

# Reflections on the Academic Accreditation of the MD Programme of the College of Medicine & Health Sciences, Sultan Qaboos University, Oman

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تأملات في مسار الإعتماد الأكاديمي لبرنامج "دكتور في الطب" بكلية  
الطب و العلوم الصحية جامعة السلطان قابوس

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**I**N NOVEMBER 2013, THE COLLEGE OF Medicine and Health Sciences (COMHS) at Sultan Qaboos University (SQU) was "fully accredited" for a ten-year period (on its first attempt) by the Association for Medical Education in the Eastern Mediterranean Region (AMEEMR) in association with and in accordance with the standards of the World Federation for Medical Education (WFME). The accreditation decision was made on the basis that the MD Programme complies with the WFME's "Basic and Quality Development Standards".<sup>1</sup> It is notable that COMHS' "Quality Development Standards" are considered by the WFME as "Best Practice" thus conferring distinguished status on the COMHS' MD Programme. This article describes the actions taken by the COMHS which led to this success.

The achievement of accreditation was neither a sudden nor an unsystematic accomplishment. It was the result of a lengthy and extensive process of continuous improvement of the COMHS' abilities and capacities that started long before the accreditation endeavour *per se* began in 2008. The process began by the construction of the "new" curriculum—an exercise that was accompanied and followed by other complementary measures. Only after that was the accreditation process initiated. Before explaining the process in more detail, a description of SQU and the COMHS might be helpful.

## Sultan Qaboos University and the College of Medicine & Health Sciences

SQU was established in 1986 with five colleges (including the COMHS). It offered only undergraduate programmes with an annual intake of 557 students. It now has nine colleges, four deanships, six support centres, three libraries, nine research centres, the SQU Hospital (SQUH), and offers 61 undergraduate, 59 Master's and 30 Ph.D. programmes. In 2012–13, it admitted 4,221 students (3,441 undergraduates); and 2,689 students graduated in 2012 (2,345 undergraduates). In 2012–13, SQU employed 5,733 staff: 948 academics; 222 in the Language Center; 571 technical; 1,131 administrative; 232 support staff, plus 2,629 employees in SQUH. The University Council (UC) is the supreme governing body of the University. The Vice Chancellor (VC) is the Chief Executive Officer of the UC, aided by three Deputy Vice Chancellors (DVCs) and various administrative units. The Academic Council, the top academic body of the University, is chaired by the VC.

The COMHS is managed by the College Board (CB) and the Dean (chief executive officer of the CB) who is aided by four Assistant Deans and the Administration Directorship. The College has a Medical Education Unit (MEU), an Accreditation

and Quality Management Unit, a Curriculum Office, an Examination Office, a Publications Office, the Medical Library and 19 Departments (six basic and 13 clinical science). It employs 75 academics (25 clinical) with 329 clinical tutors who share the responsibility of delivering the MD Programme together with 41 administrative and 49 technical staff and eight research associates.

The College changed its name from the College of Medicine to the College of Medicine & Health Sciences in June 2002. Currently, it offers MD, B.Sc. Health Sciences and Biomedical Laboratory Sciences programmes, a Master's in Biomedical Sciences (since 2001) and a Ph.D. Programme (since 2008). The annual MD Programme intake is 120–130 students. The COMHS graduated its first 48 doctors in 1993 and 128 in 2012; since its inception, the COMHS has graduated a total of 1,640 doctors.

## The College's Pursuit of Accreditation

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The accreditation process took place in three distinct stages: (1) Pre-accreditation (Preparing for Accreditation); (2) Self Study Compilation (Self Evaluation), and (3) Receiving the Site Visit Team (External Evaluation).

### STAGE 1: PRE-ACCREDITATION ACTIVITIES

In September 2000, the CB decided to reform its MD Degree Medical Educational Programme (MEP) and, thus, reformulated its Curriculum Committee (CC) with the mission *"to recommend changes to improve the alignment of the MEP with evolving practice pattern, scientific development and social needs."* From this mission, the CC drew a number of objectives and principles, communicated to the CB in its first progress report. A principle stated *"... that curriculum development should not be restricted to reforming contents and pedagogic strategy; but also cover areas such as tutor/student development, improving educational resources, adopting an assessment policy that complies with curricular reform and forging an administrative structure to optimize management of the curriculum. In addition, it was made explicit that the Committee perceives the process of curriculum development as a continuum."* In accordance to this principle, it was indispensable for the CC to meet

contemporary demands, of which accreditation was one. Hence, accreditation was targeted during the construction of the new curriculum. This awareness of international standards led many other actions that proved to be of immense value to the COMHS' pursuit of accreditation.

