

# Accreditation of healthcare professionals' education in Pacific Island countries: evidence and options

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**Accreditation of healthcare professional education programs to international standards would enable Pacific Island countries to ensure that the training of midwives, nurses and physicians meets quality standards and allows for mutual recognition of degrees.**

Multi-country cooperation is evident in Australasia, the Caribbean, Europe and North America to develop common standards and promote efficiencies of scale across countries.

## Why is accreditation important in the Pacific?

Accreditation of health professionals' education is particularly important considering the increasing diversity of curricula available through donor scholarships and the growth of private educational institutions. Especially relevant to Pacific Island countries (PICs) is the increased mobility of healthcare professionals who need to undertake training in another country (e.g. because their own is too small to offer tertiary or professional education and training) or who wish to practice in a country distinct from the one in which they were trained. These issues represent challenges on several levels to guarantee the quality of the healthcare workforce (*fitness for purpose*) as well as the quality and safety of the care they provide (*fitness for practice*).

## Accreditation in PICs

Our analysis shows a variety of national regulations and authorities for program accreditation in PICs. While informal networks and exchange of professional approaches occurs, there is no formal collaboration in the region to establish common program outcomes or to ensure comparability of degrees.

## Medical Education

Increases in the number of medical schools, cross-country mobility of staff and overseas scholarship offerings have

## What is accreditation?

Accreditation is a quality assurance process that aims to evaluate educational and training institutions, programs and practices to determine whether applicable (i.e. national and/or international) standards for healthcare professionals' education are met.

## What is the evidence on accreditation models?

The international evidence identifies four broad models of accreditation according to who carries out the accreditation:

- 1) multi-country or regional mechanisms, with minimal intervention from professional bodies;
- 2) professional bodies;
- 3) multi-agency, independent bodies
- 4) government ministries.

The selection of a single model or combination is largely dependent on the complexity of a country's geographical / regional relationships, political and administrative structures in healthcare professionals' education, and cultural or historical precedent.

Prevailing best practice is for a government-appointed independent body with varying powers and responsibilities to oversee the accreditation of all health practitioner programs. Increasingly, program accreditation is tied to the regulation and licensing of health professionals, most commonly to initial licensing and registration.

Financial costs of accreditation processes are largely dependent on the size and complexity of the program being assessed. In most countries, program accreditation requires the educational institution to pay fees to the accrediting body. These may be on a per-program or per-visit basis and vary considerably. In general, the process of assessing educational institutions for accreditation is funded from the budget of the organisation seeking accreditation.

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drawn attention to the need for a common system of accreditation to ensure comparability of education and training and transferability of graduates to differing national health systems.

International teams undertook peer-reviewed accreditation in Fiji (2012) and Papua New Guinea (2004) against World Federation of Medical Education (WFME) standards. The medical school in Samoa has been assessed by an accreditation body from the Philippines.

## Midwifery Education

Midwifery educational programs tend to be reviewed and approved by professional bodies (model 2). However, in most instances the standards and criteria for review and the process leading to approval are not clearly defined.

## Nursing Education

The accreditation of nursing programs occurs largely within countries by professional bodies using a blend of models 2 and 4. Although common competencies for nurses across the WHO Western Pacific Region have been agreed upon, progress in applying them to educational programs and their use in accreditation in PICs is variable. There is generally no international accreditation of nursing programs or schools in PICs although countries with strong affiliations to USA have achieved accreditation through US agencies. Some PICs (e.g. the Solomon Islands and Samoa) have a general higher/tertiary educational accreditation process but these are not specific to nursing programs.

## Policy implications for the Pacific

Based on current international trends, context-specific options need to be developed in PICs in relation to the following:

### Educational programs

1. Good practice entails regularly reviewing educational programs to ensure graduates can meet a population's health needs.
2. Evidence suggests a beneficial accreditation process includes consensus on acceptable graduate learning outcomes, curriculum design, teaching/learning methods, assessment and the learning environment which can be adapted to meet specific needs.
3. With the diversity of existing educational programs, there is merit in mapping these against existing global standards for health professionals' education (basic / undergraduate, postgraduate and continuing professional development) for benchmarking purposes.
4. There is value in defining common competencies required for health professionals across cadres and sectors in the

Pacific context, detailing key knowledge, skills and attitudes and taking regional and local specific needs into account.

5. Alignment of licensing and registration processes with program accreditation ensures that only graduates of accredited programs are eligible for registration.
6. The South Pacific Board of Educational Assessment has the potential to become the Pacific agency coordinating regional program accreditation across health professions' training organisations.

## Accreditation Process

7. International comparison shows common accreditation systems allow for multi-country comparison of qualifications to facilitate professional mobility and skills sharing.
8. A lack of common accreditation systems in the Pacific is evident and could benefit from multi-country collaboration to ensure a comparable level of education and training across all cadres and sectors.
9. Clear guidance regarding implementation and monitoring of the accreditation process is valuable to promote clarity and accountability for education and training institutions.
10. There is value in establishing and maintaining partnerships with existing national accreditation bodies, in order to share information on context and examples of best practices.

## Health Workforce Planning

11. Thorough investigation and review of the existing informal arrangements in health workforce planning and deployment would inform improved governance and stewardship in future accreditation mechanisms.
12. Leadership is needed to adopt an overarching framework that links common sets of standards for health professionals' education programs with accreditation processes and regulatory and licensing mechanisms.
13. PICs may wish to commit to sustained political and financial commitment in order to guarantee independent investment from development partners.

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## ABOUT: The HRH Knowledge Hub

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