Author’s response to reviews

Title: Accreditation in a Sub Saharan Medical School: a case study at Makerere University

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Version: 3 Date: 15 March 2013

Author’s response to reviews: see over
13th March 2013

Dear Editor,

On behalf of the co authors, I am re submitting this manuscript for your consideration.

MS: 7459431898693942
Accreditation in a Sub Saharan Medical School an Approach to Education at Makerere University: a case study

Moses Galukande, Kenneth Opio, Noeline Nakasujja, William Buwembo, Stephen C Kijjambu, Shafik Dharamsi, Sam Luboga, Nelson K Sewankambo and Robert Woollard

We have carefully reviewed the comments previously raised by the reviewers and we have addressed them in this new submission.

Reviewer's report

Title: Accreditation in a Sub Saharan Medical School an Approach to Education at Makerere University: a case study

Version: 2 Date: 4 February 2013

Reviewer: Marta van Zanten

Reviewer's report:
The following comments are Minor Essential Revisions:
The title of this article is somewhat awkwardly worded. I suggest: “Accreditation in a Sub Saharan Medical School: A Case Study at Makerere University

Adopted to what has been suggested to read: Accreditation in a Sub Saharan Medical School: a case study at Makerere University

In the Introduction, I wonder about the accuracy reference provided for the first sentence stating that currently not all medical schools in the world are subject to accreditation procedures. The reference provided is more than 20 years old. I suggest the authors use a more recent reference, such as a WFME or FAIMER publication.

This has been corrected: http://www.Faimer.org/resources/mapping.html Feb 2013.

This gives a 2013 updated figure

In the Methods section, more detail should be provided regarding the “Quality Assurance body”. What is the purpose, scope and role of this organization? What sort of activities does this QA body do related to reviewing the medical education program at Makerere?
**Details have been included:** The Makerere QA unit is charged with overseeing the definition of standards and establishment of a framework to support execution and monitor compliance. All in the quest of providing the highest possible quality of education at Makerere.

More information should be given to address the issue of how this process was conducted in a low resource environment. The only sentence on this topic states that costs were kept low by running several half days, which does not really adequately address the issue. Was this procedural decision the only mechanism for keeping costs low? One could also imagine that for stakeholders that need to travel to attend workshops, full days would have been more cost effective than half days. The role of Makerere’s partner organizations should be better explained in terms of the low resource environment issue. The inclusion of tips for other schools in low resource environments without international partners would likely be useful for other schools looking to replicate the success at Makerere.

**Additional information has been given:** The process costs were kept low and the attendance high by way of running several half-day non-residential, a strategy preferred to full days by stakeholders, so that they could utilize the remaining half of the day to attend to other often pressing matters. A non-residential workshop saves on otherwise high hotel bills. Participatory Question Based Facilitation (PQBF) and Visualization in Participatory Planning (VIPP) approaches were used to generate and sustain individual interest\(^\text{13,14,15,16}\). Relevant materials were sent to the participants prior to the meetings.

The WFME Basic Medical Education Standards for Quality Improvement were revised in 2012. The authors should clarify that they used the previous version of these standards.

**Data was collected before the 2012 revision**

In the Results section, the purpose of Table 1 is not entirely clear. Is the purpose of Table 1 to only contain examples of standards that have the objective of enhancing partnerships, as is implied in the last sentence of the Results section? Or does Table 1 contain general examples of the standards agreed to in this process?

**to intended to contain examples**

Table 1 requires improvements in formatting and content. For example, previously in the paper the authors indicated that they adopted the 9 WFME domains, but in Table 1, the domains are sometimes provided along with the category of standards, and sometimes the domains are not provided, and some standards appear to fall under the wrong domain heading. For example, standards #22 – 25 (“Involvement of stakeholders”) appear to fall under domain number #5, but these should be under domain #6 (“Program evaluation”). The same issue appears for standards #26 – 29, these should be under the heading domain #8 (“Governance and Administration”).

**Domains have been named, Items under the domains have been corrected now.**

Also in Table 1, some of the standards that are categorized as basic standards (Level 1) are written with the word “shall” instead of “must”. Previously in the paper the authors explicitly stated that they adopted the “must” and “should” differentiations in the WFME types of standards. Therefore it is unclear to the reader why the word “shall” is introduced in some Level 1 standards (i.e., #15 and #32). Do the authors intend for “shall” to mean the same as “must”, or is there some intentional wiggle room with the use of “shall”? **“Must” has been corrected in Level 1 to maintain consistence.**

In the Discussion section, the heading of “introduction” is unclear. Also, the paragraphs under “Methods & Techniques” that describe the participatory planning techniques do not belong in the Discussion. I suggest that they should either be moved to the Methods section or eliminated.
We felt that discussing a bit about the approach would add some value.