Parallel to the curriculum restructuring, the COMHS actively built its educational capacity to comply with international standards. The Dean, in concert with the CC, planned a new Annex Building to house the nuclei of the Skills Laboratory, the Computer Laboratories, the Medical Informatics Section and later the MEU. These facilities were considered instrumental elements to the implementation of the new MEP.

In 2008, the new curriculum was initiated and all the new facilities put into use. In 2009, the CB approved the Assessment Policy, an important step towards developing the MEP. One of the key features of the new curriculum was its management system, where the CC, not the departments, held the academic leadership of the COMHS' educational affairs. This, together with the close cooperation between the CC, the College Examination Committee and the MEU greatly benefitted the MEP implementation process. In particular, it helped align tutor development activities and the use of medical informatics with the requisites of the new curriculum. Synergistically, all these factors meant that the College satisfied the most fundamental accreditation standards. However, 'teething problems' and the need for continuous development continued (and still continue) to pose on-going challenges.

### STAGE 2: SELF STUDY COMPILATION

Simultaneously with the implementation of the new curriculum, the COMHS focused on accreditation by establishing the Accreditation and Quality Management Committee (AQMC). The composition of the AQMC was critical to the pursuit of accreditation, as was fully realised at the end of the whole process. Its members were accomplished basic or clinical scientists with a comprehensive knowledge of the MEP, clinical teaching and assessment policy, etc., and enjoyed the respect of COMHS and University staff as well as forming a cohesive and technically expert working group.

It was imperative that all AQMC members gain

an in-depth understanding of the accreditation standards and process and that they should be fully knowledgeable of the requirements for achieving their mission. Initially, the AQMC investigated the international accrediting agencies for medical educational programmes and identified the LCME (Liaison Committee on Medical Education – USA) and the World Federation for Medical Education (WFME). Both agencies were contacted and visited; the WFME was selected as LCME does not evaluate non-USA-based MD programmes. This decision was followed by a focus on mastering the WFME's standards and process of accreditation. First, key publications on accreditation were obtained and discussed. Second, AQMC members attended international events organised by international accrediting agencies in the Arab World and beyond. Third, face-to-face meetings were held with officials of all the accreditation agencies to discuss COMHS-related issues and obtain their feedback. These activities acquainted the AQMC with accreditation processes, standards and requirements and supplied the inspiration and confidence to begin and complete the accreditation process.

Then each member of the AQMC was assigned as a COMHS focal point for one or more areas of the WFME standards. The effort was now directed towards the COMHS staff so that they would take 'ownership' of the accreditation process. The AQMC regularly disseminated their acquired knowledge, not only to staff, but also to students and other stakeholders via: (1) Periodical reporting to the CB; (2) Distributing of the "Basic Medical Education: WFME Global Standards for Quality Improvement" to heads of department (HODs) and members of the CB; (3) Conducting a "Knowledge Sharing Day" workshop for faculty, staff, clinical tutors, students and other stakeholders to discuss the WFME standards where the VC and the DVCs were invited to discuss relevant issues; (4) Inviting WFME advisors to the COMHS so that all faculty, staff, clinical tutors and students could interact with them, and (5) Arranging a discussion meeting for HODs and WFME advisors.

Concurrent to the above activities, the arduous and challenging task of collecting the information for compiling the Self Study of the MD Programme was begun. As it was being done for the first time, the process was cumbersome—collecting a voluminous amount of information that was neither always

available nor complete. Yet, there was an utter and patient determination that the information in the Self Study should be supported by documents and evidence. After interactions with the 'sources of information', a more 'closely-interactive' strategy was developed to optimise the data collection: (1) Identify the most appropriate source/s of information; (2) Assign the most suitable member of the AQMC to act as the representative, contact the identified source/s, plan with them how to retrieve and verify the required information and, when appropriate, submit the information to the AQMC; (3) Periodic meetings of the AQMC to ensure that the required information was complete and up-to-date, and (4) Continual contact between the AQMC representative and the 'sources of information' to resolve any queries. In addition to the above, it was realised that some areas of the Standards, namely, Educational Programme, Student Assessment and Programme Evaluation, were central to the portrayal of the MD Programme and warranted additional preparation efforts.

