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Preparing for Accreditation of Undergraduate Medical Training Programs in a Private Medical University in Nigeria

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ABSTRACT

Although accreditation criteria may vary, national accrediting agencies specify standards for local content and international demands. This is necessitated by regional and cultural differences that influence practice in different countries. The aim of this study is to explore the real challenges and issues associated with preparing for, and obtaining accreditation for undergraduate medical training programs in a Private Medical University, and share useful strategies and experiences that may make the process easier.

A prospective cross-sectional descriptive study was carried out among Heads of Departments in the three Faculties of the MBBS program of a Private Medical University in a Southern Nigeria, using a pre-designed proforma that captured the experiences, challenges and benefits of the accreditation exercise. Data was analyzed using Microsoft Excel Spread Sheet. Four levels of committees worked to ensure a successful outcome of the accreditation exercise. The cumulative score for physical facilities was 80% and above. The score for 17 out of the 27 items (i.e. approximately 63%) under consideration was 100% for the Faculty of Basic Medical Sciences. One Department scored staff development 40%, other-

wise all other parameters were scored 60% and above for the Faculty of Basic Medical Sciences. Similar scores were recorded for Departments in the Faculties of Basic Clinical and Clinical Sciences.

Early preparation, dedicated and determined staff, splitting complex tasks into smaller units, regular self-evaluation and a commitment by the institution to human and capital development were strategies that were found useful for the successful outcome of the accreditation exercise.

Keywords: Accreditation, Departments and Faculties, Private Medical University, Port Harcourt, Nigeria.

Introduction

Accreditation is the process whereby an independent body evaluates and gives a stamp of approval on an activity; it implies that such an activity has met certain laid down standards.[1-5] In an educational institution, it is viewed as a quality assurance process and if the external body verifies that recognized standards have been met, accreditation is granted to such an institution to operate; if standards are not met, accreditation status will not be granted, and such an institution will not be permitted to operate.

In health care, accreditation of a medical institution serves to strengthen the organization and prove that quality care is provided; it provides a benchmark for measuring the suitability or otherwise of the medical education programe of the institution, as well as the competence of the medical school to deliver quality medical education, the assumption being that better medical education will result in better doctors and better health care. The accrediting body or agency must therefore be competent, authoritative and have recognizable standards which have been benchmarked against similar standards in the region, and show impartiality and competence in carrying out its duties.

The history of formal medical education in Nigeria dates back to 1927 with the establishment of an institution for training medical manpower to diploma level in Lagos, latter the University of London College at Ibadan (which transformed to the University of Ibadan), and subsequently the University of Lagos with the College of Medicine.[6] Medical education is regulated by the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN).[7] These agencies have explicitly defined criteria, standards and procedures for accreditation. The NUC has a legal basis for Accreditation of Academic Programs in Universities which is derived from Decree. 16 of 1985. Section 10 of the Decree as amended and incorporated in Section 4(m) of National Universities Commission Amendment Decree No. 49 of 1988 empowers the Commission: “To lay down minimum standards for all Universities in the Federation and to accredit their degrees and other academic awards, provided that the accreditation of degrees and other academic awards shall be in accordance with such guidelines as may be laid down and approved by the Commission from time to time”.[8]

In a report comparing accreditation exercises between nine Developing Countries and the United States, undergraduate medical school accreditation dates back to 1957 in India and 2001 in Malaysia by respective governments following legislations for the education and health ministries.[9] In this

study, the protocols developed and implemented were found to be similar to that of the United States and Canada, and institutions that fail to meet set standards earn suspension of students enrollment, placement on probation, or outright accreditation withdrawal. Some researchers have also done some work on accreditation in Africa.[9-14] In Nigeria, there are currently fourty-two (42) medical schools in Nigeria (17 Federal-owned, 18 State-owned, and 7 private-administered).[15] Accreditation is carried out by government agencies and very high standards are required, especially in medical education where the stakes are so high; there are no compromises with the accrediting bodies who have been known to withhold/deny/ withdraw accreditation from institutions that did not meet the required minimum standards; the agencies are usually very thorough.

