

A Preview on Accreditation of Medical Institutes in Bangladesh

Sayed Mahmud^{1*}

Introduction

Accreditation plays a vital role in assessing the quality and standards of the educational program of a medical institution. This process is essential to elevate the performance of medical institutions both nationally and internationally. To support this effort, the Bangladesh Medical Education Accreditation Council (BMEAC) has developed site visit guidelines as a key role for the accreditation process, aligned with the standards as set by the World Federation for Medical Education (WFME). This guideline ensures a productive and meaningful performances of the medical institutes, so that the future doctors can cope with the International Standard as set by WHO.

What is Accreditation

Accreditation is a voluntary, quality assurance process where an external, independent body evaluates and verifies that an institution program or service meets specific quality standards through a self-assessment and peer review process.

It provides public confidence that a program offers high quality education, skill, credibility, reputational enhancement and access to funding and federal financial aid.

Key Aspects of Accreditation

● Quality Assurance

The core purpose is to ensure high quality and safety in education, health services and other fields.

● Self - Regulation and Continuous Improvement

It is a system of self- regulation that encourages institutions to consistently upgrade and enhance the quality of what they provide.

● External Review

It involves a voluntary assessment by qualified external peers who examine the institution or program operations, quality and services.

● Public Accountability

Accreditation serves as a structure for public accountability, letting the public know an organization meets established standards.

● Credibility and Reputation

Accredited institutions and programs gain enhanced credibility and reputation with students, employees and the public.

● Funding Opportunities

This process often increases eligibility for public and private funding, including access to federal financial aid for the students.

● Focus on Standards

Accrediting organizations set common standards for quality, which organizations must meet to receive and maintain the process.

Accreditation is the action or the process of officially recognizing someone has a particular status or being qualified to perform a particular activity. It is an acknowledgement of a person's responsibility for or achieving of something. This is simply meaning recognition.

Types of Accreditations

- i) Regional accreditation
- ii) National accreditation
- iii) Programmatic accreditation
- iv) Specialized accreditation
- v) Higher Learning Commission (HLC)
- vi) New England Commission of Higher Education (NECHE)
- vii) Others.

Steps of Accreditation

- i) Enrollment
- ii) Self- assessment
- iii) Assessment
- iv) Commission review
- v) Decision.

The most important accreditation is nationally accredited institution.

1. Professor of Community Medicine & Public Health
 Institute of Applied Health Sciences (IAHS) Chattogram

*Correspondence : Professor (Dr.) Sayeed Mahmud

Cell : +88 01819 29 63 01
 Email : sayeed12_cmc@yahoo.com

Date of Submission : 24th May 2025

Date of Acceptance : 12th June 2025

Stages of Accreditation

- Initial stage
- Pre-assessment stage
- Assessment stage
- Post-assessment stage (Decision making stage).

Methods of Accreditation

Accreditation is a process of quality assurance and improvement, whereby a program in an approved institution is critically appraised to verify that institution or the program continues to meet and/or exceed the norms and standards prescribed by the regulator from time to time.

Purpose of Accreditation

- i) To verify that an institution or program meets established standards.
- ii) Assisting prospective students in identifying acceptable institutions.
- iii) Assisting the institutions in determining the acceptability of transfer credits.

Features of Accreditation

A strong tradition of self-regulation, reliance on evaluation/assessment technique examinations. The primary concern with quality and excellence, openness to outside examination or external scrutiny by educational evaluators (Accreditors) familiar with the accreditation requirements.

Guide to National Assessment and Accreditation Council (NAAC)

- i) Curricular aspects
- ii) Teaching, learning and evaluation
- iii) Research, innovation and extensions
- iv) Infrastructure and learning resources
- v) Student support and progression
- vi) Governance, leadership and management.

Difference between Verification and Accreditation

Verification: Certifies that that the system is doing what it should do.

Accreditation: Gives an organization the green light to carry out tasks or activities. The goal of accreditation is to demonstrate the reliability of the results and or the credibility of the certificates issued by the institutes.

Certification: is the third-party confirmation via audit of an organization system or products.

Accreditation is independent third party recognition that an organization has the competence and impartiality to perform specific technical activities such as certification, testing and inspection.

