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The accreditation project for the Batna Faculty of Medicine in Algeria: opportunities, challenges and prospects

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Abstract. In the current context of increasing internationalization of higher education, academic leaders have had to mobilize their decision-making and consultative bodies at various levels of intervention and mediation. The aim of this approach is to establish a quality assurance system to manage the university's transition from an academic to a professional status in terms of quality. To achieve this, a fundamental change is required. This involves a shift from a "supply logic" to a "need logic." Algerian medical faculties are thus obliged to align themselves with this evolution. In the field of health sciences education, quality assurance is striving to comply with international standards. These standards are part of the accreditation process for medical faculties. The Batna medical school has made accreditation one of its priorities, and the process was initiated in May 2024. The standards of some accrediting bodies are well documented and meet basic universal criteria. The aim of this work is to document the opportunities, challenges and prospects encountered in drawing up the self-analysis report on the Batna Medical School's accreditation project.

Keywords. Accreditation, quality assurance, opportunities, self-analysis

Introduction

Accreditation of medical schools has become an increasing necessity in recent years. It represents an opportunity to achieve academic excellence [1,2]. The first accreditation of medical schools was carried out by Abraham Flexner at the beginning of the 20th century [3]. This approach made it possible to evaluate North American medical schools, and to highlight the strengths and weaknesses of each institution. Indeed, Flexner considered the standard model of medical training, established at the Johns Hopkins School of Medicine, to be the benchmark for evaluating medical schools. Accreditation thus offered the opportunity to revise curricula and strengthen training [4-11]. Following this analysis, Abraham Flexner's report highlighted a series of major improvements to be made to medical training. As a direct consequence of the report's publication, some medical schools were downgraded, while others were forced to carry out in-depth reforms or merge with other institutions. This restructuring led to a significant reduction in the number of medical schools, from 131 to 81 between 1910 and 1922. The Flexner Report, whose importance and topicality remain undeniable, represented a major turning point in medical training programs, both in the USA and internationally [12]. In

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assessing the performance of medical schools, feedback based on information gathering is essential to meet basic standards and international performance [13]. Collaboration between the accreditation body and the medical school is necessary [14]. The accreditation process advocated by accreditation bodies takes place in two main phases. The first phase, known as "self-assessment," is divided into two stages: data collection and analysis of the information gathered, which is the subject of the "internal self-analysis" report. The drafting of this report, which is a crucial stage, must comply with the standards required by the accrediting body. The second phase of the accreditation process is carried out by the accreditation body itself. This stage, known as "external assessment," involves the delegation of specialized professionals by the accreditation body. These professionals carry out an in-depth analysis of the self-evaluation report. External evaluators, selected by the accreditation body, are then commissioned to carry out an on-site visit to the university. They verify the accuracy of the information contained in the self-evaluation report.

It should be noted that, in certain situations, faculties limit themselves to a self-evaluation of their curricula and programs. However, it has been observed that this approach may prove inadequate [15].

Accreditation is a complex process. While the stages of the process may seem obvious, the way in which the faculty goes about it is not. It must mobilize the appropriate resources to gather the information needed to draw up the self-evaluation report. The drafting of this report may also encounter major obstacles, particularly with regard to the ability to analyze and interpret data objectively. In such cases, it is advisable to enlist the help of resource people who are familiar with evaluation criteria, such as objectivity, validity, reliability and fidelity [16], or with strategic analysis methods such as SWOT [17].

It should also be noted that accreditation has become an essential requirement on an international scale, including in Algeria. This is particularly true of the Faculty of Medicine in Batna, where those in charge have made accreditation a central element of their continuous improvement strategy. They have integrated accreditation into a quality assurance process, with the aim of achieving excellence. This approach, in itself, is a distinct process that needs to be examined in order to grasp its opportunities, challenges and prospects. The aim of this work is to identify the opportunities offered to the Batna Medical School during the self-evaluation phase. Within this framework, the working group responsible for drafting the report encountered obstacles that we must highlight and try to overcome. In addition, perspectives are proposed for optimizing the conduct of the accreditation stages.

