

# ACCREDITATION OF MEDICAL SCHOOLS IN NORTH AMERICA AND REFLECTIONS FOR JAPAN

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2013/14

# What is accreditation?

- A form of quality control
- A list of standards:
  - E.g. There must be instruction in the area of communication skills
- A medical school must prove that they meet each of the standards.
  - “guilty until proven innocent”

# Accreditation in Canada

- Hospitals: accredited through “Accreditation Canada”.
- MD programs: accredited through LCME/CACMS.
- Residency (specialty) training programs: accredited through the Royal College of Surgeons and Physicians of Canada and the College of Family Physicians of Canada. (Accreditation Council for Graduate Medical Education (ACGME) in the US)

- Ultimately, accreditation should be about better health care for all Japanese people by ensuring that Japanese physicians are well trained.
- We should try to keep that end in mind in all accreditation related decision.

# Objectives of this presentation

- Review briefly the history and background related to MD program accreditation.
- Give examples of some of the accreditation standards.
- Provide reflections and suggestions for the process of creating a Japanese accreditation system.
- Provide reflections and suggestions for the process of preparing a Japanese Faculty of Medicine for an “accreditation type” survey.
- Generate productive discussion

# Data Sources

- Experience in Canada
  - Responsible for McGill Faculty of Medicine accreditation process (LCME).
  - Consultant to University of Sherbrooke (Canada) for their accreditation process.
  - Member of an ad hoc Canadian national committee to formalize our relationship with the Liaison Committee for Medical Education (LCME) accreditation process.

# Data Sources (con't)

- Meetings with Drs. Kitamura, Yoshioka, Izumi and Nara.
- Review of WFME, LCME documents and literature.
- Review of presentations from 2012 CERMeD symposium on accreditation.

# Why accreditation?

- Historically arose in North America because of the proliferation of many private medical schools with little oversight, from a parent university or a Ministry of Education. (Flexner report)
- Many medical schools closed due to this.



- Now, many private medical schools “off shore” – Caribbean, Poland, Ireland, Israel –
- Many are for US (and Canadian) students who were not accepted in the US and Cdn. Schools.
- However, once they graduate, they wish to come back to North America for residency programs.
- Judging the quality of these graduates is difficult.
  - USMLE may not be sufficient

- The Educational Commission for Foreign Medical Graduates (ECFMG) has stated that by 2023, in order to be eligible to take the United States Medical Licensing Exams (USMLE), the student must have graduated from an accredited school.
- What organization will do the accreditation?
  - Each country will organize their own accreditation – may choose to link with a regional organization.
- The World Federation for Medical Education (WFME) will set the standards for the national accreditation bodies. (Accrediting the accreditors)

# World Federation for Medical Education (WFME)

- Has written the standards, within which each region/country may make some modifications/specifications.
- Has published the criteria they will use to accredit the accreditors.
  - <http://www.wfme.org/>

- Japanese standards (modification of WFME standards) have been prepared – July, 2013.
  - Drs. Kitamura, Tanabe, Nara, Fukushima, Yoshioka, using Dr. Izumi's translation of the WFME standards.
- Available on the WFME website.

# Japanese Standards (2013)

- 1. Mission and Outcomes
- 2. Educational Program
- 3. Assessment of Students
- 4. Students
- 5. Academic Staff/Faculty
- 6. Educational Resources
- 7. Programme Evaluation
- 8. Governance and Administration
- 9. Continuous Renewal

# 1. Mission and Outcomes - examples

- Ensure the mission (of the school) encompasses the health needs of the community, the needs of the health care system and other aspects of social accountability. (B 1.1.7)
  - その使命に社会の保健・健康維持に対する要請、医療制度からの要請、およびその他の社会的責任が包含されなくてはならない。

## 2. Educational Program - examples

- The school must define the curriculum model
- It must teach the principles of scientific method, including analytical and critical thinking
- It must teach the behavioural sciences, social sciences, medical ethics, medical jurisprudence.
- It must ensure that students spend a reasonable part of the programme in planned contact with patients in relevant clinical settings.
  - 卒後の研修・診療に準じた環境で、計画的に患者と接する教育プログラムを教育期間中に十分持つこと

### 3. Assessment of Students - examples

- The school must define, state and publish the principles methods and practices used for assessment of its students
- Provide an appropriate balance of formative and summative assessment
  - 学生の教育進度の認識と判断を助ける形成的評価および総括的評価の適切な配分