Standards

Standards are the core component of an accreditation program as they specify the qualities those an institution is expected to achieve. These are large scale statements- based on a list of criteria. According to WFME standards, the BMEAC has formulated the following standards for accreditation to guide the medical institution.

- i) Mission
- ii) Curriculum
- iii) Student services
- iv) Teaching learning
- v) Assessment of the students
- vi) Educational resources
- vii) Quality assurance
- viii) Academic staff/Faculty
- ix) Research and publications
- x) Governance and administration
- xi) Continuous renewal.

1. Mission

There will be a well-defined mission for every medical institution – which must focus:

- The health needs of the community and health system
- Medical research
- Social accountability
- Global health
- Relationships with health care services, communities.

2. Curriculum

This should be properly prepared by BMDC, DGME, CME and concerned public universities- to produce competent and compassionate medical practitioners. There is also a note of BMEAC in this purpose.

Contents

- i. Provide adequate knowledge on educational program to the learner of the institution in details.
- ii. Direction to the teachers how they deliver the contents and support the students.
- iii. Inform the society about how the institution playing role, executing responsibility to produce next generation skilled health manpower properly.
- iv. Duty of Medical Institution
 - a. To provide a copy of the curriculum to all the students, teachers and stake-holders.
 - b. To arrange seminars on curriculum for appropriate coordination among teachers, students and stakeholders.
- v. Medical institutes shall teach the medical ethics and generic topics on medical humanities for the students. So that they can uphold the principles of patient care, families of the patients and other attendants.

- vi. Regular evaluation of the curriculum to check effectiveness by documentation of performance of students and graduates.
- vii. The institution shall have routine formal processes to collect and review the feedback on preclinical, clinical arena from the students.

3. Student services

a. Student Admission

Centrally performed in each year by DGME under the guidance of BM & DC. Placement of qualified students depend on merit list and choice of the students. Foreign students admission controlled by special section of DGME. In a private medical college, maximum 45% is allotted for foreign students.

b. Student Support System

- i. This should be adequate and readily accessible to students on academic, non-academic, grounds and personal well-being.
- ii. Medical institution should have
 - Academic counselling system for the students.
 - Student support program-based on remedial teaching – according to need.
 - Preventive, therapeutic and mental health support system.
 - Financial help for the poor, meritorious students as per Govt. instruction.
 - Ensure confidentiality in relation to support, counselling.
 - Encourage and facilitate educational, extra-curricular, recreational programs (Annual sports, cultural program, debate, magazine, parents day, sports program etc.).
 - Students representation, respective participation ensures for development of mission goals.
 - Career guiding and career planning advices.
 - Emergency psychological support in personal trauma or crisis moments.
 - Necessary helps to international students with confidentiality- set up a separate administration block/center by special staff.
 - Regular arrangement of meeting with the student representatives for further improvement.
 - Follow up session for course failure, probation, student dismissal, excessive absenteeism.

4. Teaching –Learning

- i. Regular evaluation of students according to the BM&DC and University policy.

- ii. Process for collection and evaluation of students feedback on their faculties.
- iii. Teaching of generic topics on medical humanities and integrated teaching methods (As per curriculum) help to gain learning experiences, permit exposure and understanding of medical specialities.
- iv. Scope of morning and evening session of clinical teaching in attached hospital with OPD based ambulatory care service.
- v. Effective utilization of medical skill center/ simulation lab. for teaching purpose.

5. Assessment of Students

- i. As per curriculum, regular holding of formative and summative examinations both in clinical and preclinical phases.
- ii. Each student should be evaluated by different methods of examination: OSPE, OSCE, SOE, SEQ, SAQ, SBA, MCQ, practical and bed-side examinations.
- iii. For examination regulations, as per BM & DC and University regulations, assessment methods, procedures of assessment, eligibility for appearing in examinations, re-examination, masking grading system, disciplinary action should be implemented. These rules-regulations should be informed properly to the students.
- iv. If the curriculum is followed properly, then the assessment systems and relevant evaluations can be performed accordingly.

6. Educational resource

A. Human Resources

Medical institutes shall have adequate, qualified and committed human resources – both teaching and non-teaching staff. Programs should be properly set up for recruitment, selection, hiring, deployment, training and retirement.