The Opportunities

In the field of medical education, accreditation falls into two categories. The first concerns the entire medical training program, while the second involves a criterion-based judgment of the educational qualifications of medical schools [18]. It should be noted that, in many countries, accreditation is used as a regulatory mechanism to improve medical training [8]. The Batna Faculty of Medicine has seized this opportunity to improve medical training. The expected results of accreditation can contribute to political decision-making related to the medical faculty through a rational process. In this respect, accreditation can be seen as a major vector of change for medical education [7,19]. Accreditation acts as a mediator between training providers and the users of these educational products. According to the World Health Organization [18], accreditation aims to promote medical programs that prepare graduates to adapt to new knowledge and maintain a continuous learning process. Accreditation of a medical

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education program attests to the institution's professional competence to deliver quality education. In this respect, the Batna Faculty of Medicine must seize the opportunity offered by accreditation to evaluate its training programs and train competent health professionals. In addition, accreditation can play a crucial role in protecting society from poor-quality programs, given the growing demand for medical training. Furthermore, accreditation plays a crucial role in consolidating social trust in medical institutions and practitioners, by attesting to the adequacy of their skills to the required standards [18,20]. The Batna Faculty of Medicine therefore has a duty to ensure that its commitments to the society it serves are consistent with accreditation standards. Indeed, medical school accreditation can be an instrument for strengthening medical expertise, encouraging communication and interaction with society, and optimizing community health. The ultimate goal of medical education accreditation is to improve the health of the community [21]. It should be noted that the achievement of this social objective can be surpassed through the attainment of certain secondary objectives. These include ensuring the quality of educational programs, and encouraging change in medical schools.

The aim is also to promote the worldwide reputation of medical establishments and demonstrate the correlation between educational programs and graduates' skills

The essential elements of accreditation include the regulatory establishment of the accreditation body, the precise definition and presentation of accreditation standards, and effective certification procedures [22].

It is imperative that the accreditation body is regulated as a public body, given the impact of accreditation on medical education and public health. It should be noted that the types of publicly recognized accreditation bodies vary from country to country. In many countries, government agencies, such as the Ministries of Health and Education, play a key role in the accreditation process for educational institutions. In Algeria, the process of accrediting medical faculties was initiated by the Ministry of Higher Education. This initiative represents a significant opportunity for the Batna Faculty of Medicine, which has seized it. The process involves a regulatory commitment on the part of the faculty.

In some contexts, governments may decide to accredit independent institutions as accreditation bodies. This is the case, for example, with the General Medical Council (GMC) in the UK, the Liaison Committee on Medical Education (LCME) in the USA and the Korean Institute for Medical Education and Evaluation (KIMEE) in Korea. In these situations, the authority of the certifying body is determined by government-approved legislation [1, 23]. The World Federation for Medical Education (WFME) implements a recognition program for each national accreditation body. WFME recognition of accreditation bodies in different countries guarantees the quality of medical training programs accredited by each accreditation body [24]. Our faculty has drafted its accreditation file in French, under cover of its supervisory authority. This is in line with our desire to adapt to the specific context of French-language medical training in our country. It has been envisaged to submit this application to the WFME. This represents an opportunity for the faculty to consolidate its accreditation project by implementing a so-called double-blind procedure. By December 2019, the number of accredited agencies had risen to 50. Furthermore, in 2020, the Conférence Internationale des Doyens des Facultés de Médecine d'Expression Française (CIDMEF) was recognized by the WFME as the accrediting body for French-speaking medical schools in French-speaking countries [25].

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It is essential to understand that accreditation standards, which govern the quality of medical education, are influenced by the relationship between medical education and the healthcare delivery system. This dynamic has a direct impact on the quality of medical education. Against a backdrop of increasing international physician mobility and the globalization of medicine, interest in international accreditation standards for medical education has grown [26]. The WFME published its first report on international standards for medical education in 1998 [27]. In 2005, it published guidelines for basic standards of medical education, including medical curriculum, competency development and assessment at regional and national levels [18,28]. The Batna Medical School has endeavored to comply with the standards set by the WFME. These standards were the starting point for a process of self-evaluation of medical institutions, leading to a thorough review and modification of the medical training program. This process verified the possibilities of moving closer to the universal scientific foundations of medicine. It should be noted that the assessment of the relevance of the medical training provided at our level, in terms of its ability to meet the universal objective of training practitioners capable of caring for the population, whether healthy, sick, disabled or injured, was carefully examined.

