

Re: Accreditation of Graduate Medical Education Programmes

One size fits all—or does it?

رد: اعتماد برامج الدراسات العليا للتعليم الطبي
مقياس واحد يناسب الجميع أم لا؟

Sir,

I read with interest the article by Burney and Al-Lamki on the accreditation of graduate medical education (GME) programmes which appeared in the May 2013 issue.¹ However, I would like to raise an issue regarding their belief that the way forward for GME in Oman is to seek accreditation through the Accreditation Council for Graduate Medical Education International (ACGME-I).¹

Accreditation of medical education at any level is regarded as *a national responsibility* by international organisations such as the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Federation for Medical Education (WFME). This implies that a national accreditation agency must have a clear mandate, and be authorised by a government entity, to conduct the accreditation. Anchoring the accreditation firmly within the country reflects a fundamental regard for the specific political, socio-economic and cultural conditions, the disease patterns, the characteristics of the healthcare delivery system etc., of the nation and would thus enable the medical programmes to be relevant to the country's needs. National conditions must be taken into account when designing the standards or criteria used in the accreditation process as the basis for evaluation, and for the decisions on accreditation.

I concur with the authors regarding the notions that: (1) Accreditation is a powerful tool in quality improvement and quality control, and (2) In addition to the GME “curriculum” (what is done and why; how it is done and where; how it is assessed and evaluated, using which standards), other issues central to the discussion on accreditation include the institutional culture, its state of readiness for change and other contextual parameters.¹

It is in this light that I would like to draw attention to the global standards framework for quality improvement in medical education published in 2003 by the WFME as a pathway to accreditation of GME in Oman.² This framework ‘trilogy’ covers all three phases of medical education: *basic medical education*; *postgraduate medical education*, and *continuing professional development* [Figure 1]. The global standards framework was developed by an international working party of experts from *all* regions of the world.² Recently, Sultan Qaboos University has gone through the accreditation process for *basic medical education* using the WFME standards framework, and is the first institution to go through this process in the region. For the sake of continuity, is it not more natural that the accreditation of *postgraduate medical education* should follow the same route?



Figure 1: The World Federation for Medical Education framework ‘trilogy’ covering all three phases of medical education.

Second, in response to the inherent question regarding GME programmes: does (or rather,

should) one size fit all? I will obviously repond: 'Yes' and 'No! I say *Yes* in the sense that parameters that are globally agreed through an international organisation sanctioned by the WHO should guide the recognition process; and *No* in the sense that nation-states or closely-related regional blocks should have the final mandate to accredit (recognise) training programmes.

In conclusion, I would like to posit that the road to accreditation (I prefer to use the word 'recognition') of GME programmes in Oman should lead to the WFME and *not* to any other accrediting body. The Oman Medical Specialty Board (OMSB)—the nationally mandated body to accredit GME programmes—could seek accreditation through the WFME's programme for the recognition of accrediting agencies.³

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Response from the Authors

Sir,

We read with interest the letter by Ibrahim Inuwa¹ in response to our article, *Accreditation of Graduate Medical Education Programmes: One size fits all – or does it?*² We thank the author for alerting the readers to several important points, and we appreciate his contribution. The author has agreed with several of our points, for example, that the standards for accreditation process must take into account the local conditions, and that the process would be robust only if it were relevant to the socio-economic and cultural situation, and met the needs of the local healthcare delivery system.

We agree with the author that local and/or national accreditation authority would be ideal for this purpose. However, the healthcare system in Oman is young—there is only one medical school in the public sector and one in the private, and the Oman Medical Specialty Board (OMSB) started the postgraduate residency programmes only recently. Currently, there is no accreditation programme for postgraduate medical education (PGME) in Oman. The Oman Accreditation Council (OAC) has so far concentrated on accrediting institutions, and has not started accrediting PGME programmes.

We also agree with the author that the Global Standards for Quality Improvement of Medical Education, published by the World Federation of Medical Education (WFME) are excellent,³ and in fact, the OMSB has benefited from these. Together with WFME standards, OMSB has consulted and incorporated the standards from the General Medical Council (GMC), the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Australian Medical Council (AMC) and the European Board Guidance for Training Centers in creating its own booklet, *Quality Assurance Standards for OMSB Residency Programs*.⁴

However, we would like to point out that presently the WFME can only *assist* in quality improvement by providing postgraduate organisations with their standards.³ The standards set by the WFME can function as a template for local/national/regional bodies to award recognition and/or accreditation, but WFME itself does not accredit PGME programmes.

Thus, given that Oman does not yet have its own accreditation programme for PGME, and that the WFME is not in a position to recognise programmes and offer accreditation, it is imperative that the OMSB seek

other international bodies to accredit its programmes. Given the necessity of fundamental considerations for national socio-economic and cultural conditions, disease patterns and the healthcare delivery system, it is essential that OMSB urge the Accreditation Council for Graduate Medical Education International (ACGME-I) to modify the accreditation requirements to suit the Omani conditions, as it has already done in Singapore. Currently the choice is limited and we maintain that the time is ripe for developing countries to have a choice of accreditation agencies while they are trying to develop their own programmes. Developed countries owe it to the world of medical education. Clearly, as we said in our editorial,² what is needed is a choice, to suit the needs and requirements, and that could be provided by competing accrediting bodies. One size may not fit all...

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