

**Theme:** New Approaches to Quality Assurance in the Changing World of Higher Education

**Title:** Quality Assurance of medical education programmes in the Anglophone Caribbean: Accreditation by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) as one method of assuring quality.

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## **Abstract**

Over the last thirty years the Caribbean region has witnessed significant change and growth in medical education. In addition to the traditional schools, there has been an influx of for profit off shore schools aimed primarily at international students. External quality assurance through accreditation of the programmes of these institutions has varied in effectiveness and scope throughout the region.

Accreditation is a peer review process designed to attest to the educational quality of new and established educational programmes. In today's ever-increasing borderless, fiercely competitive world, with continuous movement of professionals and technology and with rising quality standards, accreditation of medical education programmes is an imperative.

The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) was established by governments of the Caribbean Community (CARICOM) as a way to fulfil regional and local needs for a governmentally recognised quality assurance body.

The evaluation and monitoring of undergraduate medical education programmes in the Caribbean by a regional accrediting system such as the CAAM-HP ensures the quality of education delivered leading ultimately to improvement in the health of the populations served by graduates of these institutions.

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## BACKGROUND

Medical education in the Anglophone Caribbean began in 1948 at the foundation of the University College of the West Indies (UCWI), then a constituent part of the University of London. From then onwards and after full university status (The University of the West Indies), was achieved in 1962 the medical education programme was accredited by the General Medical Council (GMC) of the United Kingdom. This gave national, regional and international recognition of the graduates of the University of the West Indies (UWI) who were able to register freely in the UK and other Commonwealth countries. This practice continued over the years as various changes took place in medical education at the UWI. However, in 2001 the GMC discontinued the practice of accrediting overseas institutions in keeping with the European Union (EU) regulations regarding academic and professional training programmes.

Over the last thirty years there has been significant change and growth in medical education in the Caribbean region with the establishment of a medical school at the University of Guyana which was established in 1963 and the University of Suriname.

In 1989 the UWI as part of its Medical Sciences programme, established a school in Dentistry and Veterinary Science at Mount Hope in Trinidad, and since then other 'offshore' schools of Dental and Veterinary Medicine have been established in the region.

In addition to the traditional schools, there has been an influx of for profit off shore schools aimed primarily at international students.

The region therefore has three different types of medical schools, the regional university (UWI) national universities (University of Guyana and the University of Suriname) and the off shore, for profit schools.

The existence of quality-control oversight measures by an external body, a rigorous review process, transparency of the process and standards used vary significantly throughout the region. Achieving reliable accreditation in countries with only one or a few medical schools and without independent experts, is particularly difficult and is cause for concern particularly in the light of the rapid increase in the number of new medical schools. Such a situation adds to the disquiet and requires international cooperation such as affiliation with the medical schools with an accreditation system in a neighbouring country or establishing regional or sub-regional accreditation systems.

In response to these developments and the regional thrust to ensure quality education and training in the context of the Caribbean Community's (CARICOM) Single Market and Economy (CSME), a regional accreditation system, The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) was established under the *aegis* of the Caribbean Community (CARICOM) in July 2004. In today's ever-increasing borderless, fiercely competitive world, with continuous movement of professionals and technology and with rising quality standards, accreditation of medical education programmes is regarded as an imperative. The purpose of this body is the accreditation of undergraduate

programmes leading to qualifications in medicine, dentistry, veterinary medicine and the other health professions offered in member states of the Caribbean Community.

## **OBJECTIVES**

The objectives of the CAAM-HP are to achieve and maintain standards of excellence, to establish an efficient system of regulation in relation to the standards and quality, to secure international recognition and to maintain confidence in the quality of medical and other health professions training offered in the region.

## **WHAT IS ACCREDITATION**

Accreditation is a peer review process of quality assurance based on standards for process and outcomes, addresses functions, structure and performance and is designed to foster improvements in institutions and programmes.