Particular attention was paid to assessing the relevance of programs in relation to Standard 3, which covers programs for the 1er and 2e training cycles. This standard has already been used in 2021 as part of the evaluation of undergraduate programs [29]. This accreditation standard has improved the quality of medical training. It is imperative to take into account the advantages and disadvantages of international standards to create a reliable tool to guarantee the quality of medical education, while balancing these two aspects [26]. In addition, accreditation standards need to be developed taking into account the cultural, socio-economic and organizational specificities of national and regional healthcare systems [20].

The accreditation procedure, which is defined as the process by which an organization is recognized as being able to perform specific tasks adequately, may vary according to the organization in charge of the accreditation. However, a general classification of this procedure into three stages is commonly accepted in the specialized literature [4,20,13]. The first stage consists of a self-assessment by the applicant facility, followed by a site visit by assessors from the accreditation body. The final stage of the procedure is the accreditation decision by the organization. During the self-evaluation stage, each medical school analyzes its own situation against a predetermined accreditation standard. This stage is of the utmost importance, as it forms the basis of the accreditation process [4,20]. This step has enabled the faculty to develop an inventory of databases corresponding to the various standards. It gave faculty members the opportunity to situate their institution in relation to current accreditation standards, and to apply strategic analysis techniques. The writing of the self-analysis report enabled the resource persons to experiment with the SWOT method [17].

In the context of education policy, the accreditation of medical schools is of paramount importance. Educational policy can thus be defined as "the basic policy that the State and local governments publicly propose in matters of education, i.e., an intentional and rational choice of the best alternatives for achieving the objectives, choosing the means and methods of educational activities, and the means of achieving this objective. It is also part of the wider framework of the education system and its operation [30]. With this in mind, the self-evaluation phase we undertook was aimed at determining our educational objectives and the means by which we could achieve them. According to Wirt et al. [31], values play a key role in determining the direction of educational policy. All policies, including educational policies,

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follow a process aimed at identifying strategies for achieving specific values. It should be noted that these values may conflict or complement each other, with some taking priority [32]. A policy may focus on a single value, but it is more common for it to combine several of them. It is imperative to take values into account, as the nature and direction of the policy may change depending on which value is given the most importance. By way of illustration, one of the educational values identified in standard 1 of the CIDMEF framework [33] is the faculty's mission. This is arranged in synergy with two other standards: the medical school's social responsibility and governance.

It has been observed that accreditation can play a driving role in the development of teaching programs, including curricula. University managers who have experienced accreditation have stated that the reorganization of curricula was due to accreditation, and that it was implemented in line with accreditation criteria [3]. This observation suggests that accreditation criteria, like measurement and management tools, are in line with the aspirations of accreditation, namely to improve the quality of medical training. A process begun at our faculty [34] was reinforced in 2021 and during the recent self-assessment phase as part of this accreditation project [29]. It was observed that the stakeholders involved in the self-assessment process demonstrated a common understanding of the objectives of accreditation. To initiate the process, it proved necessary to be encourage the expression of shared views on the objective of accreditation or on the methodology for carrying out the tasks. The choice of participants, who were selected from among those most committed to the training field, was based on rigorous criteria, including a preference for current standards. This approach engendered a climate of trust and mutual respect, conducive to the accomplishment of the mission. It was found that a medical school's approach to accreditation is greatly influenced by its institutional culture, and by the members of that culture. Consequently, the "cultural construction" of each faculty is a determining factor in the analysis of changes brought about by accreditation. Culture, as defined by the sociological model, can be understood as "a system of behaviors or ways of life learned, shared and transmitted by the members of a specific group" [35]. It is not reduced to a behavior or an accident per se, but represents a norm or a rule that gives meaning to the set of practices and representations shared by individuals within the group.

The example of Batna's Faculty of Medicine provides an apt illustration of how a positive evaluation can be received as part of the accreditation process. As part of its curriculum development project, the faculty proactively used the results of the self-evaluation report as part of its accreditation process. The example of Stony Brook University School of Medicine highlights the importance of the active participation of medical school administrators, those responsible for various educational programs, many faculty members, directors of related institutions, as well as students and residents [36]. This approach has helped to mobilize the students and teachers of our faculty, enabling them to contribute to eventual institutional reforms.

