Original Article :

Systematic Guidelines for Medical Education Program Accreditation in Saudi Arabia

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Abstract

The accreditation either from national or international accrediting authority has always been a stressful process for medical schools particularly in preparing self-study report as this is not within the scope of medical practice. Moreover, literatures that provide guidance to medical schools and offer explanations and recommendations regarding the effective preparation of accreditation report are hard to find. In order to facilitate the process, mitigate the stress, and assist medical schools in a tiring process these twelve tips have been developed by the authors based on their extensive experiences in self-study process and program review. This focuses on providing guidance on accreditation processes and meeting the needs of accrediting authorities. We devised a methodical approach to assisting medical schools in obtaining accreditation from the local accreditation authority. Nonetheless, it is not a straightforward task, and it requires continuous efforts to first ascertain a good quality management system in the institute then initiate a plan for an accreditation. Thus, we write the guidelines, especially for those medical schools where they just kick off a plan to go an accreditation from either national or an international accreditation authority. These 12 tips are helpful in starting the plan and completing the method step-by-step without hurdles. The scope of this resource is within the framework of completion of self-study process, actionable improvement plans, and program effectiveness and governance structures. The example timeline will also assist you in following all tasks gradually.

Key words:
Accreditation; Quality; Medical Education; Academic Quality; Self-Study Process.

Introduction:

The concept of a quality assurance management system is established now in the educational sector in general and particularly at many medical schools. Indeed, the impact of a quality assurance management

system can be measured because of the process of implementation of teaching, learning, engagement, and research.[1]

Broad academic quality characteristics in medical schools include intellectual rigor, honesty and integrity, as well as the thoughtful linking of mission and goals to pathways toward achieving those goals. [2.] In addition, the academic quality embodies the nature of the expectations from institutions or programs for their students. Furthermore, the attention, expertise, and effort of the institutions and programs have been given to engendering medical student success. However, how to ensure that academic quality is maintained and whether there are mechanisms, which are established at the institutions for continuous quality improvement is unclear. The only way to ensure the establishment of a quality culture and system at the institutions is to follow the standards and sub-standards defined by the national and international accreditation authorities. Thus, now it is becoming mandatory that in order to maintain academic quality and further enhance the quality of teaching and learning with research and community engagement services, an accreditation for the program is required. [3]

This accreditation could be done through a national agency or an institute might go for international accreditation. In either case, it aims to achieve a high standard of quality education for the students. Though the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals as well as to organizations.[4] The literature demonstrates that general accreditation programs appear to improve the structure and process of care, with a good body of evidence showing that accreditation programs improve the continuous quality improvement process. [5]

The medical curriculum is different from other disciplines because it is an ideological statement, expressing values, beliefs, and aspirations. It must reflect relevant values deriving from the local political, cultural, professional, and social context. Curriculum design in medical education is an arena in which many battles are fought. The curriculum should guide the learner, the teacher, and educational managers. At the same time, it should leave room in its implementation for the creative and individual professionalism of the teacher and for the individual preferences of the learner, given that both are clear about what is to be achieved[6] .In almost all cases, the specification of intended curriculum outcomes is non-negotiable, not least because the curriculum serves as the foundation for planning and developing the assessment

system. How can we develop an objective, representative, valid, and reliable assessment system if there is no agreed-upon curriculum? We simply cannot. Furthermore, in comparison to other disciplines, the medical curriculum is heavily influenced by patient safety, and doctors are held publicly accountable. Because of the foregoing, one of the corollaries is that there is a growing recognition of the need to professionalize clinical teaching. [7]

Nonetheless, we must be clear about the components of a medical curriculum that are sensitive to the local context. It should consider the body of knowledge, skills, and experience required for medical practice in the local context. Prioritization of health problems, which will produce very different results depending on location, has created a big difference in medical education and other disciplines. Contextualization of knowledge, appropriate to the local setting, allows not only an appropriate understanding of the context of health and illness but also of the approach to communication and clinical decision-making. Recognize the diversity of medical practice in which disease classification, manifestation, and treatment are all linked to the local context. [8]