Preparation for accreditation in any University thus requires an understanding of the standards being used, adequate preparation and planning, assessment of strengths and weaknesses, and identification of areas of need for improvement. The process of preparation is often associated with considerable anxiety due to the associated high expectation from the accrediting agencies, work demands on the side of staff in the departments, and the financial burden it impacts on the University, translating into uncertainty of the outcome. Denial or withdrawal of accreditation is viewed as an indictment and often results in significant disruption of studies for students in the institution. The issue at stake is more worrisome in a Private Medical University where successful accreditation and achievement of set goals is seen not only as a viable means of evaluating some "justification for investment" on staff and amenities; it also serves to encourage public confidence in the institution. The aim of this study was to explore the issues (experiences, benefits / opportunities and challenges) associated with preparing for accreditation of a Private Medical University (in the year 2021) in Southern Nigeria for training of medical students, and suggest ways of dealing with some of the more stressful aspects of the preparation and ease the process.

Materials & Methods

Study Area: The study was carried out in Port Harcourt the Capital City of Rivers State, South-South of the Federal Republic of Nigeria. Rivers State is one of the 36 states that make up the Federal Republic of Nigeria, located in the southern region of Nigeria. Rivers State, created on 27th may 1967 with 23 local government councils, is a multi-ethnic densely populated State located on the coordinates 4º45'N 6º50'E. Rivers State has a total land mass of 11,077km; a population of 5,185,400; and a population density of 468/km2 (1,210/sq. mi). It is sandwiched among the southern states of Imo and Anambra states in the north-eastern border; Abia and Akwa Ibom states on its eastern border; Delta state on its north-western border; Bayelsa state on its western border; and the Atlantic Ocean on its costal southern border. The capital of Rivers State is Port Harcourt. Port Harcourt is the largest city in the south after Lagos. Lying along the Bonny River in the Niger Delta, it is located 41 miles (66 km) upstream from the Gulf of Guinea. The heart of Nigeria's Oil industry is Port Harcourt, with virtually all major multinational oil companies being represented.

Study Setting / Sites: The study site was the PAMO University of Medical Sciences, a Private University licensed by the Federal Government of Nigeria (on 19th December 2017), and committed to quality and excellence in Medical Education, Re-

search and Health Services.

Research Design: The approach for this study was a prospective cross-sectional descriptive one.

Study Population: The study population was the heads of departments in the medical/clinical departments from which data was obtained using a pre-designed proforma.

Sample Size Determination: Total population of heads of the medical/clinical departments involved in the accreditation exercise was used for the study.

Study Instrument: A study proforma was designed and used to collect data from the study population.

Validity/Reliability of Instrument: The study instrument was developed, scrutinized by all the authors and pretested before usage.

Procedure/Sampling Method: Accreditation Committees and subcommittees were set up to work to ease the process. A proforma was distributed to the heads of the thirteen (13) Departments involved in the accreditation exercise (Anatomy, Physiology, Biochemistry, Pharmacology, Anatomic Pathology, Medical Microbiology, Chemical Pathology, Haematology & Blood transfusion, as well as Surgery, Internal Medicine, Community Medicine, Paediatrics, Obstetrics & Gynaecology), by clerks working in the office of the Dean, Faculty of Clinical Sciences.

Data Analysis: Data was entered in Microsoft Excel Spreadsheet, analysed, and presented as tables.

Results

All thirteen study instruments (Proformas) were filled and returned.

Table 1: Accreditation Committees And Sub-Committees

S/No	Agencies / Committees	Status
1	National Accreditation Agency - Medical and Dental Council of Nigeria (MDCN), National University Commission (NUC), or Directorate of Planning (DOP) of the Federal Ministry of Health and Social Services (FMOHSS).	Out the Influence of the University
2	Adhoc/Private External Accreditation Team	Outside the University Influence
3	University Accreditation Committee	Within the University Influence
4	Faculty Accreditation Sub-Committee	Within the University Influence
5	Departmental Accreditation Sub-Committee	Within the University Influence
6	Task force on Accreditation	Set up by Council

Table 1 shows the levels of committees and sub-committee approach adopted by the university to achieve the goal of securing accreditation for the departments. There were four levels of committees (serial nos 2-5) that worked to ensure readiness and successful outcome of the accreditation exercise before arrival of the national accreditation agencies. There were also Mock Accreditation Exercises Carried out at Faculties & Departments, University Accreditation Committee (four weeks from expected date of accreditation and ten days to expected date of accreditation), and Private External Accreditation by External Assessor (one week to expected date of Accreditation).