The WFME classifies accreditation standards into two distinct levels, with the aim of optimizing this process. The first level corresponds to basic or minimum requirements, while the second contains quality improvement standards [37]. The basic standards, expressed by the term "must", impose an obligation of compliance on all medical schools. In contrast, quality improvement standards, expressed as "should", reflect recommendations rather than imperative obligations. It should be noted that these standards vary according to the stage of development of the medical school [20]. Thus, the opportunities for the medical school are twofold: on the

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one hand, to be able to meet the basic standards, and, on the other, where appropriate, to improve the quality of the services offered by the school.

Improved efficiency could be achieved by reviewing and formalizing procedures.

Medical school accreditation is of the utmost importance and manifests itself in many ways. For students, accreditation makes it easier to identify the institutions to which they can apply. For doctors, the accreditation of their medical institution can be decisive in broadening their career opportunities [37]. It would, therefore, be simplistic to regard medical school accreditation as a formality to be carried out every two years. Rather, it should be seen as an opportunity to set up a system capable of bringing about improvements and progress in medical education. Periodic evaluation is essential to achieve this goal [20]. Each medical school should therefore implement formative self-evaluation activities, which offer a valuable means of examining and recognizing each institution's unique educational philosophy [35]. Nationwide accreditation also facilitates the integration of doctors from other countries, promoting cultural diversity and the exchange of knowledge within the medical community.

Challenges

When a revision of medical training curricula is undertaken by political decision-makers, two outcomes are possible. Either the evidence provided by accreditation is ignored, or incremental changes are implemented on the basis of ideas that selectively cite relevant evidence [38]. The central institutionalization of the accreditation project represented one of the major challenges facing the faculty. The revision of training programs is also centralized. This review is carried out under the aegis of the Ministry of Higher Education, by national pedagogical committees specialized in the various fields, notably medicine and pharmacy.

When collecting data, and more specifically when drawing up the internal assessment report, the focus was on the minimum requirements of the accreditation standards. This approach led assessors to conform to existing standards, instead of looking for opportunities to improve shortcomings or reinforce strengths. Consequently, international accreditation standards, by imposing criteria that do not necessarily correspond to the national context of medical training, can potentially compromise the autonomy of medical schools. Furthermore, accreditation can, in this light, hinder innovation in a faculty's medical education. Indeed, if educational innovations are deemed not to meet accreditation standards, medical schools may be reluctant to embrace any form of innovation, for fear of undesirable accreditation outcomes [3,21]. As a result, medical schools may be less proactive in developing cutting-edge educational strategies, and their curricular reforms may be more conservative, focusing exclusively on meeting accreditation standards. The result would be a likely decline in educational excellence, presented as a distinctive characteristic of each faculty. This dynamic could potentially inhibit the emergence of innovative pedagogical practices and the spirit of innovation within medical schools [37].

The accreditation process, as a voluntary and formal process, can represent an opportunity for medical schools to restructure their curricula, establish internal regulations and oversee their educational systems [3,39]. Nevertheless, this process is accompanied by constraints in terms of time and financial resources during the preparation phase of the accreditation project [1]. Indeed, this process implies the adoption of specific regulations and procedures for the management, supervision and control of educational activities. This can result in improved productivity. However, the efficiency and enthusiasm of faculty members may be affected if they have to devote more time and effort to complying with accreditation

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standards. Indeed, they risk experiencing "accreditation fatigue," i.e., a feeling of overload and demobilization in the face of the demands of the process. Despite our efforts to involve the most motivated and committed members in the project, we noted difficulties in communication, availability, and, above all, rigor in the application of accreditation procedures. We found that these people were under pressure. This pressure is exerted by the main managers of the training institute.

For the purposes of this study, it is necessary to examine the motivating factors behind the accreditation project. It has been established that these are the pursuit of international excellence, thus promoting the mobility of the faculty's students and doctors. It should be noted that alignment with international standards should not be seen as a means of brain drain. It should be noted that the impact of accreditation can have a negative impact on the reputation of the institutions concerned. Unfavorable results could affect the quality of potential students, with financial consequences for the university [3]. In addition, accreditation can restrict medical students' options; schools are often driven to revise their programs in line with accreditation standards, rather than diversifying their approaches. This dynamic could, as in some countries such as China, where the emphasis is on academic excellence, lead to a limitation of choice for medical students [35]. This situation represents a challenge for the faculty, which must find solutions that, on the one hand, respect the national framework and, on the other, enable the institution to comply with international accreditation standards (see Table 1).