## **ACCREDITATION PROCESS**

The accreditation process adopted by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions uses established criteria, standards and processes and has the following general aims:

- To certify that a medical education programme meets the prescribed standards, of structure, function and performance
- To promote institutional self-evaluation and improvement
- To assure society and the medical profession that graduates of accredited schools meet the educational requirements for further training and the health care needs of the people of the Caribbean

Essentially, accreditation asks the following questions:

- What are the objectives of the medical education programme?
- Has the institution organised its programme and resources to accomplish these objectives?
- What is the evidence that the school is accomplishing its objectives?

The CAAM-HP process is characterised by an Institutional Self Study (self analysis) by the school, an on-site review by a team of surveyors (external reviewers) and a review of the survey team's written report by the CAAM-HP which forms the basis of the determination of a programme's accreditation status.

### ***Institutional Self Study***

The Institutional Self-Study is central to the accreditation process and is built around standards for accreditation. In the self-study, a medical school brings together representatives of the administration, academic staff, student body, and other stakeholders to:

- ❖ collect and review data about the medical school and its educational programmes,
- ❖ identify institutional strengths and issues requiring action, and
- ❖ define strategies to ensure that the strengths are maintained and any problems addressed.

### *Site Visit*

The CAAM-HP Secretariat recruits and trains an *ad hoc* team of four to six surveyors from the Caribbean, North America and Europe comprising basic science and clinical educators from its pool of experienced and knowledgeable medical educators. The team assesses how well the medical education programme at the assigned school complies with the accreditation standards. In order to accomplish its responsibility the team, headed by a Chair and served by a team secretary, makes on-site observations to corroborate and evaluate data provided by the institution.

During the visit the team meets with those persons or groups needed to obtain or verify necessary information, including faculty, students and administrators. Meetings with representatives of the student body generally take place at informal luncheon sessions to discuss student issues and perspectives.

At the end of the visit the team gives a confidential oral summation of its findings and conclusions to the dean and to the university's chief executive.

### *Report development and review*

These findings and conclusions are incorporated into a written report which is sent to the CAAM-HP Secretariat which in turn sends it to the dean who is asked to correct any errors of fact and discuss any disagreement with the tone or conclusions of the report with the team secretary. The team secretary will bring the matter to the team chair. On receipt of the final report by the Secretariat it is sent to the CAAM-HP members for review prior to its next meeting.

### **CAAM-HP ACTION**

When the CAAM-HP meets it considers and discusses the content of the survey report and makes a decision about the accreditation status of the medical education programme. The school is notified by letter to which the final report is attached, from the Secretariat to the vice chancellor/president of the university with a copy to the dean of the medical school. Governments of the region are also advised via a letter from the Secretariat to the Secretary-General of the Caribbean Community.

The accreditation status determined by the CAAM-HP is considered public information; however, the survey report and its findings remain confidential but may be published by the school as it deems appropriate.

Full accreditation is awarded or renewed when a school's medical education programme is deemed to have met the CAAM-HP's standards. Of the three medical schools which completed the accreditation process over the period March 2006 to March 2007 none was granted full accreditation for the full six-year cycle. The

regional university's medical school was granted full accreditation for four years and asked to submit progress reports outlining steps taken to correct specific areas of non-compliance or describe the results of programme changes underway.

As regards the national university's medical school's programme, the CAAM-HP was unable to make a determination of its accreditation status due to the inadequacies of the Institutional Self-Study and gave the school twelve months within which to revise and resubmit the documentation.

The off shore, for profit medical school was accorded provisional accreditation for two years. The school was asked to submit within a year a report on the progress towards resolution of the problems flagged in the surveyors' report.

## **IMPACT AND OUTCOMES**

The summary report resulting from the self-study process provides an evaluation of the quality of the medical education programme and the adequacy of resources that support it. The report identifies the school's strengths and weaknesses and issues which require attention either to ensure compliance with accreditation standards or to improve institutional/programme quality.