The “implementation” section and the Conclusions bring up some very important points. As the authors indicate, defining the standards to be used was perhaps the easiest of the steps involved in designing and implementing a system of accreditation. It will be critical for the authors to maintain the momentum developed during this initial stage of the process to ensure ongoing efforts are sustained and the next steps can be realized. In addition, the authors indicate that they hope the National Councils will adopt and work with what is already in place. Are there plans in place to facilitate making this goal a reality?

Yes, through follow up workshops

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests

Reviewer's report
Title: Accreditation in a Sub Saharan Medical School an Approach to Education at Makerere University: a case study

Version: 2 Date: 5 February 2013

Reviewer: Hans Karle

Reviewer's report:
This paper deals with the process of quality improvement of a medical school in a low resource country by development of institutional guidelines using the World Federation for Medical Education (WFME) Global Standards for Basic (Undergraduate) Medical Education as a model. In principle, such an initiative is interesting.

This has been revised “Accreditation in a Sub Saharan Medical School: a case study at Makerere University”

The title of the paper is not adequate since the authors are working only with standards which could be the basis for accreditation and not with the total process of accreditation. The authors should either change the title or reflect on a future accreditation system for medical schools in the country or region (East Africa).

Some more details:
- In the Introduction, § 1, reference is made to 1600 medical schools in the world. The correct number is unknown but closer to 2100. Reference could be made to the Avicenna Directory or the FAIMER Directory. This higher estimate makes the lack of existing accreditation even worse since the growth in number especially includes private schools not covered by existing accreditation systems.

The reference has been included and the list of references is upgraded to include FAIMER directory.
Not all of the 2,323 recognised and operating medical schools are subject to external evaluation and accreditation procedures¹


- In the Introduction, §2, there should be a reference to the WHO/WFME Strategic Partnership of 2004 (see WFME website)
The reference is inserted.

2. Basic Medical Education. WFME Global Standards for quality improvement, WFME Office, University of Copenhagen Denmark 2003. www.wfme.org

- in Methods and Materials, reference 2 is not a WHO paper but published by the independent (WHO associated) organisation Towards Unity for Health (TUFH).
This has been corrected

- same section, §4, reference should be made to the WFME template (Basic Medical Education. WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark 2003).
This has been included in the references.

- in Engagement of Partners, §1; same comment as above regarding relationship between WHO and TUFH This has been corrected.

- same section, §2, the expression "refinement of standards" should be changed to "adjustments to". This was adjusted

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician

Reviewer's report
Title: Accreditation in a Sub Saharan Medical School an Approach to Education at Makerere University: a case study

Version: 2 Date: 13 February 2013

Reviewer: Charles Mkony

A. Discretionary Revisions

Introduction
The majority of the second paragraph belongs to “Methods”, strictly speaking.
One may wish to relocate such statements in “Methods” and replace them in “Introduction” with more general statements on accreditation. “Examples rather than the entire list of standards defined is cited in here.” It is probably desirable to display the entire list to convey a faithful impression of what was undertaken rather than picking a sample as examples.

**Methods and materials**

Paragraph 1. In the list of councils should the last one be “Allied Professions rather than “Allied Professional”?.

This has been corrected

Paragraph 2. “The process costs were kept low by way of running several half days, a strategy preferred to full days by stakeholders”.

This has been adjusted: The process costs were kept low and the attendance high by way of running several half-day non-residential, a strategy preferred to full days by stakeholders, so that they could utilize the remaining half of the day to attend to other often pressing matters. A non-residential workshop saves on otherwise high hotel bills. Participatory Question Based Facilitation (PQBF) and Visualization in Participatory Planning (VIPP) approaches were used to generate and sustain individual interest13,14,15,16. Relevant materials were sent to the participants prior to the meetings.

Paragraph 4. It is advisable to mention the number of weekly workshops. Presumably the experienced collaborators facilitated the first two workshops while Makerere senior academic staff did the last two-this may be a detail worth stating.

This has been noted.

**Results**

Engagement of Partners

Last statement: “Instrumental in the sense that the choice of stakeholders who engaged this process was informed by the knowledge of the partnership pentagram”. This statement cannot stand as an independent sentence. It needs a subject at the beginning.

This has been corrected.

Paragraph 2. “Examples of objectives that enhance partnerships include the following are depicted in Table 1”:

**Discussion**

Methods and Techniques

“The WFME template was found to be comprehensive in content, However, there were challenges getting consensus for every aspect. This was over come by using participatory planning techniques. Where everyone’s idea, voice was heard and considered”. The last statement is a fragment, not an independent sentence.

