

## **Quality assurance in medical education: Global standards and work in Sudan**

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### **Abstract**

*The quality of education offered by medical schools has been challenged from different directions. Medical educators have given a great deal of thought to the various ways of assuring that graduates meet the expectations of society and fulfill their duties competently. National and international organizations have proposed standards for framing programs as early as the 1930s.*

*Eventually "Global standards for basic medical education" were adopted in 2003 by the World Federation for Medical Education (WFME). These standards have been adopted by WHO and national bodies for use as a means for evaluation. In the Sudan, Ministry of Higher Education, National Council for Higher Education (MHE) has directed that such standards be adopted to evaluate institutions of higher learning in all disciplines. The National Commission for Evaluation and Accreditation was set up in the MHE. The Sudan Medical Council set up the Accreditation Committee in 2005.*

*Since then steps have been taken to start the process to evaluate and accredit medical schools in the Sudan.*

### **Introduction**

One of the earliest calls for quality assurance has come from Flexiner (1-10) whose report brought to the field of education the concept of what is now known as accountability. He stressed that education programs should address specified objectives relevant to the needs of society. More recently the Association of American Medical Colleges (AAMC), the General Medical Council of the United Kingdom (GMC) have set standards to be followed by medical schools in their own domain of policy and decision making.

This article addresses the more recent developments which lead to the adoption of "Global Standards in Basic Medical Education". It has been commissioned by the Sudanese Journal of Public Health.

### **Background to adoption of the global standards**

During the years 1984-88 the WFME conducted a series of regional and international meetings to implement what was then called the "International

Program for Reorientation of Medical Education" (1). This effort consisted of the search for a system for quality assurance which would ultimately lead to a "World Register of Medical Schools" which meets accepted standards according to a predetermined accreditation process.

Justifications for this activity came from the fact that the last 25 years of the 20th century have witnessed an unprecedented increase in the number of medical schools internationally. The count is now estimated at about 2000 medical schools. There is also increased mobility of doctors across boundaries for employment or for post-graduate studies. At the same time the information revolution has increased the awareness of the public for the need for quality assurance and in particular their right to receive proper medical attention. Students organizations are very active and have also expressed their concerns. One has to visit the website for the international association of medical

students to realize the amount of work students have put in this area.

The first outcomes which came from the WFME was the "Edinburgh Declaration" (2) which was followed by the "Proceedings of the World Summit on Medical Education" (3). The WHO in 1996 published a "Global Strategy for Changing Medical Education and Medical Practice for Health for All" (4). The WFME standards were adopted by the World Health Assembly (WHA) (5).

National standards in developed parts of the world were already available e.g. the guidelines of the Association of American Medical Colleges (5,6). The Australian Medical Council (AMC) has also been very active in this field with a vast amount of literature not only on the setting of standards but also for detailed procedures for the accreditation process. The AMC website is a rich source of information, they also published a document which was used in the run up for the formation of the WFME global standards (7).

#### **The standards**

The WFME Global standards are available on its website. The following is an overview of this document. The purpose of this discourse is to outline the philosophy and the rationale for the formulation of the accreditation standards, the concept of international standards has been defined by the Executive council, WFME in 1998 (8) it was mindful of the cultural difference in regions as well as the traditions of medical education in various parts of the world. However, the universality of the scientific basis of medicine was accepted as a platform on which global standards can be based. The international standards do not address the details of content and did not specify benchmarks for educational resources. The project reiterated the following statements (9):

1. To stimulate medical schools to formulate their own plans for change and for quality

improvements in accordance with international recommendations.

2. To establish a system of national and/or international evaluation and accreditation of medical schools to assure minimum quality standards for medical school programs.
3. To safeguard practice in the medical profession and optimize medical manpower utilization in view of the increasing globalization, by well defined standards of medical education.

As previously stated, the project drew upon experiences in the Americas, Europe and South East Asia (9-11).

The accreditation of medical schools should serve purposes related to addressing the needs of society, coping with the ever increasing amount of knowledge, the wide and innovative use of technology and the changing needs of health-care delivery systems (12).

The scope and depth of the proposed standards were screened by numerous panels and conferences and it was finally agreed to present them at two levels. Basic or minimum acceptable levels which should help schools to self-evaluate and to achieve accreditation at the National level. The development standards are pointers which should encourage quality development.

It was also foreseen that such standards should not be stagnant and should be subjected to wide discussions and tested through pilot studies.

The use of the international standards was foreseen to be applicable to:

- International self evaluation.
- Peer review.
- Solicited external evaluation.
- Recognition and accreditation.

The term recognition is taken to mean a bilateral or multilateral acceptance of institutions for the purpose of exchange and cooperation. However, the term accreditation describes a more formal process

undertaken by an agency or body which is charged and backed by legal statutes to evaluate and accredit institutions and/or programs.

#### **Overview of the international standards:**

The standards address nine domains which are seen as representative of a program leading to a medical degree. There is room; however, for adoption of domains in addition to one separate item included in one domain e.g. some national standards have identified research and community service as separate domains while the global standards have included them within the nine identified areas viz:

1. Statement of mission and objectives.
2. The educational program.
3. The assessment of students.
4. Students
5. Academic staff
6. Educational resources
7. Program evaluation
8. Governance and administration
9. Continuous renewal

It can be seen from the above list that it is the product of much thought and discussion which has been largely influenced by the educational principles expounded during the last half of the 20th century. To name a few: the importance of students assessment as a major entrance point in any change, the need for innovation to improve effectiveness of teaching and learning (hence the separate domain for program evaluation) and the domain of continuous renewal which emphasizes the dynamism of educational programs and the development of new technologies and resources.

Having identified these large areas, each was divided into subareas which would represent the main issues which can be used to evaluate the domain. In all, 36 subareas are described by the document. The AMC describes over 60.

As stated previously, guidelines for evaluation were stated for each of the sub areas. These guidelines describe what should be looked for to satisfy basic standards. Standards for quality development were also described in accordance with internationally accepted practice. The WFME document did not go into the procedural aspects of accreditation; for this area is much influenced by local practices and structures adopted by different countries.

#### **Accreditation procedures**

Accreditation bodies have their own ways and means of carrying out an accreditation process. International agencies such as Quality Assurance Agency (QAA), have detailed description of these processes and their requirements.

In the following resume, a summary of the accreditation procedures adopted by Sudan Medical Council (SMC) will be given. Based on its statute, the SMC is charged with accreditation of medical schools in the Sudan. To proceed with this task the council formed its Accreditation Committee in 2005 and passed the necessary regulations specifying its composition and functions. The SMC Accreditation Committee coordinates with the Ministry of Higher Education and Research in the adoption of standards. The WFME document was taken as a basis for the formulation of standards and procedures. However, the procedures adopted many of the practices documented by AMC (7).

In summary the following are the stages of the accreditation process. More than half of the medical schools are now going through this process:

- Step 1. Documentation: The medical schools is asked to present relevant documents describing the institution and its resources. A special "Data Gathering Form" has been prepared for this purpose.
- Step 2. The documents are examined by an accreditation team of 5-6 members who

have been given this task. They examine the documentation in the 9 domains and make comments on the adequacy of the information.

- Step 3. A preliminary meeting is held with the leadership of the school to communicate the comments and complete the required documentation. This meeting is also meant to give the school an opportunity to enquire on aspects of the documentation or procedures.
- Step 4. A site visit is scheduled by mutual agreement. During the visit, the team is allowed access to the educational resources and afforded the opportunity to meet with staff and students. A visit may last up to five days.
- Step 5. Reporting: based on the main of domains and the sub-areas, a report is written giving the teams considered opinion on the adequacy of each of the 36 items. Comments on items which require attention are reported. The report is sent to the medical school for comment and further adjustment according to new developments or misrepresentations. The amended report is submitted to the Accreditation Committee.
- Step 6. The accreditation committee considers the report which it ascertains to be clear and unambiguous and that the procedures followed were according to the regulations. The report format on each domain requires that the team chooses one of three levels:
1. Satisfactory: for meeting all of the basic or minimum requirements.
  2. Falls short in some aspects which are specified.

3. Unsatisfactory: inadequate in many or some major areas.

Step 7. The accreditation committee recommends to the council either of three courses:

1. To accredit.
2. To accredit after meeting some specified conditions.
3. Not to accredit.

#### **New developments**

More recently the executive council, WFME has reported on the strategic partnership between the Federation and WHO (13). The "need to define global standards arose from globalization (14)". It is now believed that the increased migration of doctors raises issues of the safety of medical practice worldwide. The WFME is sponsoring through partnership with WHO a project of "Global Directories of Health Professions Institutions" as a prelude for international recognition and accreditations. This paper points out that none of the existing databases provide reliable information on medical education institutes (15-17).

#### **Conclusion**

Bearing in mind the great concern over horizontal expansion in medical education worldwide, the evaluation of programs and accreditation of medical schools has come at the appropriate time. The content of the evaluation process, through self evaluation, will no doubt draw the attention of medical schools to their strengths and weaknesses. Some of these can be remedied; but those requiring resources and time will need to be addressed at institutional or national levels. It will become imperative for all medical schools to be accredited nationally before they can be recognized internationally. We owe it to our students to care for the quality of the education we offer.

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