



Instituto de Acreditación Internacional

Background and Origins

2019.



INDEX

THE CREATION OF THE INSTITUTE OF INTERNATIONAL ACREDITATION.....	3
IAI goals.....	3
Impact of the IAI:	3
ROOTS AND REASON TO BE.....	4
Changes in medical practice and growth in the number of schools in Medicine	5
PAFAMS in the creation of WFME.....	5
Programs and recognition of the Pan American Health Office, PAHO	5
WFME and trilogy of standards.....	6
IAI SYNTHESIS 2015 - 2019.....	6
Bibliography	7



THE INSTITUTE OF INTERNATIONAL ACCREDITATION –IAI

THE CREATION OF THE INSTITUTE OF INTERNATIONAL ACCREDITATION

The Institute of International Accreditation has its origin and reason for being in the initial experiences of evaluation and accreditation of the Pan American Federation of Associations of Faculties and Schools of Medicine – PAFAMS, a non-governmental entity that brings together the Associations of Faculties and Schools of Medicine of the American Hemisphere. PAFAMS was the primary in the creation of the World Federation for Medical Education – WFME and is one of its 6 constituent regions.

The need for transnational accreditation and the creation of an autonomous entity were discussed in several meetings, seminars and workshops in which PAFAMS participated.

For that purpose, in 2012, a survey was conducted with Deans of Medical Faculties of 21 countries on the convenience and need to create an International Accreditation Institute promoted by FEPAFEM. The results of this survey were presented at several medical education events conducted, and then approved the recommendation of the creation of the Institute of International Accreditation at the General Assembly of PAFAMS at the XIX Pan American Conference on Medical Education – COPAEM in Quito, Ecuador in 2013. Thus PAFAMS takes on the challenge, of launching a necessary Institute of International Accreditation – IAI, with a view to offering this international accreditation to the faculties and medical schools of Latin America, and to which, in 2018, it had to be given an autonomous character as required by the WFME.

The mission of the IAI is to promote and develop a culture of quality in medical education on a permanent basis, through a system and processes of evaluation and international accreditation of faculties, schools, careers, programs and institutions dedicated to teaching in health sciences in Latin America.

IAI goals.

- a) Promote the quality of medical education in Latin America.
- b) Point out through Latin American standards, a paradigm of quality of Latin American medical schools.
- c) To encourage medical education institutions to permanently verify their mission, purpose and objectives implementation.
- d) Promote the permanent self-assessment of medical schools in the context of a culture of quality.
- e) Stimulate mobility processes, internationalization policy and academic cooperation between medical schools based on recognition of their quality.
- f) Make visible the suitability, strength and quality of Latin American medical schools.

Impact of the IAI:

- a) Development of a culture of quality in medical schools.



- b) Generates systematic processes of continuous improvement.
- c) Strengthens areas of social relevance such as: PHC, Professionalism and Social Responsibility.
- d) Evaluate processes and results.
- e) Promotes curriculum reforms, flexibilization and strengthening of the faculty.

The IAI process, in addition to including the main standards and indicators of traditional accreditations, includes other areas of evaluation and analysis such as internationalization, social responsibility, primary health care and professionalism, according to the realities and demands that future physicians will need for their professional performance and to fulfill their social commitment.

The IAI has the following characteristics:

- The area of its geographical and institutional action will be the faculties/schools of medicine of Latin America.
- The Academic Accreditation Council – CAA is made up of recognized medical academic authorities of the international field, and external evaluators will be experts of national accreditation councils, national associations or other relevant bodies of the different countries.
- The process the IAI has developed is focused on creating a culture of quality in the school.

If the institution does not meet the requirements to obtain an accreditation or is approved with conditional accreditation, the IAI will carry out a plan, of continuous improvement and monitoring, in conjunction with the school, to achieve the necessary improvements in order to obtain full accreditation. During this time, regular monitoring will be carried out through indicators that show the progress made with respect to the specific objectives, in order to detect in time, the achievements or failures in each of the activities implemented in the plan. The IAI, during the term of the accreditation, maintains constant contact with the accredited institution in order to stimulate its quality through an improvement and monitoring plan.