On receipt of the information from each AQMC member, the information was discussed and verified. Progressively, a preliminary information document was constructed; the COMHS history and other contextual information were added to form the initial draft of the Self Study document. This was circulated to CB members to be disseminated to COMHS staff for their feedback. Their comments/modifications were iteratively reviewed, verified, discussed and sanctioned by the AQMC until an 'acceptable-to-all' first draft of the Self Study document was compiled. It was unequivocally accepted that the final Self Study document should be a comprehensive record of the COMHS and the MD Programme for future reference.<sup>2</sup> Therefore, its production was a rigorous operation and an admirable collaborative effort shared by the AQMC, a number of faculty and the Medical Informatics Section of the MEU. From the start until the end of the accreditation process, all decisions were reached by consensus; this approach later proved to be invaluable to accentuating the College-at-large ownership of the accreditation process and led to the COMHS' motto "*Together Towards Accreditation*" which dominated the working environment, as well as eliciting student support, during the later stages of the accreditation process.

### STAGE 3: RECEIVING THE EXTERNAL EVALUATION TEAM

The literature related to accreditation, and our own experience, underlines the key role of top management in any successful accreditation process. Indeed, without top management 'champions' the process will be hindered and the likelihood of success be distant—especially during the final stages of external evaluation. In our endeavor, the part played by the COMHS top management was commendable.

Once the dates of the Site Visit were announced and the College received the agenda details, the AQMC declared a 'state of alert' marked by frequent meetings and additional work with one person assigned to oversee the attainment of each task. A number of specific measures were taken: (1) An Awareness Raising Campaign was run for all stakeholders appropriate to their level of involvement; (2) Completion and categorisation of all the documentation and its cross-indexing by subject and in accordance to the Standards numbering system; (3) Identification and categorisation of people to be interviewed by the Site Visit Team; (4) Ensuring the Site Visit Schedule was executed as planned, and (5) Ensuring full coordination between the AQMC, the COMHS top management and its Directorship of Administration.

The Awareness Raising Campaign had the objective that every individual in the COMHS and every stakeholder should be aware and fully knowledgeable of the event, its details and their specific role, if any. For this purpose, many measures were undertaken, for example: (1) Printing sufficient copies (3,000) of the Self Study for every student, faculty, clinical tutor, administrative staff, and all stakeholders; (2) The 'Campaign Motto' was a routine stamp on all the Deanery's correspondence and appeared on 2,500 badges to be worn by all COMHS and SQUH affiliates; (3) Dangles and banners in halls and walkways marked the occasion and encouraged people to become involved; (4) Videos of students and staff explaining their views on the accreditation process were run on the COMHS closed circuit television; (5) An AQMC member attended all levels of COMHS meetings to explain the details and significance of the Site Visit, and (6) Every opportunity was taken to make the accreditation the "talk-of-the-time"—even during

casual interactions in the COMHS and SQUH—so that everyone would share in this event and make it their own.

Although the AQMC had assiduously collected the required documentation, it became apparent as the Site Visit approached that this process needed further work. A detailed audit was conducted to review the documentation and to identify, collect and prepare all other potentially useful documentation that might be requested by the visiting Panel, e.g., even lists of students, faculty and staff compiled. Each document was saved on a dedicated computer; CDs of this information were also made available for the Site Visit Panel members in case they needed to browse during their free time. Indexing systems for the hard and soft copies were made: one by subject (using keywords) and the other according to WFME Areas/Subareas.

It was important that the Visit Schedule be arranged with the utmost care since it would be the 'presentation' of all our work and the impression it left should be representative of the amount of effort the COMHS had devoted to the whole process. Therefore, arrangements for escorting and transporting the Panel, the induction of interviewees, and the choice of venues for interviews and the selection of sites to be visited were all made in good time. Meetings were held with those involved to ensure that every item of the schedule would be completed in the most satisfactory way.

An AQMC representative was selected to accompany the Site Visit Panel and attend the interviews in order to facilitate their work and answer any queries. This member was the person in-charge of indexing the documentation. Another member oversaw the task of alerting interviewees to their time slot in the schedule, handling ID cards, and ensuring the sites were ready for viewing, etc. Thus, every item, minor or major, in the Site Visit Schedule was closely monitored and managed.

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## Conclusion

After all the intense and diligent work of obtaining the accreditation of the MD Programme ended in success, there was time to analyse and reflect, but not to forget to celebrate. Actually and more importantly, it was time to decide what was next! The answer to this question lies in what the accreditation pursuit has yielded. On the one hand, it has helped

the COMHS to identify areas of improvement. On the other hand, it has brought out an amazing spirit of loyalty and solidarity among its community (faculty, staff and students). The challenge now is how the COMHS can accelerate the momentum that it gained during the accreditation endeavour and couple it with the unique spirit of cohesion and loyalty generated in its community so as to create a continuum for development and progress.

#### ACKNOWLEDGEMENTS

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## References

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