- i. Staff recruitment, selection, promotion shall be consistent with rules of BM & DC, Ministry of Health & Family Welfare and concerned Public University.
- ii. Academic staff are responsible for completion of the curriculum. There should be a balance between academic and non-academic staff, between full time and part-time staff.
- iii. Academic staff should be selected by grading and experience.
- iv. There should be a code of conduct.
- v. Staff activity and development

- There should be a balance between teaching, research and service functions.
- Ensure recognition of meritorious academic activities with appropriate emphasis on teaching, research and service qualities.
- Support, arrange teacher training, achievement and appraisal.

B. Financial Management

- i). Medical institutions shall have sufficient financial resources to cover its objectives, mission and all types of functions.
- ii) Proper budget plan for its expenses.
- iii) The institutions shall obtain officially audited annually to check financial statements.

C. Physical Facilities

Different structures of physical facilities should include:

- i. Sufficient lecture galleries/lecture theatres, all facilities for total number of students.
- ii. Sufficient examination hall that can accommodate all the students of one batch at a time.
- iii. Minimum of 12 class-rooms/tutorial rooms with seating capacity for a minimum of 30 students in each (When 100 students admission/year).
- iv. If a greater number of students, facilities should be proportionately increased.
- v. Appropriate laboratories and museums for teaching the basic biomedical sciences with safe learning environment for the students and the staff.
- vi. Adequate number of smaller classrooms for tutorial classes and small group activities.
- vii. A library with current editions of medical text books, periodicals with adequate facilities to have internet access for local and international medical journals.
- viii. Library services, supervised by a professional staff who is familiar with regional and national information resources, data systems and is responsive to the needs of the medical students, faculty members and others associated with the institution.
- ix. Students, faculty and administration shall have access to IT section, Wi Fi support.
- x. There should be one separate Teaching Hospital for the learners. Student: bed ratio = 1:5, bed occupancy rate at least 70% and clinical training facilities with adequate supervision of OPD, IPD.

xi. Access to field practice for COME, facilities for training in Forensic Medicine and Toxicology as per curriculum on Post mortem.

xii. Other facilities :

- Adequate study space, sitting room, prayer room, toilets.
- Recreational facilities.
- Extracurricular activities.
- Catering and hostel facilities.
- Access to healthcare facilities.
- Transportation facilities.
- Maintaining an online or offline database of all students, containing their contact details, academic details, other credentials with an easy access.
- Well designed, informative web-site.

7. Quality Assurance

To maintain the appropriate quality of a medical institution, there should be a committee. This will:

- I. Perform routine monitoring of educational activities.
- ii. Evaluation of different programs on the basis of curriculum and student progress.
- iii. Get feedback of the students, response and analysis of the teachers, staff.
- iv. Validate and standardize the quality assurance body by BMEAC and BM&DC.

8. Academic Staff/Faculty

Faculty Section and Appointment

- i. The number of faculty is dependent on total number of students enrolled in the academic year with a desired full-time equivalent faculty to student ratio of 1:10.
- ii. Faculty members should have academic qualification, appropriate teaching and research experience and commitment to continue the medical education program.
- iii. The medical education should have clearly defined policies in place of faculty selection, duties, pension and contracts of employment.
- iv. The recruitment selection and the retention of faculty should be observed by the head, with input from the faculty members.
- v. Family benefits and compensation.

The medical institution shall provide a reasonable benefits and compensation to its faculty which includes salary, health and retirement pension program where applicable. New faculty members shall be oriented on their job description through MEU, benefits and compensation.

Code of Conduct

There must be a written code of conduct for the faculty members which include standards of conduct on teacher-student relationship, the institutions approach to potential areas of conflict of interest and the institutions management of violation in the code of conduct.

9. Research and Publications

The medical institution shall implement a research program aligned with its vision, mission, supports its teaching -learning and community-based fractions. Addresses ideal and national development needs.

- i. □ Encourage the medical students, faculties to participate in research and other scholarly activities.
- ii. □ Regular publication which based on mission and objectives of the institution.
- iii. □ Maintain the standard and procedures for the evaluation its standards for student conduct and procedures for the discipliner action to all the faculty and students.
- iv. □ Provide the facilities for the human care, animals, dead bodies.
- v. □ Provide facilities for the cadaver.
- vi. □ Have a BM&DC recognized journal where all should help.
- vii. □ Sufficient time should be allotted for those who are fond of research, innovation.

