Quality Assurance in Medical Education: the Nigerian Context

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SUMMARY

Background: The ultimate goal of medical education is to improve the health of the community. To ensure that medical training achieves this objective, its quality must be assured.

Objective: The aim of this presentation is to attempt a definition of quality assurance in the context of medical education, explore its linkage to improved services and outline a framework for its application in Nigeria.

Methods: A review of published articles and policy documents on quality assurance in higher education and medical training from different parts of the world, identified through an internet search, was done to distil the current ideas on the subject.

Findings: There is a consensus that graduates from training institutions must attain an agreed minimum standard in the quantum of skills and knowledge, as well as the attitudinal disposition that they are expected to acquire in the course of their medical education. This applies to both undergraduate and postgraduate professional training. There is no guarantee that the quality assurance that is implied in enforcing such minimum standards necessarily leads to an improvement in the quality of care that the community receives. Nonetheless, quality assurance should be seen as a first step towards quality improvement. Sustained improvement requires that stakeholders demand quality in service delivery and a credible process of clinical audit, with widespread dissemination of evaluation results, to ensure accountability and maintenance of quality. However, this can only happen if the medical professionals are properly trained in all accredited institutions, a situation that can best be attained by agreement on a common core curriculum and the systematic use of improvement tools, especially the continuing professional development (CPD) of trainers. The National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN) are the two bodies that have the legal mandate for the accreditation of medical and dental schools in Nigeria. Both have published separate policy documents on minimum standards of training. There is however no system of audit or formalized CPD in place yet.

Conclusions: For proper quality assurance and service improvement in Nigeria, the NUC and the MDCN need to achieve a consensus on the implementation of minimum standards for trainees and trainers, with the former leading the way on curricular issues while the latter sets the pace on quality of training facilities, the credentialing of trainers and their continuing medical education and self development.

Niger Med J, Vol. 51 , No. 2, April – June, 2010: 70 – 77.

Keywords: medical education, qaulity assurance, Nigeria.

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INTRODUCTION

The ultimate goal of medical education is to improve the health of the community. To ensure that medical training achieves this objective, its quality must be assured. The training of doctors has always been marked by the need to meet defined criteria with regard to knowledge and competencies required to provide acceptable care to members of the community. These are also prominent features of what is known today as *"Quality Assurance"*. Other terms that are sometimes used for the same exercise are *quality improvement* or *quality management* although, strictly speaking, these terms are not synonymous. There is the belief in some quarters that quality assurance sets the stage for quality improvement. Quality improvement is defined as "a continuous process to review, critique and implement changes" [1]. Thus, while quality assurance in the education of medical and health personnel is an important means of ensuring quality healthcare, we are urged not stop at quality assurance but move to quality improvement in order to keep up with the changing needs of healthcare [1, 2].

First, we need to define what is meant by 'quality'. A quality (from Latin *qualitas*) is an attribute or a property. In this context, *attributes* are ascribed to a subject while *properties* are possessed by the subject. We can also define 'quality' as the "characteristics of a function, process, system or object that are fulfilled when compared to predefined goals or standards". For instance, the quality of medical practice is the extent to which the properties of the delivered medical care meet the current criteria and demands of care as accepted by the profession and society at large; and this is generally a function of the quality of education of practitioners.

Moving a step further, various meanings have been ascribed to quality assurance (QA) but generally, QA refers to a programme for systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that pre-set standards of quality are being met. The 'quality' referred to is determined by the programme designer or sponsor. QA cannot absolutely guarantee the production of what will be universally regarded as a quality product.

Two key principles stand out in trying to ensure QA in any setting: