Peradeniya Medical School Alumni Association -PeMSAA Australasia

PeMSAA Newsletter

August 2018
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6th PeMSAA Australasia Congress Registration now Open!

It is with great pleasure that we invite you to visit the PeMSAA Australasia website: www.pemsaaaustralasia.org to register!

This year, the welcome reception is going to be held on the 12th of October 2018 evening, in the William Magarey Hall at the renowned Adelaide Oval. The first and second day of congress will be held respectively on the 13th of 14th of October in the Ian McLachlan room also located in the Adelaide Oval.

This congress is graced by two Pre-Congress Tours as well as the PeMSAA Australasia Post-Congress tour, which see's its inception this year. More information will be available regarding the Post-Congress tour in September's Newsletter.

Pre-Congress:

The Pre-Congress Tour takes place on the 12th of October, with two available tours. First, a tour of the Adelaide Hills, with the opportunity to experience the countryside of Adelaide and South Australia.

Secondly, a tour of Adelaide City itself and also our renowned beaches along the southern seaboard.

Both of which will conclude before the Opening Reception which will take place at 6:00pm, on the 12th of October.

Get in quick! Places are limited.

- 6th PeMSAA Australasia Congress Organising Committee

Inside this issue

Registration Now open 6th PeMSAA Australasia Congress - Adelaide Oval

12– 14th October 2018

- Two Adelaide sightseen Pre Congress tours 12.10.18
- Reception 12.10.18
- Academic sessions 13 & 14th October
- Gala dinner 13.10.18
- Thaala 2018 with BnS 14.10.18
- PeMSAA Australasia Post Congress Trip From Adelaide to Melbourne via Great Ocean Road

Pre-Congress Tour

Organized by PeMSAA Australasia, 2018

TOUR 1– ADELAIDE HILLS TOUR

The Adelaide Hills tour travels through the hills of Adelaide and stops firstly at Maggie's Beer Garden which is approximately 1 hour into the Hills from the suburbs of Adelaide.

The second stop after this visit, is the Gorge Wildlife Park.

A rare unfiltered opportunity to interact with Australia wildlife face-to-face in safe borders.

After the Gorge Wildlife Park, the tour travels to the German township of Hahndorf, 25 minutes from the CBD. The final destination is at the Mount Lofty Summit, which oversees the stunning city and hills of Adelaide.

Here are a few photographs from the hills tour as mentioned above:

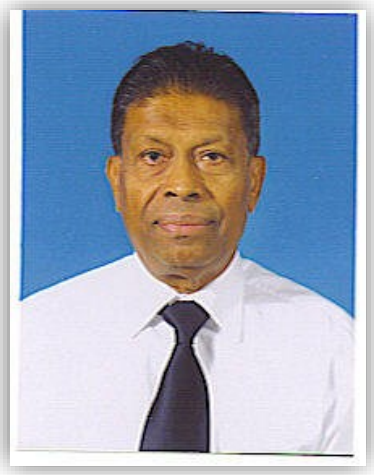
TOUR 2– ADELAIDE CITY TOUR

The second option travels through the bustling city of Adelaide, along the famous North Terrace. The tour stops at various locations throughout the Adelaide City such as the main shopping complex, Rundle Mall; as well as locations like the State Parliament, Victoria Square, the South Australian Museum and finally the amazing South Australian Art Gallery.

The tour then moves onto the renowned beaches of Adelaide, through Glenelg's Moseley Square and along the Glenelg jetty.

This city tour will have to conclude by travelling by the tram services back into the Central-Business-District at approximately 4:00pm .

Here are a few photographs from the city tour as mentioned above:



QUALITY ASSURANCE & ACCREDITATION

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Aims

The aims of this paper are to examine the link between quality assurance in medical education and the accreditation of programs of medical education, and to examine some initiatives towards these two processes at an international level. This is particularly important at a time when, in spite of many exhortations and conferences, Sri Lanka has still not introduced a mandatory system of accreditation of medical education programs. The recent unfortunate experience in regard to the second private medical school in the country could well have been averted if there was a mandatory system of accreditation in the country.

Definitions

The concept of "quality assurance", which had its origins in the business sector, has been incorporated into the health care sector and, more recently, into education for health care. It simply means a guarantee that standards are consistently met for the product of a program, through a systematic effort to maintain satisfactory performance[1]. In the case of undergraduate medical education, the products are the students who graduate from medical school.

