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**Citation:** Batool, S. F., Farhat S., Hussaini, S. N., & Alam, R. Accrediting A Medical College; Sustaining Standards or a Hassle? PJMHE. 2022; 1(2): 71-74.

**Corresponding Author Email:**  
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**Funding:**  
The author(s) received no specific funding for this work.

**Conflicts of Interests:**  
The authors have declared that no competing interests exist.

**Received** 22/02/2022  
**Accepted** 12/03/2022  
**First Published** 20/04/2022



## Mini Review

# Accrediting a Medical College; Sustaining Standards or a Hassle?

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## Abstract

Pakistan's health and medical education look to be in disarray due to a variety of issues. One of the key factors is the massive expansion of private medical institutions in response to rising national need for clinicians, but without sufficient standards of preservation and quality control. However, original evidence proving a significant drop in criteria is lacking. In the lack of proof, efforts to improve the system will fall flat. In Pakistan, there are growing worries about the standards of medical education. This report examines the difficulties to quality standards of Basic Medical Education in Pakistan in order to aid improve accreditation systems.

## Keywords

Accreditation, Health Education, Quality assurance.

## Introduction

Modern education advances have transformed the healthcare professional, making teaching - learning process more relevant to social requirements. Regional and global populations anticipate advanced medical education to satisfy their needs<sup>1</sup>. While health and education are highly contextualized, current medical education patterns in developing economies are largely taken from the West and may not always take into consideration the local context. These notions must be localized because of the multi- ethnic society, values, epidemiology, and demographic features<sup>2</sup>. The creation of instructional paradigms, expertise teaching, and rising demands for compassion and care from healthcare practitioners have all been developments in medical education throughout the last few years<sup>3</sup>.

In Pakistan, medical education system has grown considerably in recent decades. Until 1990, the government sector ruled the educational landscape, with roughly 20 medical and dentistry colleges, compared to only two in the private sector. Now there are 88 private institutions active, and only 48 state colleges are there. The rapid growth of medical and dentistry colleges, particularly in the private sector, has prompted serious issues concerning the quality of medical education and the accrediting system established to recognize these institutions<sup>4</sup>. There are ongoing reservations regarding the quality of education in these colleges as a result of this exponential rise<sup>5</sup>. The scarcity of qualified faculty, particularly in basic medical sciences, continues to be a major issue<sup>6</sup>. Health professionals cannot add greatly to public health and welfare except if they learn necessary abilities through competent medical education, regardless of how many graduates are educated and placed<sup>7</sup>.

The Pakistan Medical and Dental Council (PMDC) is the only body in Pakistan that may approve and regulate medical and dental institutes. It contributes to ensuring that medical education meets the varying demand of the healthcare systems and societal expectations. Although PMDC has made certain advancements in its guidelines

and accreditation policies but still there are some gaps and loop holes in implementing these policies<sup>8</sup>. To revolutionize the medical and health education system, effective, precise and practical guidelines should be made and implemented on priority basis. However, there are some obstacles in this journey;

- i. Political Influences
- ii. Varied accreditation standards
- iii. Professional biasness
- iv. Drift between private and public sectors institutes
- v. Exponentially increasing numbers of private and public medical colleges and Universities and Commercialization.

## Political Influences

With the formation of the new council, each member begun working on competence, but political pressure prevented the processes from moving smoothly. As a result, the accrediting agency has lost its credibility and public trust<sup>9</sup>. The most significant challenge is the state's and private college founders' use of coercive political pressure to have their institutions certified despite massive disparities in standards compliance. Most appointees to the regulatory agency, along with the president and board, were politically driven, which affected judgments for medical college accreditation. The term "political spectacle," coined by Edelman and colleagues, describes how politics muddles policy initiatives. Open and inclusive, compensatory, and collectivist values are opposed by political theatrics<sup>10</sup>. Rather, political spectacle caters to the special interests of a select few, typically political behemoths, who hide behind the common good, while the transfer of goods takes place behind closed doors<sup>11</sup>.

## Varied accreditation standards

The founders of the college are keen to provide a monetary reward for the acknowledgment of their mediocre medical college. Disloyal members of the regulatory authorities compromise on the standards of education and accreditation for pennies<sup>12</sup>. The ineptitude of the representatives and assessors of the accreditation body comes as a big concern. The accreditation process and the

role of the accrediting body were unclear to the officials of the accrediting body. Due to their lack of skills and experience, they were unable to handle the obligations. Furthermore, the accrediting inspectors were not given adequate training, which harmed the accuracy and reliability of their assessments of the institutions and curricula<sup>13</sup>.

### **Professional Biasness**

The selection criteria are subjective. There is a big list of auditors, but the (accrediting agency) chooses them arbitrarily, just like picking crops, with no unified guidelines or regulations.

Drift between private and public sectors institutes: The auditors are kinder to government sectors and harsher on private-sector medical schools. The criterion isn't consistent<sup>14</sup>.

### **Exponentially increasing numbers of private and public medical colleges and Universities and Commercialization**

The unprecedented surge in the number of medical institutions has resulted in a shortage of qualified professors, particularly in basic science courses. Commercialization has had a negative impact on medical education. Particularly in private medical institutes, proper education and training are not provided. Medical education has been pushed to the side, while the business aspect has grown in prominence<sup>15</sup>.

## **Discussion**

The report underscores Pakistan's limitations in providing high-quality basic medical education. The WHO's conclusions also suggest the same, which include a lack of a solid medical education regulatory structure and quality assurance mechanisms. For the legitimacy of medical teaching programs and the competence of medical colleges in conveying elevated educational services to medical students, which assures qualified professionals and quality care, a rigorous accreditation framework for medical institutions is essential<sup>4</sup>. The politics of the accrediting body was identified as a serious concern influencing the standards of medical education in Pakistan. In past few years accrediting council has several representatives and council members and with the

proliferation of private entities, the ratio of council members has surpassed, making the accrediting body's operation challenging<sup>16</sup>.

Irrational political choices marginalize the performance and responsibilities of professionals, having a detrimental effect on the establishment and operation of educational policies. Studies show that politicization has a negative influence concerning the effectiveness, which is mitigated by affecting human resource management. Another obstacle to ensuring academic standards is a strong emphasis on 'structure-based' criteria, which largely focus on facilities and equipment<sup>7-9</sup>.

Due to a flawed accrediting mechanism, accreditation is only done once every 5 years. To get past the accrediting procedure, medical colleges may use immoral and even unlawful arbitrary techniques. They revert to their previous sub-standard instructional practices after the accreditation goal is met. The 'process model' is a widely used accreditation paradigm for medical education, according to literature. It entails self-evaluation against established criteria, following by a site survey by professional auditors and a report summarizing the inspection's findings<sup>10</sup>. The accrediting authority must design model metrics to assess medical training and education delivery. The World Federation for Medical Education (WFME) standards for Basic Medical Education are largely qualitative and process-oriented, and accrediting bodies around the world are gradually adapting and adopting them<sup>12</sup>.

## **Conclusion**

Reputable accreditation agencies create appropriate qualifying criteria for auditor selection and place an emphasis on their training. To maintain consistency in the quality of medical education, curriculums must be applied uniformly to both government and non - governmental sectors. It is recommended that the regulating body be made up of members who are chosen by an independent panel based on their qualifications, expertise, and professional integrity, rather than on political motives.

## Acknowledgement

The authors would like to acknowledge the institutes and organization for the support. Especially Malir University of Science and Technology for providing a platform.

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