Table 2: Physical Structures And Amenities

S/No	Average Summation of Items	Status	Readiness (%)
1	Buildings / Laboratories and Equipment	Yes	99
2	Staff Offices / Seminar Rooms / Libraries	"	80
3	Furnitures	"	90
4	Students Hostels/Accommodation	"	80
5	Lecture Rooms/Seminar Rooms	"	90
6	Students External /Rural Postings	"	80
7	Students' Transportation Facility	"	90
8	Students' Recreational Facilities		90
9	Hospital Setting (Wards/Clinics/Emergency Room/Theatres)	"	90
10	Miscellaneous	"	90

Table 2 shows the scoresheet for physical structures, a night before the arrival of accreditation team. The average score for all the physical structures was 80% and above.

Table 3: Evidence-Based Faculty Accreditation Readiness Scoring For Faculty Of Basic Medical Sciences (Dna = "Does Not Apply")

Table 3 shows evidence-based faculty accreditation readiness scores for Faculty of Basic Medical Sci-

S/N	Parameters (Checklist)	Anatomy	Physiology	Biochemistry
1	Self-Study Form	100%	100%	100%
2	Students List – All Levels	100%	100%	100%
3	Staff /Student Ratio	80%	100%	100%
4	Staff List by Rank/Qualification/Specialization/Staff Mix	85%	100%	100%
5	Admission Files of Selected Students	100%	100%	100%
6	Students hand Book (Departmental/Faculty)	100%	100%	100%
7	Examination Questions for The Past Three Years (All Levels)	100%	100%	100%
8	Students Scripts/Scores as in 7 Above	100%	100%	100%
9	Marking Schemes of Past Questions (For Three Years)	100%	100%	100%
10	Examination Results for the Past Three Years	100%	100%	100%
11	Continuous Assessment Records	100%	100%	100%
12	Students Projects	80%	DNA	DNA
13	Project Supervision List	100%	DNA	DNA
14	External Examiners' Report / Marks	100%	100%	100%
15	Evidence of Examination Malpractice Cases (Where Applicable)	DNA	DNA	100%
16	Budget Allocation To Each Department / Internally Generated Revenue	100%	80%	100%
17	Report of Students Work Experience / Practicum	100%	100%	100%
18	Employers Report on the Graduates of The Program	DNA	DNA	DNA
19	Staff Development for Three Years	40%	100%	80%
20	List of Books Available / Internet Connectivity / E- Resources	100%	100%	100%
21	Table 50 of the Staff Study Form indicating Physical Facility Available for The Program	100%	60%	75%
22	List Showing Staff who have benefitted from Staff Development Program	100%	100%-	80%
23	Graduation Records	DNA	100%	DNA
24	Publications Evidence	100%	100%	
25	Staff / Students Lecture Attendance List	100%	100%	
26	Students Association / Evidence of Registration with Students Affairs	DNA	DNA	DNA
27	Departmental Management (HOD to be a PhD Holder and Senior Lecturer Rank)	100%	100%	100%
28	Non-Teaching Staff (Minimum of Six for Each Department)	100%	100%-	-
29	Environmental Sanitation & Safety (Sand Buckets Fire Extinguishers, Etc)	100%	100%	100%

ences, the night before arrival of official National Accreditation Team. The rating for 17 out of the 29 items (i.e. approximately 58.6%) under consideration was scored 100%. One department scored staff development 40%, otherwise all other parameters were scored 60% and above for the Faculty of Basic Medical Sciences.

Table 4: Evidence-Based Faculty Accreditation Readiness Scoring For Faculty Of Basic Clinical Sciences (Dna = "Does Not Apply")

