

**Indonesian Accreditation Agency
for Higher Education in Health
(IAAHEH)**



ACADEMIC PAPER

**UNDERGRADUATE MEDICAL EDUCATION
PROGRAM ACCREDITATION**

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FOREWORD

Thanks to God who has given the strength, which enabled the writers to complete the academic paper for Undergrade Medical Study Program Accreditation. This academic paper describes the history of the Indonesian Accreditation Agency for Higher Education in Health which recently expand its function to become an International Accreditation Agency for Medical Education Program. The background of the academic paper is to allow the Medical Study Program to comprehend the knowledge of IAAHEH as an accreditation agency.

The book describes the profile and history of IAAHEH, the background of the agency as an international accreditation body and the process of international accreditation held by IAAHEH. A simple and easy-read book was designed to allow medical study programs or assessors to understand the concepts and principles of the accreditation process. It was also equipped with the procedure of accreditation. It is believed that this academic paper will become a strong foundation to understand the aim, and benefits of accreditation, and predict the future of medical education.

This academic paper is written by a team of medical education experts and practitioners who come from several of the best universities and practitioners. I extend my thanks for their commitment to writing the book. I believe the expectation of the writers to provide comprehensive basic information on the IAAHEH accreditation program will positively impact medical study programs to always improve their quality of education to produce qualified medical graduates.

Jakarta, July 4th, 2023

Prof. Usman Chatib Warsa, MD., PhD
The Chairman of IAAHEH

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CHAPTER 1. IAAHEH HISTORY AND PROFILE

1.1 History

The establishment of IAAHEH was facilitated and funded by the Government of Republic Indonesia through a world-bank funded project, namely the Health Profession Education Quality Project (HPEQ) which ran from 2009-2014. For this purpose, international consultants were recruited, i.e., Prof Robert Woollard and Dan Hunt from the Liaison Committee for Medical Education (LCME) in 2011. A Project Team was also sent to visit the LCME Office in Washington to learn how a non-government accreditation agency operates. After several workshops involving seven professional organisations and seven educational school's associations were conducted, 14 organisations signed a declaration in 2011 to establish an independent accreditation agency for higher education in health.

Indonesian Accreditation Agency For Higher Education in Health (IAAHEH) or LAM-PTKes was eventually established in 2014 by 7 Health Professional Organisations and 7 Association of Education Schools in Health among those were Medicine (Indonesian Medical Association and Association of Medical Education Schools), Dentistry (Indonesian Dental Association, Association of Dental Education Schools), Nursing (Indonesian Nurses Association and Association of Indonesian Nursing Education Schools), Midwifery (Indonesian Midwives Association and Indonesian Midwifery Education Association), Pharmacy (Indonesian Pharmacist Association and Association of Indonesian Pharmacy Education Schools), Public Health (Indonesian Public Health Association and Association of Indonesian Public Health Education Schools), and Nutrition (Indonesian Nutrition Association and Association of Indonesian Nutrition Education Schools).

1.2 Profile

The primary task of IAAHEH is to accredit all health study programs in Indonesia which includes the veterinary study programs that joined in 2020. The number of health study programs has increased from 2950 study programs in 2015 to 5300 study programs in June 2024. At the end of May 2024, the IAAHEH accredited 4547 Study Programs in Health covering different higher education types (vocational, academic, and professional) and programs (diploma, bachelor, master, doctoral, profession, specialist, and sub-specialist). These programs must re-accredit every 5 years before the accreditation status expires or one year after the accreditation decision if they intend to improve their accreditation status.

IAAHEH's vision is to become a globally acknowledged accreditation school to facilitate quality higher education study programs in health. IAAHEH's missions are: (a) to develop IAAHEH in a professional and accountable manner; (b) to improve the quality of accreditation services for higher education study programs in health; (c) to increase the network and recognition of IAAHEH at national and global levels. The core values of IAAHEH are "amanah" (accountable and reliable) and "mandiri" (independent).

