

Title: Does accreditation influence quality culture at medical schools?

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What problem was addressed: Considering concerns of poor training quality and its detrimental effects to standards of healthcare, Ethiopia has put huge efforts to improve medical education programs. As the result, medical schools benefitted from faculty development courses, updated curricular, and improved infrastructure and learning materials. Although private schools in the country have to go through accreditation before operation, the public schools which train >85% of medical students do not need accreditation. Currently, the Ministry of Health and Higher Education Quality Agency are readied for establishing accreditation for the public medical schools. National strategies and accreditation standards were set. However, the quality agency has limited capacity to implement accreditation at scale. Unfavorable culture of continuous quality improvement (CQI) at the medical schools is also an area which needs concerted efforts.

What was tried: We implemented a project for introducing accreditation at five public medical schools. To increase buy-ins of the project, we conducted advocacy sessions with relevant stakeholders at MOH, schools, and quality agency. We collected global references and local resources to develop accreditation guideline. We trained faculty on program-audit, CQI interventions, writing report, and fulfilling other requirements for accreditation. We supported the schools to establish accreditation teams. We coached them to complete program audits, identify gaps, analyze causes, and conduct interventions. In order to assess the effects of accreditation on culture of continuous CQI, we developed a data collection tool. We piloted and reviewed the tool. Using a Delphi method, we collected data on 28 variables on culture of CQI using a 1 to 5 Likert scale measurement. We conducted a descriptive analysis.

What was learned: We found out that buy-ins of accreditation by the stakeholders increased through advocacy which enables medical schools to clearly see the benefits of accreditation and invest on it. Adapting global knowledge on accreditation and culture of CQI to local context makes the implementation easier and less costly. Follow up and support from deans and officials is required to motivate accreditation teams at the schools. The schools were challenged to fulfill few standards. Student enrolment and selection standards were beyond mandates of public schools. The schools had lower pace and motivation for accreditation preparation as there were no immediate consequences attached to it.

Acknowledgement: We would like to thank USAID, Jhpiego, HERQA, medical schools, FMOH and counsel of medical schools for unreserved support in realization of this project.

Source of funding: USAID – Ethiopia through strengthening human resources for health project

Conflict of interest: None

Ethical approval: FMOH, higher education quality agency, and medical schools shared the proposal and approved the project. Oral consents from the participants were obtained.

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