S/N	Parameters (Checklist)	Anatomic Pathology	Haematology	Medical Microbiology	Chemical Pathology	Pharmacology
1	Self-Study Form	-	-	100%	-	DNA
2	Students List – All Levels	100%	100%	100%	100%	100%
3	Staff /Student Ratio	1:8 (1: 4)	1:8 (1: 4)	1:4	1: 7 (1: 4)	100%
4	Staff List by Rank/Qualification/ Specialization /Staff Mix	100%	-	100%	100%	100%
5	Admission Files of Selected Students	DNA	DNA	DNA	DNA	DNA
6	Students hand Book(Departmental/ Faculty)	100%		100%	DNA	100%
7	Examination Questions for The Past Three Years (All Levels)	100%	DNA	DNA	DNA	100%
8	Students Scripts/Scores as in 7 Above	100%	DNA	DNA	DNA	100%
9	Marking Schemes of Past Questions (For Three Years)	100%	DNA	DNA	DNA	100%
10	Examination Results for the Past Three Years	100%	DNA	DNA	DNA	100%
11	Continuous Assessment Records	100%	100%	100%		100%
12	Students Projects	DNA	DNA	DNA	DNA	DNA
13	Project Supervision List	DNA	DNA	DNA	DNA	DNA
14	External Examiners' Report / Marks	DNA	DNA	DNA	DNA	100%
15	Evidence of Examination Malpractice Cases (Where Applicable)	DNA	DNA	DNA	DNA	100%
16	Budget Allocation To Each Department / Internally Generated Revenue	100%	100%	DNA	100%	100%
17	Report of Students Work Experience / Practicum	DNA	100%	DNA	100%	DNA
18	Employers Report on the Graduates of The Program	DNA	DNA	DNA	DNA	DNA
19	Staff Development for Three Years	60%	DNA	DNA	DNA	100%
20	List of Books Available / Internet Connectivity / E- Resources	100%	100%	100%		100%
21	Physical Facility Available for The Program	100%	100%	DNA	100%	DNA
22	List Showing Staff who have benefitted from Staff Development Program	50%	DNA	DNA	DNA	100%
23	Graduation Records	DNA	DNA	DNA	DNA	DNA
24	Publications Evidence	100%	DNA	100%	DNA	100%
25	Staff / Students Lecture Attendance List	100%		100%	100%	100%
26	Students Association / Evidence of Registration with Students Affairs	DNA	DNA	DNA	DNA	DNA
27	Departmental Management (HOD to be a PhD Holder and Senior Lecturer Rank)	100%	DNA	100%	100%	100%
28	Non-Teaching Staff (Minimum of Six for Each Department)	100%	50%	100%	75%	100%
29	Environmental Sanitation & Safety (Sand Buckets Fire Extinguishers, Etc)	100%	100%	100%	100%	100%

Table 4 shows evidence-based faculty accreditation readiness scores for Faculty of Basic Clinical Sciences, a night before arrival of official National Accreditation Team. The rating for 18 out of the 29 items (i.e. approximately 62.1%) under consideration was scored 100%, with some items being not applicable. The least reported score in one department 50% for "list showing staff who have benefitted from staff development program", otherwise all other parameters were scored 60% and above for the faculty of basic medical sciences. The staff/student ratio of 1: 7 was improved to 1: 4 following inclusion of staff from the Teaching Hospital environment with whom the University had memorandum of understanding.

Table 5: Evidence-Based Faculty Accreditation Readiness Scoring For Faculty Of Clinical Sciences (Dna = "Does Not Apply")

S/N	Parameters (Checklist)	Surgery	Internal Medicine	Community Medicine	Obstetrics & Gynaecology	Paediatrics
1	Self-Study Form	DNA	DNA	DNA	DNA	
2	Students List – All Levels	100%	100%	100%	DNA	DNA
3	Staff /Student Ratio	1:10 (1: 4)	1:10 (1: 4)	1:10 (1: 4)	1:10 (1: 4)	DNA
4	Staff List by Rank /Qualification / Specialization/Staff Mix	100%	80%	100%	100%	100%
5	Admission Files of Selected Students	DNA	100%	DNA	DNA	DNA
6	Students Hand Book (Departmental/Faculty)	100%	100%	100%	DNA	100%
7	Examination Questions for The Past Three Years (All Levels)	100%	100%	100%	DNA	DNA
8	Students Scripts/Scores as in 7 Above	100%	100%	100%	DNA	DNA
9	Marking Schemes of Past Questions (For Three Years)	100%	100%	100%	DNA	DNA
10	Examination Results for the Past Three Years	100%	100%	100%	DNA	DNA
11	Continuous Assessment Records	100%	100%	100%	DNA	DNA
12	Students Projects	DNA	DNA	DNA	DNA	DNA
13	Project Supervision List	DNA	DNA	DNA	DNA	DNA
14	External Examiners' Report / Marks	DNA	DNA	DNA	DNA	DNA
15	Evidence of Examination Malpractice Cases (Where Applicable)	DNA	DNA	DNA	DNA	DNA
16	Budget Allocation To Each Department / Internally Generated Revenue	DNA	-	DNA	DNA	DNA
17	Report of Students Work Experience / Practicum	DNA	DNA	DNA	DNA	DNA
18	Employers Report on the Graduates of The Program	DNA	DNA	DNA	DNA	DNA
19	Staff Development for Three Years	DNA	50%-	DNA	DNA	DNA
20	List of Books Available / Internet Connectivity / E- Resources	100%	100%	100%	100%	100%
21	Physical Facility Available for The Program	100%	80%	100%	100%	100%
22	List Showing Staff who have benefitted from Staff Development Program	80%	100%	DNA	DNA	DNA
23	Graduation Records	DNA	DNA	DNA	DNA	DNA
24	Publications Evidence	100%	50%	100%		DNA
25	Staff / Students Lecture Attendance List	100%	100%	100%	DNA	DNA
26	Students Association / Evidence of Registration with Students Affairs	DNA	DNA	DNA	DNA	DNA
27	Departmental Management (HOD to be a PhD Holder and Senior Lecturer Rank)	90%	50%	100%	100%	100%
28	Non-Teaching Staff (Minimum of Six for Each Department)	80%	60%	50%	50%	50%
29	Environmental Sanitation & Safety (Sand Buckets Fire Extinguishers, Etc)	80%	100%	100%	100%	100%