Accreditation is a process of external evaluation of a curriculum and its associated activities to determine whether the public can be assured that the qualification granted by the institution to its products (i.e. the graduates) is of a standard that is likely to result in safe practice[2].

Quality assurance and accreditation are, therefore, intimately related, as assurance requires evaluation, to which accreditation contributes.

Purposes

The ultimate purpose of assuring quality in medical education is assuring quality in health care. In establishing the link between quality of education and of health care, the evaluator must be aware of the many variables influencing the latter, which may not be related to the former. Furthermore, if medical education is to serve its ultimate purpose of assuring the quality of health care, all three phases in the continuum of medical education must be addressed, lest gains in one phase are dissipated by neglecting another.

If the quality of an educational program is to be assured, two events must occur:

1. The program's strengths and deficiencies must be identified.
2. Action must be taken to capitalize on the strengths and correct the deficiencies.

Assessment of the quality of an educational program addresses the former but does not guarantee its quality unless steps are taken to achieve the latter. The purpose of accreditation is two-fold:

1. To protect educational quality.
2. To encourage curriculum improvement.

Protection of educational quality implies both quality assurance and the maintenance of educational standards. The extent to which accreditation serves its second purpose depends on the manner in which the body responsible for accreditation carries out its responsibilities. It is essential at the outset to clarify whether the accreditation process is conducted for quality control, quality assurance or quality improvement, or, ideally, a combination of these processes. Only then can the process of accreditation be planned to match its purpose. It is also necessary to clarify whether the accreditation process is voluntary or mandatory, public or confidential[4].

Threats to quality

At a global level, several threats to quality have become apparent over the past decades. Some of these threats are reminiscent of the time when Abraham Flexner wrote his oft-quoted report on medical education in North America[5].The present threats to medical education have stemmed from:

1. The indiscriminate opening of new medical schools in many countries of the world, many with meagre facilities and dubious motives.
2. The inconsiderate conduct of fee-paying postgraduate examinations without adequate attention given to the training of candidates.

The inadequacy of accreditation procedures in many countries of the world. Unless serious attempts are made to set up valid and strict accreditation procedures worldwide, the quality of medical education is bound to deteriorate even further. Partly in recognition of this threat, the World Federation for Medical Education initiated a global project to encourage and assist countries to set up their own accreditation systems.

Quality assessment in accreditation

Accreditation is, fundamentally, a process of evaluation. A simple model for program evaluation was proposed by Stufflebeam[6], similar to Donebadian's model of evaluation of the quality of health care[7]. Basically, these two models consider the context, inputs, processes and outputs of the program.

The inputs of a curriculum include the curriculum plan. Accreditation practices, which depend solely on review of such plans, make the mistake of equating the "curriculum on paper" with the "curriculum in action", and very often they do not coincide. This can be overcome by undertaking process evaluation.

Observation of the processes within a curriculum provides a direct assessment of its quality. However, practical difficulties in undertaking large-scale observations make observation of a sample inevitable. The Australian Medical Council (AMC) undertakes such sample observation during the accreditation team's prolonged visit to the medical school being accredited. Most studies of process evaluation, however, depend on surveys of students, teachers, recent graduates, administrators and interested public.

The nature of the product of medical education, i.e. the graduate, is the most valid indicator of the quality of education, but is the least reliable, because of the many variables which intervene or confound. Direct attribution of graduates' strengths and deficiencies to training is not justifiable, particularly if a significant period has elapsed after graduation when evaluation is undertaken. This is one of the main reasons why it has been difficult to obtain evidence as to the relative merits of one curriculum model over another, such as between students trained in a subject-centered curriculum and in a problem-based curriculum. Judging the effectiveness of a curriculum on the basis of student performance at internal examinations is fraught with danger, as performance at examinations is based on many factors, of which student caliber is only one. On the other hand, external examinations, such as national licensing examinations, were never intended to serve an accreditation purpose, as they assume a degree of uniformity across schools and encourage conformity, while militating against innovation. Unless national licensing examinations undergo change, which is congruent with progressive curriculum change, they would not serve the second purpose of accreditation, namely curriculum improvement.
The context is an important factor in any system of accreditation. Criteria for accreditation of a medical school should be internal to the society, which is served by the graduates of that medical school. This brings us to the important issue of international standards.

