

**EDITORIAL**

**Role of Students in Accreditation**

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**Abstract:**

Accreditation in medical education is important for the medical schools to improve the quality of education, for health services and community to improve the quality of health services and for students good chances for employment and postgraduate studies locally and abroad, students had a major role in accreditation.

**Introduction:**

Accreditation defined as the certification of the suitability of medical education programs and of the competence of medical schools in the delivery of medical education. It is one way of quality assurance in health profession education which aims to improve quality of graduates to meet their community needs <sup>(1)</sup>, it is a voluntary process of self-evaluation according to certain criteria to evaluate, assure and improve educational quality.

The first accreditation body formed in the 1880 in the United States of America which focused on educational standard and admission process <sup>(2)</sup>. In 1910 USA (

Flexner's report <sup>(3)</sup> which was published by Carnegie foundation had a profound impact on North America Medical Education. In 1912 a group of 23 private schools in USA

Created the first body of accreditation which was called the National Association of Accredited Commercial Schools. In 1918 the American Council on Education was established which was concerned with standardization. In 1930 accreditation became an element in education. In 1972 the World Federation for Medical Education was founded in Copenhagen for improvement of quality of medical education.

In 1988 the Edinburgh declaration aiming for co-operation between the health system and the education system, that was adopted by the World Health Assembly in 1989. In 2005 guidelines for accreditation of basic medical education were developed by a joint work between World Health Organization (WHO) and World Federation of Medical Education (WFME) <sup>(4)</sup>.

In Sudan accreditation of medical schools started in 2002 by a proposal prepared by the Education Development Center (EDC) Faculty of Medicine University of Gezira. <sup>(8)</sup> In 2003 a workshop on accreditation of medical schools in Sudan was held which recommended a pilot study to be done in faculty of medicine University of Gezira aiming to test the guidelines and the process done by the World Federation for Medical Education (WFME) by using the international standards in basic medical education <sup>(1)</sup>, In June 2018 the Sudan Medical Council awarded recognition status by the World Federation of Medical Education. It is the tenth accrediting agency that has received the WFME Recognition Status.

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Accreditation is important for the institute, the students, the community and the health services. It means that the institute and students gained an education with a high quality so the graduates can be employed and can be enrolled in postgraduate education. The community has the right to expect a quality of education because the graduates are going to work in that community and will improve the health status of that community <sup>(5)</sup>.

Accreditation process:

WHO and WFME declaration is to improve health care through improving the quality of medical education by establishing a system of accreditation. This system is flexible due to differences between countries in socioeconomic and resources <sup>(6)</sup>.

The accreditation process covers the three phases of medical education <sup>(7)</sup>: basic medical education, postgraduate medical education and continuing professional development (CPD).

The self-evaluation includes the nine areas in the WFME standards:

1. Mission and objectives.
2. Educational programs.
3. Assessment of students.
4. Students.
5. Educational resources.
6. Program evaluation.
7. Academic staff / faculty.
8. Governance and administration.
9. Continuous renewal.

The basic standard must be fulfilled by the school. The standard for quality development Fulfillment of - or initiatives to fulfill - some or all of such standards should be documented by medical schools.

**Step one:** The self-evaluation-is done by the school, a self evaluation committee including academic, administrative staff and students. The self-evaluation report should address areas of strengths to be maintained and weak areas for improvement. This is done by the self-evaluation committee by collecting information from documents, individual interview with dean, head departments and group interview with different bodies as curriculum committee, examination committee and students.

**Step two:** Submission of the school self-study report.

**Step three:** Review the self-study report to check documents and any more information needed.

**Step four:** The site visit- this is done by the National Accreditation Committee for surveillance and inspection by visiting all sites and meeting staff and students.

**Step five:**The final report for decision and recommendations.

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Then they send the report to the faculty. Then the faculty studies the report and sets a plan to fill the gaps. Then the accreditation committee plan for the second visit to check that all deficiencies are corrected. Then the committee prepares the final report and finally the faculty either accredited or accredited with comments or rejected.

### **Role of students in accreditation:**

Students have a major role in accreditation and they are concerned about it because they are the product of it and so they should be represented in the faculty board, curriculum review committee and program evaluation committee.

At the time of self-study process they start the Independent Student Analysis (ISA) (9). This includes student services, the learning process, the educational services, and these will be presented in a report.

The role of students in accreditation starts before the start of accreditation process and continues through all stages of accreditation. They should be informed about the start of self-study and should be included in it. The independent student assessment should be started with the start of the self-study process and completed with the end of the self-study process. The independent student analysis should include:

Punctuality of dean and staff members.

Representation of students in the faculty committee.

Students' assessment and examination feedback (questionnaire).

Evaluation of the learning activities and teachers.

Students support services: academic advising, social and financial support.

Student counseling and health services and the availability of health insurance.

The learning process: the classroom- the light, ventilation, the audio visual and multimedia.

Spaces: playing yards, resting places and praying places.

Hostels: security, relaxation places.

Clinical training sites: hospitals, health centers and at community.

Library hard and electronic, information technology (IT) and availability of internet.

A questionnaire will be set to collect data from students. Then data will be analyzed and a report will be ready representing the strong and weak areas with conclusion and recommendations.

Role of students continue during the national accreditation committee visit by meeting with the team and speaking freely on the points concerning the students.

Also students can be a member in the national accreditation committee to represent students on accreditation standards, policies and actions. Then finally the national accreditation committee take students feedback on accreditation standards.

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