ROOTS AND REASON TO BE

PAFAMS as a regional entity on the American Continent was created in 1962, with the mission of *"Promoting the quality of Medical and Health Education through academic, research and outreach activities to improve the health of the Population it serves"* (art. 1st of the FEPAFEM Statute).

The evaluation of the quality of medical education was initiated in Latin America on the basis of the academic paradigm and on the achievements of the implementation of the flexerian model through a study of the teaching of the preclinical basic sciences in more than 80 medical schools between 1950 and 1960 (Midleton S, Numan L. 1962). A study on the scientific teaching of pediatrics was also conducted in 79 medical schools and their linkage with public health (Wegman, M and others. 1958).



Likewise, since 1962, WHO (WHO, 1962), in 1964 ASCOFAME (Velázquez Palau, G.1964) and PAFAMS (PAFAMS. 1964), at their headquarters of the initial Executive Directorate in Rio de Janeiro, raised the issue of minimum requirements for medical education. Locally, the demand was made by a very unequal and rapid development of Brazilian medical education, a situation that was expected for other countries. Subsequently, Dr. Amador Neghme, President of FEPAFEM raised in Bogota **"that there was a health education crisis that required a new social commitment** to rescue his institutional function and will give it renewed legitimacy... developing a new model biomedical and social scientist" (Neghme, Amador. 1966).

However, the most important problem presented in that decade to medical education in Latin America was the demand for coverage of services posed by PAHO, an agency that calculated by then the need to train 240,000 doctors to achieve a ratio of 5-6 physicians per 10,000 inhabitants in 1980, also the necessary linkage with health services and their orientation towards a general teaching and practice displaced by flexnerism (Ferreira, J.R. 1968) and by the relative failure of the teaching of Preventive Medicine for this purpose recommended from Seminars of Viña del Mar in 1955 and Tehuacán in 1956 which attempted to go beyond the traditional teaching of Hygiene (WHO/PAHO. 1957).

Changes in medical practice and growth in the number of schools in Medicine

New modalities of health service delivery appeared through the economic and financial crises of countries, especially private ones, which was accompanied by the shift from private and liberal clinics and small hospitals, philanthropic or public to a practice in large public and private institutions that compromised not only costs, but also the relationship and communication of the doctor and patient, the loss of professional autonomy, ethical and legal failures. "Managed care" appeared, instead of wages, productivity payments, externality, co-payments, which gradually led health to being an object of consumption.

As a derivation of this situation, there was an exaggerated growth in the number of Medical Schools, many private, without basic principles, minimum standards or suitable resources. There were curricular charges of 1200 to 900 hours, admission from 20 to hundreds of students, costs per student ranging from \$130 to \$3500 (OPS.1975).

PAFAMS in the creation of WFME.

In 1966, the Administrative Committee of PAFAMS composed of Drs. Amador Neghme, Chairman; Gabriel Velázquez Palau, Vice President; John E.D. Cooper, Treasurer; Juan Antonio Orfila, representative of South America; Juan José Fernández, representative of Central America and John Hamilton, representative of North America held the Fifth Meeting of that Committee in New Delhi invited by the World Medical Federation to create the World Federation of Medical Education, which was fulfilled in Copenhagen in 1970, at the time, being President of PAFAMS Dr. Andrés Santas, and who subsequently served as President of the World Federation of Medical Education, WFME in which PAFAMS represents the region of the Americas.

Programs and recognition of the Pan American Health Office, PAHO

In 1965, the Board of Directors of the Pan American Health Organization recognized PAFAMS as a non-governmental organization representative of schools and medical



education in the Americas. They then signed a Basic Agreement in 1977 to achieve the best achievement of raising the continent's health levels, two preliminary studies: One on the Basic Principles for the Development of Medical Education in Latin America and the Caribbean" in Caraballeda, Venezuela in January 1976 (PAHO. 1977), and another on "Minimum Standards for the Creation and Functioning of Medical Schools in Latin America and the Caribbean" in El Salvador, Brazil in December 1977.