This has been improved

“Paulo Freire’s concretisation movement, which emphasizes awareness raising and empowerment12. Experiential learning associated with Orlando Fals Borda of Colombia which emphasizes multi dimensional thinking (cognitive), feeling (affective) and acting (psychomotor) 1.” Alternatively these statements as they stand would be acceptable if they were bulleted.

The colon has been used and not certain about bulletins
“Visualization techniques originating from the Quick born Team of Germany associated with Eberhard Schrelle and his colleagues who designed training in which decision makers and those solutions together, resulting in common action15” Any way you look at it the statement needs to be recast.

“Visualization in Participatory programs which was developed in the early 1990s….” Alternatively these statements could stand as they are if they were bulleted.

Stakeholders’ representation & engagement “The challenge of generating interest and allocating time for this activity in light of other activities competing for time and resources was tackled by, a sustained campaign of dissemination of information about a forth coming meeting and its rationale.”

Implementation
“The perception of that defining standards would generate extra work for faculty became apparent., the concerns being more work with no matching compensation for time and effort. The response to this challenge was in the promise of making standards, relate to work routine and having the activities embedded in the institutional culture”.

Conclusion
Defining standards is not an end in itself. They The standards must be used in a SYSTEM of accreditation …”.

B. Minor Essential Revisions
The Title
The title apparently has three segments, but only two are depicted in its current form, separated by a colon. Some form of punctuation is required between “school” and “an”. Since there is already a colon in the title perhaps a hyphen would be the solution. The title could therefore be “Accreditation in a Sub Saharan Medical School - an Approach to Education at Makerere University: a case study

This has been corrected:

Accreditation in a Sub Saharan Medical School: a case study at Makerere University

Introduction
Paragraph 1: The last sentence in the paragraph needs a change of punctuation and editing thus: Makerere University College of Health Sciences, a 90 year old institution, until recently had not explicitly defined minimum standards as an approach to training health care providers.
Paragraph 2: In the section which reads “In response, the College of Health Sciences at Makerere University embarked on a major curriculum renewal process. Teaching and learning methods moving from traditional, teacher-centred education to one that is fundamentally student-centred” the second sentence is not really a sentence. You have a choice of substituting a comma for the full stop that separates the two statements or recasting the second as “Teaching and learning methods moved from traditional, teacher-centred education to one that is fundamentally student-centred”.

This has been corrected

Methods and Materials
Paragraph 2. “As well as having sent relevant materials prior to the meetings” stands as a fragment. It can be remedied thus: “Relevant materials were sent to participants prior to the meeting”.

This has been corrected
This has been corrected

Paragraph 3. Recast the first sentence as follows: “The participatory Question Based Facilitation grows directly out of the need to improve the planning process in situations, which are entrenched or stagnated, highly competitive or conflictual”.

Paragraph 5. If there was an external facilitator for each group, make this explicit.

This has been corrected

Line 5: …participatory Approaches approaches including…

This has been corrected

Results

Paragraph 2. …The context of Ugandan here refers to what the needs of the country are, the mission of the college and the unique challenges of constrained Human Resource, educational materials and finances.

This has been corrected

Discussion

Context

“For the College of Health Sciences at Makerere to undertake the process of defining its own standards is in one way filling the void that is yet to be filled by the national system. In another way it is stimulating and contributing to the full development of such a system”.

“Whereas for more than seven decades the College of Health Sciences at Makerere was the sole trainer for degree health workers in Uganda, the last decade has seen the addition of over four # other institutions”. Please give the actual number or other institutions. It can’t be difficult to do this!

This has been stated as five

Major Compulsory Revisions

None

Recommendations

1. As stated in the article medical schools in the East African region have hitherto not embarked on defining standards and self evaluation as quality improvement measures. This article is therefore a welcome initiative by the Makerere group.

2. The study sets the stage and provides a challenge to other schools in the region to embark on measures to define standards for their institutions based on recognised global standards.

3. The Makerere case study is well written in general, but a number of suggestions have been made which the authors may consider for improvement of the presentation.

4. While the paper talks of “discussion, refinements of, and consensus on the WFME standards”, reading of the examples provided in Table 1 shows what seems to be almost a verbatim quotation of the corresponding WFME standards with some distortion of the orderliness with which the WFME ones are done.

Perhaps the authors can provide a fairer representation of the work the group did than what is conveyed by Table1.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests

Yours sincerely

Moses Galukande
for the co-authors