In addition, the self-study process includes an independent evaluation by the medical students. Accrediting teams pay special attention to the perceptions of students about their experiences in medical school. They provide a unique perspective on the environment for teaching and learning, the quality of the educational programme and the availability of support services. By participating in the accreditation process, students contribute to validating or improving their school's educational programme and ensure that legacy for their successors.

The usefulness of the self-study as a guide for planning and change is enhanced when participation is broad and representative, and the resulting analysis and conclusions are widely disseminated. Because of the time and resources required to conduct a self-study, medical schools are advised to give careful thought to other purposes that may be served by the process such as serving as a vehicle to reaffirm the school's mission and goals or set new strategic directions.

Unfortunately, however, site visit surveyors to at least one institution have concluded following their interview with faculty members that most of them were not engaged in this important academic and reflection process.

Weaknesses/deficiencies identified by the schools themselves in the Institutional Self Study and later corroborated by the survey team are pointed out by the CAAM-HP in its communication to the schools. For the purpose of this paper I shall focus on some areas in which schools were deemed either non-compliant or partially compliant with the corresponding standards and indicate steps being taken to address them viz,

- *Governance*
- *Curriculum*
- *Students*

## ***Governance***

Some issues identified were:

- The challenge of governing a university whose medical schools are located in four islands has proven significant. Geo-political and economic differences among the countries in which the campuses are situated have led to heterogeneity in administrative structures. The need for one central medical school authority was cited by the CAAM-HP in its communication to the University.

***The University has since appointed a senior dean and established a Cross-campus Curriculum Committee to establish greater control of the curriculum across teaching sites. The position will be rotated every two years among the four campus deans.***

- Other governance issues have included the lack of clarity of the roles of senior faculty members and the lack of formality in the organisation of administrators of the medical school.

***The institutions have since made efforts to clarify the roles and to formalise the organisation of its administrators.***

## ***Curriculum***

Examples of issues identified:

- The lack of a comprehensive set of educational objectives for the whole programme which can be framed as outcomes to guide teaching, learning and assessment
- Absence of a single curriculum committee with responsibility for constructing, managing and evaluating a comprehensive curriculum

***In the effort to address these concerns the medical schools cited for non-compliance have reported the establishment of an overarching Curriculum Committee and where lacking, a mission statement and outcome objectives for the entire medical programme have been drafted and accepted by the medical school.***

- Curricular changes to allow time for self-study, small group teaching as well as elective work in both the undergraduate and internship programme

***The medical school has since taken the necessary corrective steps to address this issue.***

## ***Student matters***

Some issues of concern:

- Facilities for students at clinical teaching sites and the impact of these on emergency night duties

*Student lounges have been refurbished and where possible provided with on-line access*

- Adequacy of counselling on academic and other matters such as careers, financial advice
- Availability of tutorial help and feedback from staff

*One school has reported the establishment of a mentorship programme and faculty advisors provided for students while another has increased the scope and staffing of the office responsible for such matters.*

## **CONCLUSION**

The medical schools which have voluntarily undergone the accreditation process have reported that the task of compiling information and carrying out a critical and comparative analysis has been extremely useful. The highly structured nature of the required processes necessitated a very detailed review of all aspects of the functioning of the medical schools exceeding that which accompanies internal reviews. Faculty members have become more aware of how data should be stored, sorted and requested in the future to allow for retrieval of accurate information in a timely and efficient manner.

Generally speaking, the schools have also acknowledged the importance of regular accreditation for quality assurance and the maintenance of international standing. In both the short and long-term the accreditation exercise serves to improve the educational programme and the quality of the graduates of the respective programmes.

Overall, the cyclical process of institutional self-study and assessment, coupled with external validation by a team of professional peers provides a mechanism for on-going quality improvement. That quality assurance focus is closely linked to licensing requirements for medical practice and access to postgraduate education.