Abstract

Accreditation reflects agreement within a profession regarding the education of its practitioners. With the move to a single graduate medical education (GME) accreditation system in 2020, exploring the priorities reflected in the standards promulgated by the organizations responsible for U.S. undergraduate and graduate medical education accreditation i.e., the Commission on Osteopathic College Accreditation (COCOA), the Liaison Committee on Medical Education Accreditation (LCME), and the Accreditation Council for Graduate Medical Education (ACGME), warrants and timely. Current COCA, LCME, and ACGME accreditation standards were analyzed using a qualitative coding paradigm that accommodates open coding, axial coding, and selective coding to provide detail to the axial codes within each category. Results of the analysis revealed common priorities across all medical education accreditation standards as well as some variations, and the concurrence of COCA standards with priority areas that span the medical education continuum. Familiarity with the COCA accreditation standards and their contextualization within the U.S. medical education enterprise is invaluable to program planning and assessment efforts and can help to inform the consideration of various emerging issues such as the current international appeal to make explicit the implicit expectations surrounding the profession's social mission.

Methodology

To accommodate valid comparisons, only program standards for the 2017-18 training year (i.e., the LCME’s Standards, COCA’s Continuing Accreditation Standards, and the ACGME’s Common Program Requirements) were included in the analysis. The standards were analyzed via a qualitative paradigm posed by Strauss that accommodates open coding, axial coding, and selective coding.

Results

All the standards fell into two major categories, or open codes, that focused on the nature of the programs’ elements: they were either structural or procedural. The core structural elements reflected in all of the programs’ quality needs and priorities could be grouped into the axial codes corresponding to mission and governance, personnel, infrastructure and resources, and curriculum. Common procedural areas included enrollment and admissions, the provision of sufficient trainee support and services, the creation and maintenance of a high quality learning environment, and assessment and evaluation activities.

Structural

- Mission & Governance
- Personnel – Sufficient & Qualified
  - Leadership, Faculty, & Staff
- Infrastructure & Resources
  - Finances
  - Teaching & Learning Resources
- Curriculum
  - Content Specifications
  - Training Venues
  - Management Structure

Procedural

- Enrollment
- Trainee Services & Support
- Learning Environment
  - Faculty & Student Wellbeing
  - Professionalism
  - Scholarly Work
  - Diversity
- Assessment
  - Measurement Targets
  - Data Collection Specifications
  - Results Usage for Improvement

Discussion

While the accreditation standards influencing U.S. medical education program quality included many of the same components, expectations associated with some elements varied by accreditor, in some cases notably. For example, whereas scholarly work in the COCA standards was primarily an expectation associated with the college and a procedural element to provide experiential learning opportunities for students, both the LCME and the ACGME standards connected scholarly work and research to personnel sufficiency and qualifications. Additionally, making explicit what is implicit varied by accreditor (e.g., the COCA standards specifically addressed the medical education continuum, including a standard focused on GME, and the ACGME specifies leadership qualifications and responsibilities, including extensive details regarding assessment; many of which are left as implicit expectations in UGME standards).

The standards reflect each accreditor’s history and educational paradigm to some extent (e.g., COCA’s reach is targeted within the U.S., consistent with the roots of the osteopathic profession, and the LCME’s standards address the historical missions of academic higher education programming, teaching, research and service, with a standard specifically noting expectations regarding student involvement in the community and service learning, which is also consistent with the history of the medical profession itself). However, as expectations regarding medical education evolve, these changes will likely influence future accreditation standards. There are, and will be, increasing calls for the profession to attend to its “contract with society” to meet society’s health care needs (Abdalla, 2014; Cruess & Cruess, 2004). Correspondingly, as the U.S. medical education system increasingly moves to more efficient competency-based, time-variable training models, UGME accrediting bodies will need to shift from a structure and process orientation to an outcomes-based model that prioritizes competencies assessed across the learning continuum (Kogan, et al., 2018).

References


