Miscellaneous

Accreditation of medical education and urology: An interview with Prof. Iskender Sayek, President of Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD)

Prof. Dr. Rahmi Onur

RO. Medical education does not only continue during pregraduation period, but it is also maintained almost lifelong. Why standardization is required for the medical education?

İS. The most important feature of the medical education is its being a lifelong education. Its fundamental objective should be to raise well-trained physicians who will improve health state of the population. Standardization of the medical education all over the country, will have a direct impact on the quality of medical education nationwide, and improve personal qualifications of the physicians. Standards formulated today will lead the way for educational institutions which is or will be established in the future, and enable construction of training programs suitable for national standards.

RO. When National Medical Education Accreditation Board for Standardization of Pre-graduate Training (TEAK) was established in our country? Will you please briefly summarize activities which have been realized up to now?

İS. National Medical Education Accreditation Board (UTEAK) for the standardization of undergraduate education was established in 2008, and later on it became an autonomous establishment in 2010, and paved the way for the foundation of Association for Evaluation, and Accreditation of Medical Education Program (TEPDAD). Since then, TEPDAD has formulated National Standards of Pregraduate Medical Education, initiated accreditation procedures for Medical Faculties,

prepared relevant documents, and informative sessions. Up to now it has bestowed accreditation to 20 medical faculties.

RO. Most of the medical faculties prefer coeducation, and integrated curriculum. According to you, are these models appropriate?

İS. As you said, in Turkey, the most frequently model of medical education is system-based integrated education. In many faculties, system-based education is supplemented with student-centered, problem based education model. However, determination of quality of medical education in consideration of student-centered, problem-based educational model used in some medical faculties is neither appropriate nor satisfactory. Whatever model is applied, it is important to use updated

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educational methods which will meet the targets Structuring educational programs by faculties within the context of previously defined standards will provide training which will meet universal criteria.

RO. Does education in medical faculties in English, complicate pre-graduate standardization of medical training? How UTEAK establishes standards for education in English? According to you, can Medical education in English be achieved? Can standardization be implemented in two languages?

İS. Language of education is not important for standardization. Whether the education provided can meet the defined standards is the critical issue.

RO. In the year 1970, there was only 9 medical faculties in Turkey. In 2012, nearly 70 medical faculties were providing medical education. Number of medical faculties in Turkey ranks 10th in the whole world, and it takes the first place among European countries. What might be the impact of this increase on pre-graduate education? As a UTEAK member, do you have any recommendation or plan regarding this issue?

İS. Unplanned establishment of medical faculties without meeting the requirements of their ultrastructure, and human resources is a critically important issue. Unnecessary increase in the number of medical faculties effects quality of medical education unfavorably. To solve this problem, our Association has defined minimal requirements for the establishment of a new medical faculty, and registration of new students.

RO. Do the Association collaborate with Council of Higher Education (YÖK) on issues as predetermination or auditing standards of educational programs? To achieve these tasks, should UTEAK work under a status of non-governmental, government peripheral or related organization?

İS. We have not, and should not be in collaboration with YÖK. However, YÖK has accredited our Association. This year YÖK extended our period of accreditation for 2 more years. Our Association has been also accredited by World Federation for Medical Education (WFME) for a period of 10 years.

RO. For the standardization of postgraduate training in urology, training and research clinics prefer to be accredited by European Association of Urology. Has UTEAK also engaged in postgraduate educational accreditation activities?

İS. Our association does not engage in postgraduate accreditation activities. However I think that associations should

undertake this task. In the future, accrediting institutions might unite on a common platform. Still, I know as a member, TB UDEK (Turkish Medical Association, Coordination of Medical Specialties) has undertaken very important tasks, and defined required standards for accreditation. For the next step, standards specific to the areas of specialties should be defined.

RO. Standardization of postgraduate medical education involves stages of ultrastructure, curriculum, proficiency tests, and accreditation. Has any clinic applied to UTEK, and obtained accreditation for postgraduate education?

İS. Since we don't grant accreditation for postgraduate education, any such application is not the issue.

RO. In especially developed countries, training of residents is audited within the context of educational programs of residents, and its standardization carries crucial importance. In our country, attempts of neither YÖK nor professional organizations have produced fruitful outcomes. According to you, how training of residents should be standardized?

İS. TTB UDEK has determined national standards, and proficiencies. Using these criteria, standardization process can be expedited. I would like to express that we attach utmost importance to this subject. As a responsible institution, we are providing every possible support on this subject. To that end, workshops, and general assemblies have been organized.

RO. What are the main points to be mindful of, in the standardization of the education for surgical branches?

İS. First of all educational programs should be standardized. In addition, especially criteria for skill training should be modified. In consideration of fundamental competencies required for specialty training, training approach based on endpoints should be adapted.

RO. Should the factors related to the selection, acceptance, and the number of students to be enrolled in a medical faculty be evaluated within the frame of this consideration or the total population of the country should be divided or multiplied by various parametric criteria to determine the number of students to be enrolled in medical faculties?

İS. The most important criterion in the determination of the number of students to be enrolled in medical faculties is related to the number of students to whom we can provide "first-class education." Among most important factors effective on this criterion, ultrastructure of the institution, its manpower, facilities, and mode of delivery of educational, and training prog-

rams should be evaluated. For instance, gradually increasing application of student-centered education is getting more and more inapplicable with current number of students applying for medical education.

RO. Our national healthcare system has undergone immense changes during recent years. What do you think about the impact of faculty members retiring from their institutions as a consequence of performance-based rating system, on standardization of education in medical faculties?

İS. This process affects the quality of education rather than standardization. Naturally, instructors have prioritized healthcare services more than training, and educational services. Education has begun to lose its priority.

RO. In a previously accredited medical faculty where majority of instructors retired, should accreditation process be initiated again or periodical auditing is necessary?

İS. Accreditation is an ongoing process. In our defined process, revisiting, and re-evaluation of the institution in question at the end of the 3. year is mandatory. Surveillance is maintained with this approach which has a crucial importance.

RO. Has UTEAK also engaged in educational activities targeting instructors? Have you any declaration for medical faculties regarding harmonization of educational plans, programs to national standards?

İS. As a fundamental goal of our association, all medical faculties in Turkey should go through this process. I think, it will be accomplished with time. Medical faculties are implementing these standards in their self-assessments.

RO. On behalf of the Editorial Board and Turkish Association of Urology, We'd like to thank you very much.