EDITORIAL

RIGOROUS ACCREDITATION OF MEDICAL INSTITUTIONS – THE NEED OF THE HOUR

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The goal of medical education is to create doctors who have the necessary knowledge, skills and aptitude to fulfil the healthcare needs of the society, while upholding the dignity of the profession. A Five Star doctor (a learner and researcher, a teacher, a service provider, a manager and a leader) is expected to emerge from the medical college and preside over health care provision.[1] In recent years there have been concerns about the quality and competencies of medical graduates, most common culprits being dubious admission procedures, insufficient clinical material, non-uniform and unreliable university assessment procedures, outdated pedagogical tools, faculty deficits and lack of research environment.[2]

Strength of academic medicine depends on the strength of its three legs- patient care, medical education and research.[3] In the last couple of decades, medical education is under stress worldwide because increased healthcare needs, coupled with rapid advancements in healthcare technologies leading to increased healthcare costs have created different sets of problems for countries. In Developed nations the focus has been on patient care and biomedical research in the medical institutions, relegating medical education to a secondary status. On the other hand, developing countries have seen manifold increase in number of medical colleges, mostly in the private sector. The most significant challenge for regulatory bodies here has been to balance the need for more medical colleges with the maintenance and improvement of quality standards.

Medical academicians are aware of the importance of medical education and professional bodies in different countries have been regulating the healthcare and medical education in their respective countries but the standards were not uniform.[4-7] With the turn of this century, efforts were made to define international standards as the way to secure compatibility of health professionals across international boundaries and to develop similar healthcare practices. In an attempt to standardize medical education and introduce quality control, agencies like World Federation of Medical Educators and Institute for International Medical Education have come up with specific goals and standards which can be adopted and fine-tuned by policymakers in different countries to suit their culture and healthcare and educational needs.[8,9]

The first requirement in setting standards is identification of the knowledge, skills, professional behaviour and ethics that all physicians must have, regardless of where they received their general medical training- "the minimum essential standards". Once identified, rules, regulations and policies to help achieve this should be put in place. The second requirement is development of the methods necessary to assess graduates' competences and to evaluate acquisition of these competences. This requires national level licensing tests and monitoring agencies that ensure accountability in the system and ensure course correction in policy matters based on continuous broad based inputs.

Most of the countries have dedicated mechanisms in place for formulating health policies, devising curriculum and admission procedures, examination methods but it is the ground-level execution and implementation that is not up to the mark and the graduates fall short of the minimum acceptable standards. There is insufficient central supervision of the institutions leading to extreme inter-institutional variations. Although accreditation is seen as the golden standard in evaluating the quality of medical education programmes, only a minority of the more than 2000 medical schools worldwide are subject to external evaluation and accreditation procedures.[8] Even at places where controls exist, regulatory bodies are usually reluctant when it comes to taking strict actions against colleges which fail to maintain standards despite repeated warnings.[10]

To improve standards, strict enforcement of rules 'in letter as well as in spirit' is essential. This needs a system of checks and counterchecks. Every country should have a truly autonomous, independent statutory regulatory body capable of making and enforcing rules for medical education and healthcare.[6] There should be bifurcation of responsibilities- a professional wing- handling licensing and records of medical professionals and conducting nationwide licensing and eligibility examinations. The other wing should act as quality controller by conducting frequent, random and thorough institutional inspections. Accreditation should be based not only on the infrastructural facilities but also on the quality of medical education delivered in terms of predefined evaluation criteria comprising of clinical proficiency, research orientation, teaching proficiency, communication skills, research work and student performance in national licensing tests etc.

In place of the present "All or None"- "recognized or derecognized" system practiced in most countries, the accreditation agency should award different degrees of accreditation, such as "Full", "Provisional", "On Probation" or "de-recognized". The different levels of accreditation shall allow flexibility so that a developing institution is given time to overcome teething troubles and nurture its own working environment and ethics, while pulling up established colleges if they fail to maintain academic and patient care standards. The status of each institution and the full report on which it is based should be available in the public domain. Reports should contain specific, actionable inputs on correcting the shortcomings. This will go a long way in promoting transparency and accountability at the institutional level.
Low quality of medical education threatens the very existence of medical profession as students of today are the medical practitioner, researchers and educators of tomorrow. Policymakers, physicians and academicians must open their eyes to the realities, and shoulder responsibilities of maintaining and improving standards of medical education. Although delivering quality medical education requires a multi–disciplinary approach, maintaining a continuous and strict vigil over medical institutions through accreditation agencies looking into all the facets of medical education can prove very effective in making the most of available resources. This shall enable us to train and nurture wholesome, well rounded doctors for the future.

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