While specifically related to medical education, there is another very important reason to obtain accreditation. The Educational Commission for Foreign Medical Graduates (ECFGM), an examination body for the United States, has announced that, beginning in 2023, physicians applying for ECFGM certification will be required to graduate from an appropriately accredited medical school. [9] To meet the ECFMG requirements, all medical schools must be accredited through a formal process. However, this formal process must use the liaison committee on medical education (LCME) criteria comparable to US medical schools or any other globally accepted criteria set by the World Federation for Medical Education (WFME).[10] Although this policy sounds a little difficult, it is a huge step towards encouraging many countries to develop a high-quality management system and eventually protect the public. [11]

Saudi Arabia (SA), the largest country in the Gulf Region, has seen unprecedented growth in undergraduate medical education, with medical schools' enrollments increasing by more than 200 percent in the last five years. Such rapid expansion poses significant challenges in terms of quality of outcomes, prompting some authors to argue that Saudi Arabia requires reform in terms of quality in medical education. Furthermore, it should be ensured that the quality of medical education is not only maintained but also continually im-

proved. As a result, all medical schools are required to adhere to certain standards and demonstrate consistency throughout the quality improvement process. [12]

A competent authority should assess and make recommendations to ensure that all the required standards are met. The Council of Higher Education approved the independent National Commission for Academic Assessment and Accreditation (NCAA) in 2005, making accreditation by the NCAAA mandatory for all institutions of higher education. The NCAAA has created a comprehensive quality assurance and accreditation system that has benefited from international experience while retaining its distinctive local characteristics. [13] NCAAA consultants provide guidance, and complete information is available on their website. [14]Nonetheless, institutes require systematic process instructions. Despite the fact that several universities and colleges shared their experiences and displayed them on their websites, there is a scarcity of literature regarding NCAAA guidance on the accreditation process. So far, only a few papers have been published. One paper, for example, describes accreditation development in Saudi Arabia and proposes a strategy for developing a quality culture in medical schools in preparation for meaningful accreditation systems that ensure proper participation of all stakeholders in quality management based on evidence. [15]

Another study published in Saudi Arabia was conducted at Qassim University College of Medicine, where an NCAAA-led accreditation exercise was completed. It was a mixed qualitative and quantitative study to assess the accreditation's impact. A self-administered questionnaire was used, followed by a focus group discussion. According to the findings, the accreditation process took two years to complete, from preparation to final authority recommendations. The process resulted in numerous changes to the educational process, curriculum administration, and overall quality of medical education. [16-17]

Bottom line, obtaining accreditation is a difficult task that necessitates ongoing efforts to first establish a good quality management system in the institute and then initiate an accreditation plan. As a result, we write systematic guidelines, particularly for medical schools that have just begun the process of seeking NCAAA accreditation. It is, however, generally applicable to any other competent national or international accreditation authority.

Accreditation Takes A Systematic Approach

Since medical programs differ in terms of curriculum, teaching and learning strate-

gies, teaching settings such as clinics and hospitals, and assessment processes such as objective-structured clinical examinations (OSCE), As a result, the NCAAA requires specific measures, documents, and follow-up for each standard. The guidelines provided below are applicable to any competent authority's general accreditation process; however, some specific points relevant to medical programs are highlighted. These 12 steps are helpful as they provide focus on the self-study process rather than on the specifications of accreditation standards. The 12 steps are compatible with various self-study process models; however, specific references related to medical program accreditation were used.

Step 1: Choose the accreditation authority.

There should be a general understanding of the accreditation authorities, which may be applicable to a program or institutional accreditation, specific to undergraduate medical programs or general for all programs, national, regional, or international. In case of national and compulsory authorities, the medical school does not have a choice. However, for an international accreditation authority/council/body, the medical school, through its Administrative Council, decides on the accrediting agency. Nonetheless, in order to select any accreditation authority/council/body, it is necessary to confirm that this competent authority fulfills the following requirements and structures:

1. The accreditation agency must be formally recognized by the relevant country/state/region, etc.
2. have clearly defined standards, policies, procedures, and systems that benefit a school's ability to become and remain accredited.
3. easily accessible website resources such as publications, instructional slides, webinars, templates for schools undergoing accreditation, and consultation services for any question or concern about the accreditation process.