## 4. Students - examples

- The school must have a policy and implement a practice for admission of disabled students
- The school must periodically review the size and nature of student intake
- The school must offer a programme of student support, addressing social, financial and personal needs.
- The school must implement a policy that ensures participation of student representatives in the design of the curriculum.
  - カリキュラムの設計、運営、評価や、学生に関連するその他の事項への学生の教育への関与と適切な参画を保証するための方針を策定して履行しなければならない

## 5. Academic Staff/Faculty - examples

- The school must implement a staff recruitment and selection policy which addresses criteria for scientific, educational and clinical merit.
- The school must implement teacher training, development, support and appraisal.
  - 教員の研修、教育、支援、評価を含む

## 6. Educational Resources - examples

- The medical school must have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.
  - 教職員と学生のために十分な施設・設備を整えて、カリキュラムが適切に実施されることを保証しなければならない
- The medical school must use medical research and scholarship as a basis for the educational curriculum.

## 7. Programme Evaluation - examples

- The medical school must systematically seek, analyse and respond to teacher and student feedback.
- The medical school must analyse performance of cohorts of students and graduates in relation to its mission and intended educational outcomes.
  - 次の項目に関して、学生と卒業生の業績を分析しなければならない。
    - 使命と期待される教育成果

## 8. Governance and Administration - examples

- The medical school must describe the responsibilities of its academic leadership for definition and management of the medical educational program.
  - 教学におけるリーダーシップの評価を、医科大学・医学部の使命と教育成果について定期的に行うべきである
- The medical school must have a dedicated educational budget.

## 9. Continuous renewal - examples

- The medical school must initiate procedures for regularly reviewing and updating its structure and functions.
  - 機関の構造と機能を定期的に自己点検し改善しなくてはならない

# Objectives of this presentation

- Review briefly the history and background related to accreditation.
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# Accreditation: The Good, The Bad and the Ugly. (『続 夕陽のガンマン』)

- (a 1966 “spaghetti western” movie starring Clint Eastwood)
- Dr. Dan Hunt, Co-Secretary, LCME
  - CERMeD (Tokyo Medical Dental University) Feb. 2012 symposium on accreditation:



- The good - “it makes sense”:
  - Quality assurance: public and students
  - Regulatory assurance
  - Educational process for participants
  - Agent of social change
- The bad:
  - Labour intensive
  - In a country that has strong educational oversight of university and professional programs, quality control may already “happen”.
- The ugly:
  - It may hinder creativity and new models.

- More “ugly”
  - There is no evidence base for accreditation.
  - Perception that this is somewhat “imperialist”

- one form of educational quality control is provided by accreditation processes. Some of these processes are so prescriptive that they are a barrier to improvement and for none is there evidence of effectiveness. Accreditation processes should be based on data about what is effective and efficient.
  - Norcini and Banda, 2011.

- “Do we really need this in Japan?”
- Professional self assessment is notoriously inaccurate (and usually inflated.)



## What is the process by which an accreditation system will be set up in Japan?

- Association of Japanese Medical Colleges must designate an accreditation body.
  - creating a Japan Accreditation Council for Medical Education (JACME) is one possibility.
  - Creating a subunit within an already existing university accreditation body is another option.

- The following types of agencies are eligible to apply for WFME recognition:
  - a) Government entities
  - b) Entities that are authorised or recognised by the government (either or both of the Ministry of Health and Ministry of Education) where the school is located
  - c) Entities that are authorised or recognised by an appropriate professional or scientific association

- JACME – it's creation has been proposed by a working group led by Dr. Nara. The working group was appointed by the Deans (AJMC), with the support of the Ministry of Education.
- Current plan: Survey 5 medical schools, using the Japanese standards. Once this group has this experience, apply to WFME for recognition as an accrediting body.
  - Notify WFME of intent to apply, be ruled eligible to apply, then submit required documents and have a site visit.



## What JACME will need to do: (based on the WFME Document “Recognition Criteria for Agencies Accrediting Medical Schools)

- Be officially appointed – by the AJMC and recognized by Ministry of Health, Education, etc.
- Establish a system for regular review of the standards –
  - E.g. at a AJMC annual meeting?