Table 5 shows evidence-based faculty accreditation readiness scores for Faculty of Clinical Sciences, a night before arrival of official National Accreditation Team. The rating for 9 out of the 29 items (i.e. approximately 31%) under consideration was scored 100% by all departments, with some items being not applicable. The least reported score in four departments was 50%, otherwise all other parameters were scored 80% and above for the faculty of clinical sciences. The staff/student ratio of 1: 10 was improved to 1: 4 following inclusion of staff from the State UniversityTeaching Hospital with whom the University had a Memorandum of Understanding.

Discussion

The establishment of a Medical School in a University or a Medical University statutorily requires the operation of the Departments to be accredited following a time-table of stepwise evaluation for quality control.[15] Step I involves notification of the Medical and Dental Council of Nigeria (MDCN), the National Universities Commission (NUC), and the Federal Ministry of Health and Social Services (FMOHSS);[7, 16-18] subsequent steps would usually follow that initial step.

PAMO University of Medical Sciences, established in 2017 is unique as it is a specialised Private Medical University; only the MBBS program and other health-related programs are offered in the University. Resource verification and accreditation exercises have been expectedly frequent in this young University in order for the various programs to run. Although lessons learnt from previous exercises have been harnessed for use for subsequent ones, challenges remain as was the case in the index accreditation exercise which was critical as it involved most of the MBBS program from Basic Medical Sciences through Basic Clinical Sciences to Clinical Sciences; it posed significant challenges which required innovative solutions. The Medical & Dental Council of Nigeria (MDCN) was to accredit the Institution for clinical training in the MBBS Program and give approval for the MBBS students to sit for the Part II MBBS examinations in Pathology and Pharmacology; it was a most critical assessment.

As shown in Table I, a University Accreditation Committees were set up by the University Management; Faculties and Departments also set up their Accreditation sub-committees, to monitor activities at the lowest level, especially Departmental documentations and state of equipment and necessary consumables. Monitoring at this level should be started early, should be continuous, and identified deficiencies escalated to Management as quickly as possible to avoid last minute purchases which may fail to arrive and cause avoidable stress on staff and Dedicated and determined staff at this level is an absolute necessity. It is at the Departmental and Faculty levels for instance, that staff strength, staff mix and categories are documented and files on each staff completed; early start ensures that any missing information could be easily obtained without undue pressure. This application of the strategy of breaking complex tasks into smaller units has been noted to result in ease of handling of difficult and potentially strenuous matters.[19, 20] Early commencement of preparations; mentored, dedicated and determined staff who were willing to run with the vision in the departments;[21] and adoption of the principle of regular self-evaluation, all of which have been proven useful in other climes [22-24] were used in the preparation for the accreditation exercise.