Step 2: Put together a team with a variety of strengths.

To be effective, the expertise and perspectives that various faculty and staff members of the school can bring to the process should be thought of during the early stages. The knowledge and awareness of the accreditation process could be considered an asset. Since different faculties have their own specialization, training, and experience that are important to the success of the accreditation, process, school administration might consider brainstorming about faculty and departments that will play significant roles in the accreditation process.

Thus, the development of a team will be a cornerstone for the accreditation process, and this team will work as a steering committee. An accreditation steering committee organization should commence early and should consider a model that serves the school's interest in strengthening and sustaining its commitment to continuous improvement. Team building is a vital step in the process of accreditation of any medical school, and we proposed a model suggested by Tuckman[18] for team building. He defines this process through a four-stage model starting from form, storm, and norm and perform. The forming stage means depending upon the leader and following the leader's instructions, whereas storming begins with the initiation of the team building being involved for brainstorming regarding the group's goals and decisions. The third stage of norming starts with agreement and consensus largely forming among the team, and roles and responsibilities are clear and accepted. Finally, the stage of performance involves increased team strategic awareness and independence for all members and an attempt to achieve the defined objectives. Later, subsequent review by Tuckman and Jensen[19] concluded that the fifth stage, i.e., adjourn, was added to the original model. During this stage, a break-up of the group occurs once the task is completed successfully and has achieved its goals. As a result, a team constructs a process that serves as the foundation for the completion of any task. The following characteristics should be considered in appointing team membership:

- To have knowledge of the school's mission and goals and the ability to communicate with stakeholders in identifying areas of strength and opportunity associated with the mission and goals.
- to have a sense of commitment to the accreditation process and an approach to the self-study process.
- To have knowledge and familiarity with the standards and sub-standards and best practices for accreditation.
- To broaden leadership skills that ensure the completion, refinement, and verification of compliance evidence and self-study reports.

Step 3: Collaborate with all stakeholders.

The engagement process is the soul of the whole process of accreditation. [20.] It starts from the selling of an idea about accreditation and continues even after completion of the process. When we say stakeholders, we do not mean just students and faculty, but administration, alumni, and the community are the main pillars of the whole quality management system. Engaging all stakeholders is also one of the requirements for

the accreditation process. In fact, the self-study timetable for every step in the accreditation process and the communication plan used to regularly update stakeholders through representatives selected by the stakeholders about the progress made are tools that ensure engagement. Engagement includes [21], but is not limited to:

- Orientation, training, open forum, and consultation with stakeholders
- Charging and overseeing the working teams/committees and coordinating their work.
- Brainstorming the organization of a self-study report
- Identifying, collecting, and inventory of evidence
- Website, newsletter, and email updates
- Finally, all stakeholders should review the self-reported report corresponding to their standard and provide feedback to ensure consistency, integrity, and a clear picture of the medical school.

Step 4: Create an efficient self-study design.

A self-study process requires a significant investment of human capital and institutional resources. The self-study process cannot be implemented until a self-study design is developed. A self-study is a formal process during which an educational institution or program examines its input, process, output, and outcome. This process assesses a program's overall effectiveness relevant to goals and learning outcomes, identifies specific strengths and weaknesses, and proposes a plan for necessary modifications and improvement. [22.] The self-study design serves as a blueprint for the self-study process and the self-study report. It will identify and select the priorities, plan to sufficiently address the expectations and standards, conceptualize and organize tasks, define a common format of reporting, and be used by the liaison in the preparation for the visit.

An effective self-study design should contain the following:

- An overview of the medical school
- Priorities to be addressed in the self-study
- Intended outcomes of the self-study
- An Approach to Self-Study
- Organization of the steering and working committees
- Timetables
- Communication plans
- Evidence inventory

Step 5: Identify pitfalls and make a risk management plan.