International standards

The issue of international standards in medical education has attracted renewed interest over the past two decades as two international projects have focused on it:
1. The World Federation for Medical Education (WFME) project on *Defining International Standards in Basic Medical Education*[8];
The Institute for International Medical Education (IIME) project on *Global Minimum Essential Requirements in Medical Education*[9].

I was privileged to have been on both task forces in the first decade of this century. The initial work is now being refined by WFME in consultation with leaders in medical education.
The WFME standards were first adapted and tried out in the medical school at Ragama, and the results of that experience were reported to the WFME Task Force meeting in Barcelona in March, 2001. The initial set of standards was amended and pilot tested in 11 medical schools across the globe. The results of these studies were presented at a subsequent World Conference in Medical Education in Copenhagen.

The IIME task force not only identified global minimum essentials, but also recommended specific instruments to assess the global essentials that were developed. These essentials were pilot tested in eight medical schools in the People's Republic of China, and the results discussed by the IIME before the essentials were disseminated on a global scale.

There are important and deliberate differences between the products of these two groups. The former (WFME) focused predominantly on the context, inputs and processes of the medical school. In each sub-area of nine broad areas identified, two levels of standards were delineated: an essential basic standard, which any school should satisfy; and a quality standard, which all schools may not meet but should aspire to. This strategy was adopted with the intention of ensuring minimal standards and promoting development, the two purposes of accreditation. The latter (IIME) determined minimum essential competencies (i.e. learning outcomes) in seven domains, with definition of knowledge, skills, professional behavior and ethics, which all graduates must possess irrespective of where they are trained. The issue of a global core curriculum, which is necessarily smaller than a national core, which in turn is smaller than an institutional core, requires careful examination[10].

It is important to realize that neither body proposed to accredit any medical school, as they were firm in the belief that accreditation is a matter for national bodies to undertake. However, they encourage such bodies to undertake the task of accreditation, and expect the standards and essentials that have been developed would facilitate this process.

At a time when medical schools in many countries are tending to increase, and with the growing globalization of medicine, the public has a right of guarantee that the products of medical education are of sufficient caliber to practice medicine. Accreditation is but one method of quality assurance.

The Sri Lankan Experience

It is regrettable that lessons were not learnt from the previous experience attempting to establish a private medical school in Sri Lanka. I refer to the Kelaniya Medical School, which ultimately was taken over by the Government and became the North Colombo Medical School, using the Ragama Hospital as its training facility. The mistake made at that time was the failure to identify or provide hospital facilities for clinical training *before* the school commenced admissions. As a result, when the curriculum reached the clinical stage government hospital facilities had to be used.

In my opinion the mistake made this time was the Act of Parliament which was passed granting permission to open the second private school on a provisional basis, with the proviso that clinical facilities would be provided by the time that students reached the clinical stage. This did not happen in time and, once again, government facilities had to be used.

The Australian Medical Council, which is responsible for accreditation of medical schools in Australia, undertakes a pre-accreditation visit to any fledgling medical school, to ensure that adequate facilities are already available before students are admitted. The SLMC would be well advised to do so in the future, and advise the Government whether facilities for the *complete* training of the medical students exists, before permission is granted to

In 2012 I was invited by the *Forum for Sri Lankan Medical Educationists* to give its Inaugural Lecture on Private Medical Schools: An Educationist's Perspective.[11] In that lecture I stressed the importance of ensuring that facilities are in place for the complete training of the medical students before students are first admitted. I also pointed out the importance of a pre-accreditation visit by a responsible body, such as the SLMC, to certify that these facilities are satisfactory. Unfortunately, this talk was given after the Provisional Act had been passed by Government. If this advice had been followed, the recent unfortunate situation may not have arisen. I hope such safeguards are taken in any attempt to open a medical school in the future, as is bound to happen with the increasing population and the potential need for more medical personnel in the country.

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6TH PEMSAA AUSTRALIA CONGRESS IN ADELAIDE

Our New Website— http://www.pemsaaaustralasia.org/

6th PeMSAA Australasia Congress Registration is now open

Welcome New PeMSAA Australasia Life Members!

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22.	Dr Nalini Thyaparan	NSW
23.	Dr Palitha Mudunna	Victoria
24.	Dr Tharangi Ranasingha	South Australia
25.	Dr Uditha Perera	South Australia

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