Most Universities preparing for Accreditation would usually have a University Accreditation Committee, but not many have a Task Force appointed by Council. A Task Force may become necessary as was the case here, when the needed accreditation is an absolute and critical necessity for the progression of the Program and well-being of the Institution. All bureaucratic red tapes which may cause unnecessary delays needed to surmouted, and the Task Force reported directly to Council. It is important in appointing a Task Force to have clearly defined roles and duties, in order to avoid duplication; regular contact and discussion with the Management is advised. PAMO University of Medical Sciences is a young and relatively small privately-operated University, so applying this strategy was useful and worked.

The MDCN has been reported to lay more emphasis on the quality/credentials of trainers, their continuing medical education / self-development and quality of training facilities, while the NUC pays more attention to curriculum development issues. [25] A report from Australia described the accreditation process as consultation rather than an inspection, based on the objectives and emphasis of the institution.[26] However, in Nigeria, the accrediting agencies have minimum standards and their assessments involve both inspection of facilities as well as consultation with relevant stakeholders, including the students; they are usually very thorough.

Mock Accreditation exercises were carried out by the University accreditation committee relatively early, to determine the state of preparedness. At one month, there was still ample time for corrective measures to be applied. The second mock accreditation exercise was to ascertain how much of what was identified one month earlier had been corrected and the state of readiness. The assessment by an Independent Assessor as was done in this instance was geared towards looking at the Institution without bias; the External Assessor was not a member of staff of PAMO University and so could give clear judgement and advice without fear or favour. Again, this was deemed necessary because of what was at stake with this accreditation – the Clinicals in the MBBS program. The comments from the Assessor were helpful in streamlining some of the documentation processes and preparing the clinical hostels for the up-coming accreditation exercise.

Evaluation of Physical Structures and Amenities (The Training Environment)

Physical structures are mandatory requirements for the smooth running of the training programs in the departments of the medical university. The place of learning environment on students and staff, and their overall role in successful medical education have been documented.[27-31] Such include but is not limited to buildings (administrative buildings, lecture halls, seminar rooms and laboratories) and equipment, offices and amenities, recreational facilities and hostels, not excluding the wards and clinics in the hospital setting. The average (cumulative) score for all the physical structures in the departments as shown in Table II was rated at 80% and above. This would appear to be a pass mark, but this assessment was carried out the night before the actual accreditation, and although suggesting further room for improvement, there really was not much time available. This is a truism especially as the demands of the clinical departments increase with the progress of the clinical training. However, the above self-rating was sufficient to secure accreditation for the stage of training by the supervising national agency. Similar self-evaluation was

also adopted and reported by another researcher in Saudi Arabia.[32]

Evidence-Based Faculty Accreditation Readiness Scoring for Basic Medical Sciences

The Faculty of Basic Medical Sciences has three Departments: Anatomy, Physiology, and Biochemistry and is the Faculty where laboratory equipment and consumables are critical for take-off and maintenance. A scoring system was developed for evidence-based Departmental/Faculty Accreditation Readiness, and the level of readiness showed that approximately 63% of the parameters were scored 100%, with most others rated 60% and above. The above average performance rating was a reflection of the determination of university management to achieve the needed goal with the limited resources at its disposal. As noted earlier, there is no discrimination between private and public institutions with the accrediting agencies in Nigeria; minimum standards must be achieved, and with the ultimate goal of maintaining required standards in Medical Education.

Evidence-Based Faculty Accreditation Readiness Scoring for Basic Clinical Sciences

Anatomic Pathology, Haematology, Blood Transfusion & Immunology, Medical Microbiology & Parasitology, Chemical Pathology, and Clinical Pharmacology are the five Departments that make up the Faculty of Basic Clinical Sciences. They are also laboratory-based Departments. Approximately 67% of the parameters under consideration were rated 100% in the evidence-based Faculty/ Departmental Accreditation Readiness Scores, with the least score of 50% reported for non-teaching staff. Staff development was also scored less and staff/student ratio was not optimal the night before actual accreditation; this latter would be corrected by staff from the Rivers State University Teaching Hospital, who also participate in the teaching of the students in the clinical classes (PAMO University is still developig its Teaching Hospital, so entered into a Memorandum of Understanding with the Rivers State Ministry of Health to use the Teaching Hospital for Clinical training of the students). Not much could be done at that late stage for the other staffing issues, but the advantage of such self-assessments is that it prepares the Institution to answer questions regarding deficiencies and plans to remedy the situation.

