity and culture around program evaluation, with subsequent increases in quality assurance activities and production of data, leading to conference presentations and publications. The School has published extensively on its graduate outcomes, and the profile of the scholarship of teaching and learning has been enhanced.

There have been some indirect benefits as well. Other parts of the university have adopted similar approaches to evaluation and are looking at publishing their own graduate outcomes. Identification and sharing of good practice is a common outcome from accreditation processes. Schools can be encouraged to publish and share innovations, communities of practice can evolve, and professional networks strengthened. Accreditation can be conducted collegially, with sharing of expertise and ideas in both directions and benefits to those involved in the visit and review of documents as well as to the accredited institution. Accreditation processes can shine the spotlight on educational trends, both good and bad, and foster an enhanced climate of reflection and learning.

These indirect benefits are consistent with the Lancet Commission's view that 'Accreditation should represent the institutional embodiment of professionalism entrusted by society and reflect the aspirations of professionals.'

Accreditation guidelines may also evolve over time. For example, the AMC Graduate Outcome Statements mentioned above were updated in 2012. The School has reviewed its own Course Learning Outcomes to reflect these, and to align them with learning outcomes for each year and the assessment blueprint. Accreditation standards may well be updated to reflect the increased emphasis on social accountability in medical schools and other institutions. Standards are based on notions of what is accepted as best practice. As evidence and understanding accumulates, in part through the accreditation process and quality assurance cycle, then the standards, too, should evolve over time to remain contemporary.



Source: Woollard, B. and Boelen, C. 2012

Conclusions and Future Challenges

Concerns have been expressed about the cost of accreditation, with limited evidence of any impact on the quality of education and professional practice. Some half the countries of the world appear to lack a robust accreditation system, with cost cited as a barrier in low income nations but no absolute relationship between gross national income and the existence of an accreditation system. The WHO policy brief makes the following recommendations:

- establish an international sanctioned system for accreditation of health professional education programmes that is standards based;
- maintain support for regions to proceed with current regional accreditation initiatives in support of global standards;
- include health workforce training in higher education institutions, thus subjecting these programmes to national higher education accreditation

processes, with the proviso that health-workforce education accreditation must include specific processes for the examination of education directly related to health-care, and to education in the health care setting

There is a growing emphasis to focus more on process and outcomes (what the program does) rather than input and resources (what it has). Boelen and Woollard argue for excellence in impact, and describe a quality cascade, suggesting medical schools should take responsibility to initiate the cascade and participate with collaborators in advancing it. They recognize the complexities and possibilities of confounding influences at every level, but argue that participants should engage in directions and processes that are most likely to lead in desired directions. They also conclude that, 'Accreditation systems, properly designed and mandated, can be powerful forces for quality and change in any complex system.'

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