Table 1. Representative table of opportunities, challenges and prospects

The opportunities	
Reviewing the faculty's missions Verify the faculty's commitments to the company Review and update partnerships Developing an inventory process	Evaluate training programs for three training cycles Regulating human resources and material
The challenges	
Centralize the management of medical training Finding solutions for the implementation of programs for the first two cycles A commitment to society based on presumption No clear, structured data inventory	Contribute to the management of 3rd program cycle Managing central budget dependency Teacher incomprehension and reluctance Lack of a clear faculty project Inadequate accreditation standards with training and healthcare systems
The outlook	
Mitigate the effects of centralized management of training Destroy central resource management Review the method of appointing the dean and his deputy mandate Raise awareness among teachers and students in order to get them on board with the accreditation process	Equipping the faculty with a clear, structured project Use accreditation as a lever for improving faculty performance Ensure cyclical internal assessment Expanding partnerships with and for society Aligning medical training systems to accreditation standards

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Although the process has not yet been initiated by an accrediting body, concerns have been expressed about potential feedback. Medical schools that maintain mutual trust with the accrediting body, as part of a credible educational alliance, will demonstrate a favorable reception to accreditation feedback [40]. While accreditation standards are the only way to bring a medical school's stakeholders together to understand the values of the curriculum and the content of the syllabus [41], they are also likely to have a negative impact on the reputation of some medical schools that do not comply with the standards [34]. Among the concerns expressed during the self-analysis phase was the fear of a possible refusal of accreditation. These legitimate concerns are likely to jeopardize the accreditation process. These apprehensions are often associated with a feeling of being selectively evaluated in relation to other medical schools, which can lead to a feeling of discrimination.

The Outlook

Accreditation of the Faculty of Medicine brings with it a host of opportunities. However, it is not without its challenges. It is imperative to address the obstacles it may face. Taking a proactive approach, it is up to the faculty to consider how health science training can be optimized in terms of quality, while ensuring equity and excellence in the medical school accreditation process.

This project will ensure a periodic formative review. The planned evaluation model is based on that implemented by the American LCME. This model enables regular monitoring of medical schools by means of questionnaires [36]. Designed by the American Medical Association and the American Association of Medical Colleges, this annual questionnaire collects information relating to LCME accreditation standards, including medical school surface area, number of faculty members, tuition fees and financial situation.

The Council of Deans of the Association of Faculties of Medicine of Canada (AFMC) recently took the decision to make an Interim Review Procedure (IRP) mandatory, in addition to the regular eight-year accreditation. This precautionary approach can be integrated into an independent certification framework. This procedure can be considered as a formative evaluation activity. AFMC has developed a checklist for each element of the Committee on Accreditation of Canadian Medical Schools' criteria, and each university conducts its assessment against this checklist. These interim assessments can help reduce the burnout experienced by industry professionals during the certification process. Indeed, the sharing of assessment practices and post-accreditation modifications by medical schools would enable the adoption of the Canadian model, with contextualization within the faculty. It would be preferable for the national commission, attached to the Ministry of Higher Education, to implement a formative evaluation system adapted to Algerian realities, in order to foster the development of medical education in this country. The faculty will seek to minimize the effects of centralized management of medical training. To this end, it could recommend the creation of teams dedicated to the cyclical evaluation of the first two cycles, the internship and the third cycle (see Table 1).

In a holistic approach, a faculty project can incorporate accreditation as a strategy for optimizing its performance, in particular by aligning the health training system with accreditation standards.

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Conclusions

The accreditation project for Batna's Faculty of Medicine presents a number of opportunities that the establishment must seize. Adherence to international accreditation standards represents a first opportunity, while the revision of methods for setting up national medical training programs represents a second opportunity. With this in mind, it is essential that the faculty is able to meet the challenges inherent in centralizing training, while cultivating perspectives adapted to the national context of medical studies.

Abbreviations.

CIDMEF- Focus group discussion

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