Evidence-Based Faculty Accreditation Readiness Scoring for Clinical Sciences

The Faculty of Clinical Sciences at the time of this accreditation exercise comprised of Departments of Surgery, Internal Medicine, Community Medicine, Obstetrics & Gynaecology, and Paediatrics & Child Health. Approximately 33% of the parameters under consideration were scored 100% ready by all departments, with some items being not applicable. The least reported score in four departments was 50%, otherwise all other parameters were scored 80% and above. It would appear that this was a reasonable score for the most recent Faculty in the Medical University. As was the case with the Faculty of Basic Clinical Sciences, the staff/student ratio in the Clinical Sciences Departments was significantly improved with the incorporation of staff from the State Teaching Hospital.

Assessments of any kind are usually a cause for anxiety because the outcome / result comes later, and preparing for an accreditation exercise is not different; it may trigger the best or the worst in individuals. However, in preparing for this accreditation exercise, there was team work, and constant display of a team spirit among staff, even from oth-

er Faculties that were not involved. It was viewed as a quality assurance / control tool, and most staff considered themselves as stakeholders. Some amenities that were lacking were provided with the knowledge that they were in the list of required items forwarded by the accrediting agencies. More academic staff were employed to meet the recommended staff/student ratio, and some non-academic staff were also recruited, hence upgrading towards the required minimum standards. All these efforts, in addition to a significant facelift in the environment of the faculties, contributed to improvement in staff morale, and a determination to do all that was necessary to secure the Accreditation.

A significant aspect of preparing for accreditation in any institution is making funds available for procurement. In a public University, this is usually provided for in the budget and some of the bigger Universities may have a robust Internally-Generated Revenue (IGR) apart from funding from Government. In a private University, there is no Government support; the Institution is dependent on tuition fees and whatever IGR may be generated from other courses / programs run by the school. For PAMO University which is a 'Mono-University', only medically-related programs are obtainable, but herein lies the uniqueness of this young University – the University Management and Council were fully committed to being the best among equals, and while not being frivolous, no expense was spared in the preparation for this all-important accreditation exercise. Thus, staff recruitment, equipment purchase, procurement of necessary consumable, beautification of the environment, etc. were all carried out and measures put in place for maintenance after the accreditation exercise.

Furthermore, as part of the preparation, all work / teaching schedules as well as the curriculum were looked into and teams sat together to review and confirm that what was available was in tandem with the requirements. All of these benefits added value to the quality of the training programe for undergraduate medical education as was also reported in a similar study in Saudi Arabia on academic accreditation of a Medical College.[32] The Accreditation exercise was essentially successful with approval granted by MDCN for the first clinical examination (Part II MBBS examination in Pathology and Pharmacology) to be conducted; the examination took place in October 2021 with an observer from MDCN in attendance.

Study Limitation: An obvious limitation of this study was that the readiness scores were a documentation for the night before the arrival of the accreditation team, so they were approximations intended to provide factual evidence of evaluation of the Facilities.

Conclusion

The accreditation of departments in our medical school was extensive, and although we tried to highlight the sensitive areas of interest, a total coverage may not have been achieved. However, successful accreditation of medical training in Nigeria (or anywhere else) is a function of significant institutional investment in capital and human resources. Strategies that enhance success in the accreditation drive are early commencement of preparations; well-mentored, dedicated and determined staff; strategy of breaking complex tasks into smaller units for the subcommittees; and the principle of regular self-evaluation.

Recommendations

We therefore, as a way forward, recommend to any institution preparing or contemplating to undertake the task of securing accreditation for medical training to commence preparations early, establish accreditation committee and subcommittees, mentor and motivate staff, commission an external accreditation team to critique the preparations made before arrival of the national agency, and importantly, be ready to spend money to improve services.

Other Information

Acknowledgement: We acknowledge the contributions of the Deans and Heads of Departments in the Faculties of Basic Medical Sciences, Basic Clinical Sciences, and the Clinical Sciences of the University. Our appreciation also goes to the Pro Chancellor, the Vice Chancellor, and Management of the University for providing enabling environment for the smooth accreditation exercise that gave birth to this study.

Ethical Considerations: The approval of the Ethics Review Committee of the PAMO University of Medical Sciences was obtained before commencement of the study.

Research Funding: The study was funded by the researchers.

Conflict of Interest: None declared

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