# JACME will need to:

- Write a procedures document which includes:
  - Guidelines for the self study
  - Guidelines for the site visit
  - Guidelines for writing the visit report
  - Mechanism by which the school can review/correct the report before deliberation by the agency
  - Qualifications of people who establish standards, visit schools, create reports, make accreditation decisions. Including training for these people.
  - Controls against conflict of Interest
  - Appeal mechanism
  - Record keeping policies.

# JACME will need to:

- Ensure that standards and accreditation decisions are available publically.
- Determine/discuss the consequences of not being accredited.
  - “The accrediting agency’s decision must be made known and accepted by other organizations, such as professional licensing bodies, governments, educational institutions, employers, etc.”
- Clarify its funding sources.

- Will require broad “buy in”.
  - Medical schools
  - Japan Medical Association
  - Ministry of Health
  - Ministry of Education

- JACME will require a Secretary (physician educator) at least 50% time.
- JACME will require administrative staff
- Consider regular consultation with WFME while doing the 5 “practice runs” and while developing the policies and documents.

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# What is the goal of the exercise?

- Avoid the goal being “to pass accreditation”.
  - Is uninspiring and smells of imperialism
  - Misses some great opportunities
- The goal of “improving health care for all Japanese” may be too broad to be helpful.
- Suggestions:
  - Focus on the evaluation of something specific – e.g. clinical reasoning skills, technical skills, etc.
  - Have in mind a change to implement, and use this as a lever.

# Need to establish clear mandates and lines of authority for the process.

- Ultimately, Dean must be responsible, but about 70 – 80% of the standards are about the MD program.
  - Typically the associate dean for the MD program is given most of the day to day responsibility.
  - About 50% of my time in the 2 years before the visit.
  - Dedicated administrative assistant
  - Paid outside consultant – about 10 hours/week.



# Steps:

1. Prepare the required data base documents.
2. Prepare a self study document (using data base documents and other sources).
3. Send data base and self study documents to the accrediting body.
4. Site visit by surveyors – 3 days, meet with various groups (students, junior faculty, curriculum committee, etc)

## Steps (cont'd)

5. Report written by surveyors is given to Dean for correction of “errors of fact”.

6. Corrected report sent by surveyors to the accrediting body.

7. Accrediting body reviews the report and the past history of the medical faculty, and issues a letter to the president of the university stating:

- Which standards are not met.
- What the follow up will be for those standards
- A decision about status.

# 18 to 24 months pre visit

- Preparing database – senior curriculum administrator plus associate dean.
- Self study task force (SSTF)
  - Selected and appointed – associate dean.
  - One subcommittee for each area, which reported to the main SSTF.
  - Student survey also required for LCME – not explicitly required for WFME.
  - Submits report to associate dean – opportunity for on going changes.

- Areas of noncompliance or partial compliance will often be identified by SSTF.
- There must then be a plan for how to address it – which can ideally be implemented before the visit.

# Examples of local change enabled by accreditation

- McGill – instituted regular performance reviews of all faculty members
  - Previously done only for tenure track faculty (20% of our faculty).
- Purchased and implemented a software program for evaluation of clinical teachers, residents, and students that ensures confidentiality.
  - Previous hand written or oral feedback criticized because students could be hesitant to give honest negative comments because it might be traceable.

# Examples of local change – cont'd

- Developed and promoted a Faculty Code of Conduct (for teachers, residents and students) which is now included in the letter of offer to all new faculty.
- Career advising for students
  - Made appointments with career advisor available on Saturdays and evenings.
  - Mandatory sessions with career advisor implemented.

# Examples of local change – cont'd

- Implemented regular course reviews –
  - One course presented monthly to curriculum committee – objectives, exam results, teaching methods, student evaluations all reviewed and requests for changes sent to course director.

- It might be possible to set up an accreditation system in Japan that had very little teeth.
  - Such as having very few consequences for not meeting accreditation standards.
- This would be to miss an opportunity



- Local opportunities
  - What would we like to change/improve in our Faculty of Medicine?
- National opportunities
  - Are there any other national standards that should be implemented in Japan?
  - Could we do a trial (experimental or quasi-experimental) on accreditation in Japan?
- International opportunities
  - Showcase Japan as an example of how to set up a system.

# A trial on accreditation

- Unique opportunity – introducing accreditation into a well established medical education system.
- Lack of studies showing effectiveness of accreditation process.
- A long term project.

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