WFME and trilogy of standards

Hans Karle President of WFME in Copenhagen in 2003, said that "internationalization, globalization and cross-border education, virtualization, ICT'S and migration have had an impact on medical education. There are competitive and lucrative transactions against traditional values: health care, service, compassion, adherence and altruism. There are no resources for research and education that conspires against medicine as a humanistic profession. As a result, the approach to the Standards for Medical Education appeared taking into account national problems, changes in service delivery, institutional conservatism, managerial inadequacy and leadership." WFME raised the trilogy of standards as a key point for developing Medical Education of Excellence.

In 2010, the Global Consensus Conference on Medical Education Standards Based on Principles of Social Responsibility in Cape Town, South Africa was convened with the participation of global organizations such as WHO represented by Drs. Manuel Dayrit and Mario Dalpoz, WFME by Dr. Stefan Lindgren, regionals including PAFAMS represented by Dr. Pablo A Pulido, and nationals in which it was concluded "that properly designed and applied accreditation systems can be a powerful force for quality and change in any complex system. This is particularly true in medical education. Accreditation can assist countries in their regulatory obligations to institutionalize the security of quality guidelines and guide individual institutions in their development. There is an urgent need to standardize the adaptation of accreditation standards and standards that reflect social responsibility. In this way, educational institutions can measure and strengthen their real ability to respond to the pressure of society's health care needs."

IAI SYNTHESIS 2015 - 2019

The Institute of International Accreditation – IAI, began to carry out accreditation processes of medical schools in 2015, with the subscription of the Accreditation Agreement concluded with the Career of Medicine of the UNIVALLE University, of the Plurinational Republic of Bolivia, to accredit its two campuses, Cochabamba and La Paz and with the Bachelor of Medicine of the ANAHUAC University, Mexico, to accredit its campus in Mexico North.

The IAI, following these experiences in Bolivia and Mexico, adjusted its methodology, phases and lapses to make them more efficient. Since the second semester of 2018 it is on and very active this year (2019), the accreditation process of the Faculty of Medicine of the University of Panama.

The process of recognition of the IAI by WFME is underway, to be completed this year

2019. (<https://bit.ly/2XSZfu0>)



Bibliography

- Chaves, Mario. The Medical Education in the Americas. Project EMA: The proposal, the results and the agenda for action. XII Conferencia Panamericana de Educación Médica. Montreal. 1989.
2. Chaves, Mario; Ferreira, José R; Kisil, Marcos; Pulido, Pablo y Rondón Roberto.
Cambios en la Educación Médica. Análisis de la Integración Docente Asistencial – PROAIDA. Fondo Editorial FEPAFEM No. 3. Caracas. 1984
 3. FEPAFEM – ABEM. Mario Chaves Alice Reis Rosa., Pablo Pulido Editores.
Educación Médicas en Las Américas. El reto de los '90 – PROEMA. Fondo Editorial FEPAFEM No. 17. Caracas. 1990.
 4. FEPAFEM / OPS / FUNDACION W. K. KELLOGG. Programa Latinoamericano de Desarrollo de la Educación Médica – PROLADEM. Informe Final. Mimeografiado. Caracas – Washington. 1988.
 5. FEPAFEM. Acta de la Sexta Reunión del Comité Administrativo. Bogotá. 1966.
 6. FEPAFEM. Acta Primera Reunión del Comité Administrativo. Pocos de Caldas. 1964.
 7. Ferreira, J.R. Análisis Prospectivo de la Educación Médica. Educación Médica y Salud. 20 (1). Washington. 1986.
 8. Ferreira, J.R. Visión General de la problemática latinoamericana en la formación y utilización de los recursos humanos. En Seminario: El Médico General. Una respuesta al futuro. ASCOFAME. Bogotá. 1978.
 9. Middleton, S; Numan, L. Encuesta sobre la enseñanza de las ciencias básicas preclínicas en las escuelas de medicina de América Latina. Boletín Oficina Sanitaria Panamericana 52 (6). Washington. 1962.
 10. OMS / OPS / FEPAFEM. WFME. The Changing Medical Professions. Implications for Medical Education. Latin American Position Paper. Edinburg. 1993
 11. OMS / OPS. Evaluación de la enseñanza médica en América Latina. En Informe del Programa de Libros de Texto de la OPS/OMS para la enseñanza de las ciencias fisiológicas en las Escuelas de Medicina de América Latina. Educación Médica y Salud. Vol. 9 (1). Washington. 1975