Experience has shown that in any implementation process, there are so many seen or unseen obstacles and risks that need to be handled, starting from buy-in from

stakeholders. The task of the Steering Committee is to guard against a number of potential problems and develop a management plan to overcome them. Therefore, there is a need to make a risk management plan right from the beginning, so if something happens, then we must have some alternative plans. This risk management plan starts with the establishment of the context, risk identification, analysis, assessment, mitigation, monitoring, etc. [23.] Examples of common pitfalls are:

- Overly descriptive self-study report. It should not focus only on describing but more on analysis.
- Making unsupported assertions or recommendations without sufficient evidence.
- Use of conflicting data and statistics
- Report without relating to the mission and goals.
- Inadequate use of benchmarks
- Lack of use of assessment methods and results
- Length of a self-study report that significantly exceeds the page limit.

Step 6: Liaison with Higher Administration

A program is always linked with higher administration at the university level. Furthermore, either a Deanship of Quality Assurance & Planning or a quality assurance committee at a higher level supervises it, which is the main role player in all accreditation processes. They supervise the whole process and guide you through the completion of all required documents. All logistics support comes from the higher administration; therefore, keeping in the loop is necessary. The appointment of a Program Accreditation Liaison Officer (PALO) allows representation; serves as the primary contact of the school with the higher administration; and ensures that the school will have a copy of all official communication.

Step 7: Create an effective action plan.

A goal without a plan is a delusion and ultimately ends up with disappointment. Therefore, it is recommended that your action plan (Table 1) should always state

Table 1: Recommended Action Plan for the Preparation of Evaluation Visit

S. No	Tasks	Responsible Persons / Teams & Their Roles	Date(s) & Duration
1	Overview the program, its mission, strategic plan, recent accomplishments and reports, key factors affecting the program implementation.	Dean Organizing and supervising self-study process.	Month 1

S. No	Tasks	Responsible Persons / Teams & Their Roles	Date(s) & Duration
2	Set-up accreditation preparatory visit to campus	Administrative Council Coordinating the visit of the accreditation agency	Month 1
3	Assess the gap for availability of evidences and requirements.	Institutional Quality Assurance Committee Assessing the self-study process and outcomes to help identify gaps with accreditation standards and validity of evidences.	Month 2
4	Organization of steering committees.	Administrative Council Organizing the Accreditation Steering Committee and Working Committees	Month 3
5	Self-study report preparation.	Accreditation Steering Committee Developing the self-study approach that will be used to organize the self-study report, evidence inventory and priorities based on standards.	Month 4
6	Achieving deadlines.	Accreditation Steering Committee Setting description and deadlines of all evidences, reports, drafts and products to be completed by the committees using a standard template.	Month 5
7	Validation of all evidences.	Working Committees Gathering, analyzing and validating data (evidences), submit progress reports and drafts to the Steering Committees.	Month 6-12
8	Draft report preparation.	Accreditation Steering Committee Drafting the program self-study report and sharing with the institutional quality assurance committee and stakeholders for feedback.	Month 13-16
9	Review the final report.	Accreditation Steering Committee Reviewing and revising to create the final self-study report.	Month 17
10	Final submission.	Institutional Quality Assurance Committee Submitting the self-study report to the accreditation agency.	Month 18
11	Preparation of preliminary visit.	Institutional Quality Assurance Committee Scheduling and making arrangement for preliminary visit.	Month 19
12	Submission of required documents after preliminary visit	Accreditation Steering Committee Finalizing and uploading to the accreditation agency portal the self-study report, evidences based on the preliminary visit feedback.	Month 19
13	Rehearsal through Mock & simulated	Institutional Quality Assurance Committee Conducting mock accreditation.	Month 20
14	Schedule the evaluation visit.	Institutional Quality Assurance Committee Developing the itinerary and conducting of the preliminary visit.	Month 21-Month 23
15	The evaluation visit report.	Accreditation Steering Committee Accepting the evaluation visit report and writing action plans based on the recommendations.	Month 24

your goal clearly and then tool for its monitoring and achievement like a key performance indicator. These action plans should be realistic and achievable. Keep a close watch on timelines!

Step 8: Academic quality is everyone's business.

One of the primary purposes of accreditation standards is to foster student learning and student achievement. Thus, all faculty should be involved in the accreditation effort. This is in accordance with the concept that individual best practices quality. Academic quality is not being laid down or being practiced by a group of people; it is the responsibility of all individuals. Using learning outcome data to improve student success; linking assessment to resources; linking course plans to the school mission; evaluating course performance; and analysis of course evaluation data for improvement are examples of significant quality practices participated in by all faculty.

A committee provides a strategic mechanism to ensure faculty involvement. [24]. Each committee should provide training such as program data analysis, writing a self-study report, preparing evidence, and getting ready for the site visit. Information dissemination such as through forums, reports, and updates is regularly sent to the school by the committee to keep the school abreast of compliance with accreditation standards. Overall, a Steering Committee led the self-study process from beginning to end.

Step 9: Evaluate the process that is being used at other institutes.

It is always a good idea to learn from others' mistakes. Review and consult those institutes that have already received accreditation from a national or international accreditation council or authority. In addition, guidelines for accreditation of medical undergraduate programs can be reviewed, such as the one published by the Malaysian Medical Council. [25-26].

Step 10: Deeply search and become acquainted with the experts' expectations. The peer evaluator team is trained, knowledgeable, and appropriate to conduct onsite evaluation based upon the self-study report and the accreditation standards, requirements, and compliance policies. They are selected for their qualifications and are expected to contribute to a thoughtful review and help the school improve. Though evaluation is through standardized rubrics, checklists, etc., knowing them and their expertise will give you a feeling of comfort and ease while hosting them during the visit. Common expectations that peer evaluators might have are:

- Respect for their expertise and experi-

ence.

- Respect for their time and effort put into reviewing and assessing the self-study report.
- Thorough preparation and early communication
- Professional distance that is appropriate.
- Contact information for someone with responsibility for transport and accommodation.
- There is IT support staff available to assist evaluators with any technology needs.

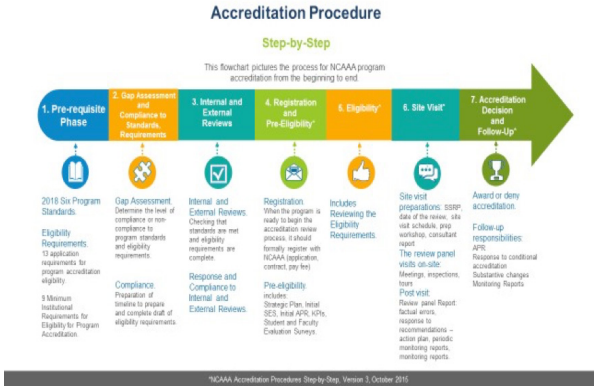
Step 11: Get the site ready for a visit.

Normally, the on-site visit is three to four days in length, depending upon the accreditation authority's action plan. The visit must occur while classes are in session. The Deanship of Quality Assurance and Accreditation should schedule the visit to avoid conflicts with school special events, holidays, and breaks. The school needs to prepare for both the preliminary visit and the on-site evaluation visit. It is strongly suggested to make a plan, organize the schedule and materials, and make a mock visit exercise. The plan should include the following:

- Travel, lodging, meals, and snacks.
- A tour schedule of the school's facilities and branches
- Meeting and interview schedule.
- Request changes.

Step 12: Create a Win-Win Situation

Keep the working committee and team evaluators happy! Some tiny steps create a state of affairs win-win. An example would be disseminating the information about the visit to the entire university and medical school. This dissemination ought to reach even the community to create awareness and generate excitement. Before, throughout, and after visiting the site, the evaluators respond to any requests in a timely manner and remain flexible and organized throughout the accreditation process. Examine the quality of evidence for all standards and quantity inventory often and ensure uploading of all evidence in a prescribed form to the selected accreditation authority before their visit (Figure 1).



(Figure 1)

Conclusion

Although there are differences in undergraduate medical education and accreditation standards required by various accrediting agencies, common best practices

are observed in how decisions and issues are taken related to organizing in preparation for accreditation. As such, these best practices can serve as a guide to create an effective and efficient self-study design, process, and report. While these tips cannot provide an exhaustive list of best practices for success, incorporating them into a model will significantly improve the accreditation process and outcome.

Key Points:

1. Accreditation planning and preparation approaches involve engagement of all stakeholders in the self-study process.
2. Self-study design and process should identify areas of quality improvement in the program.
3. Self-study report should document processes, policies and evidence in accordance with the standards of the accrediting agency.

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Conflict Of Interest

NIL

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