10. Governance and Administration

The Medical Education have

- i. □ Define its governance structures and functions.
- ii. □ This governing committee should have academic staff, student’s representatives, other stakeholders as per Govt. instructions.
- iii. □ The work would be transparent, based on governance and its decisions.
- iv. □ For management of educational program responsibilities, should be distributed, diversified.
- v. □ Proper budget allocation to execute the programs successfully and enthusiastically.
- vi. □ Have administrative and professional staff to support adjustment, good management and economic works.

10. Leadership and Responsibility

A medical institution shall have enough number of efficient,qualified, faculty members and senior administrative staff in leadership role.

Policy Formulation and Implementation

A good risk management system shall be placed to ensure that the medical institution is aware of and manages present and future risks by formulating policies and procedures as necessary.

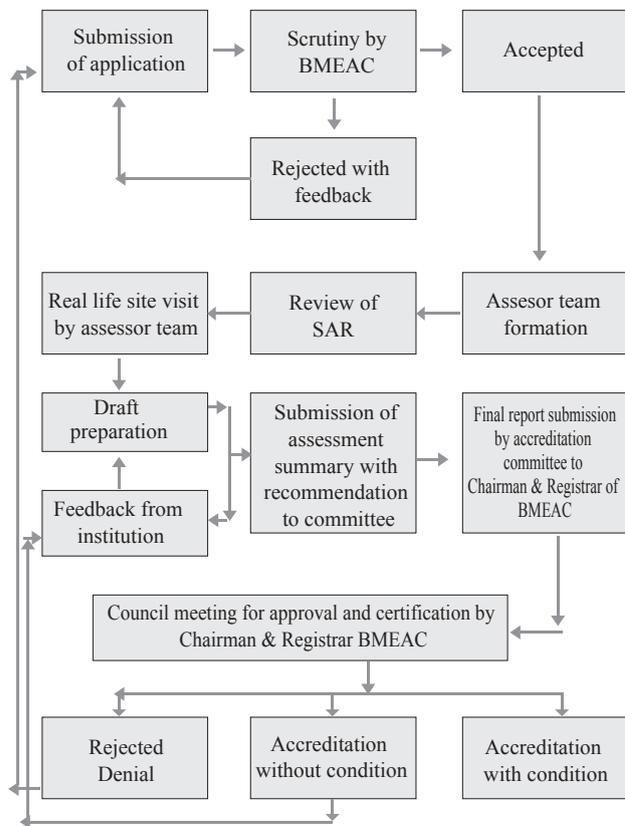
11. Continues Renewal

The medical institution shall conduct a periodic institutional evaluation to review the mission, educational management and the relevance, facilities by an independent evaluation team. The outcome of the regular institutional review shall be used for:

- Upgrading its organizational structure and functions.
- Rectifying its deficiencies.
- Allocating resources for continuous renewal.

To Prepare a Self Assessment Report (SAR) the following items should be included

- i) □ Basic information of the institute ii) Mission iii) Curriculum iv) Student services v) Teaching -learning vi) Assessment systems for the students vii) Resources for the education -which includes class-room, library, common room, hostels, Quarters for the staff-officers viii) Quality assurance ix) Academic staff/ Faculty x) Research and publications xi) Governance and Administration xii) Renewal of different activities.



Flow Chart on Accreditation

Conclusion

Institute of Applied Health Sciences (IAHS) was founded in 13 May, 1989 with 42 students by prominent National Professor Dr. Nurul Islam, an iconic figure in the field of medical education in Bangladesh, South Asia and the world. It has accorded recognition by BM & DC on 12 July, 1990. Experienced faculty members are always sincerely teaching the national and international learners to produce future, skilled, scientific doctors with humanity. Under a good Governance, authority of IAHS always keep attention to maintain all the standards required for accreditation.

Bibliography

1. Accreditation: Assuring and enhancing quality. By- Patricia M. O. Brien.
2. American Medical Association (AMA): Accreditation Manual.
3. Accreditation Board for Engineering and Technology (ABET).
4. Higher learning Commission (HLC) of England.
5. Research Gate.
6. Bangladesh Medical Education Accreditation Council (BMEAC) Dhaka-1212. October, 2024.