1.2.1 Operational Values

In delivering its services, IAAHEH is driven by its operational values as follows:

a) The Culture of Continuous Quality Improvement

The Culture of Continuous Quality Improvement is the commitment to improve the performance of study programs so that quality becomes a culture in all study programs. Continuous Quality Improvement is achieved when there is a closed connection between the internal quality assurance system and the external quality assurance system. IAAHEH believes that the internal quality assurance system is the starting point for external quality assessment. This belief is applied in the accreditation process, which begins with the study

program's Self-Evaluation Report based on the results of their internal quality assurance system. This report will be used as the basis for the desk evaluation. Upon the completion of site visits and the validation process by the Accreditation Board, IAAHEH announces the accreditation decision and the recommendations for the improvement of the study program. This relationship is depicted in the following diagram:

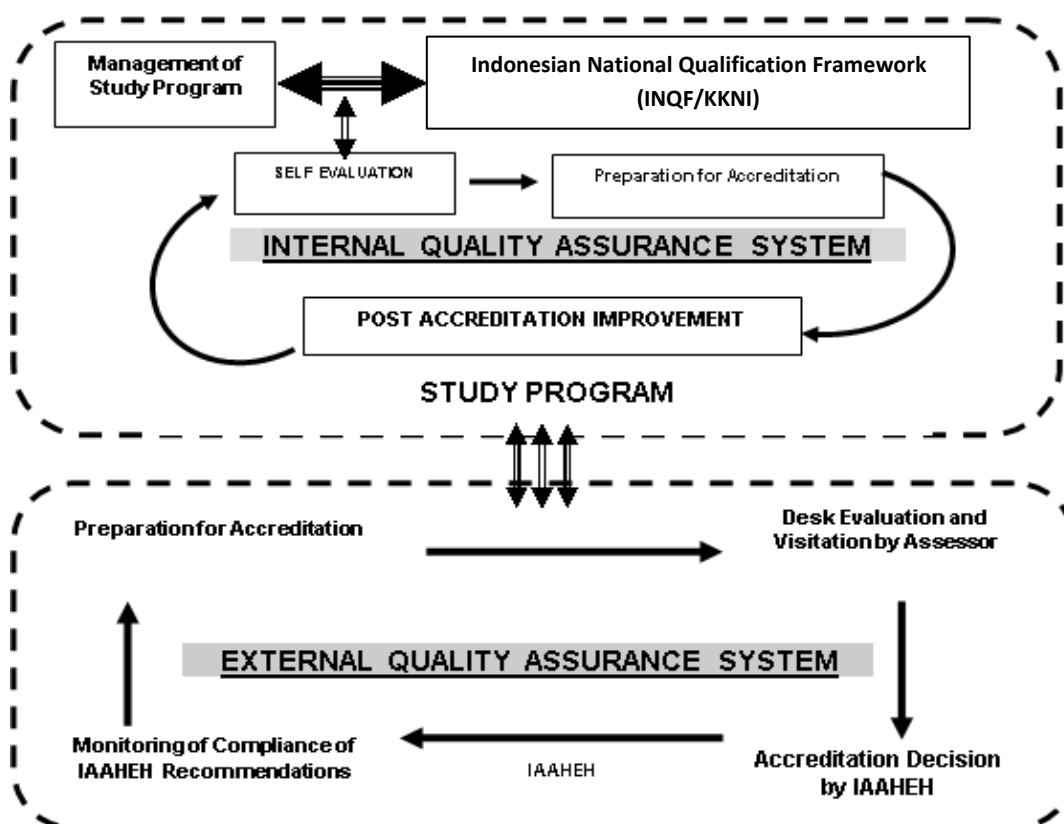


Figure 1. The Relationship between Internal Quality Assurance System and External Quality Assurance System

b) Quality Cascade

Quality that is interrelated between the quality of higher education in health with the quality of medical and health practices and eventually the quality of community health (Quality Cascade). The accreditation system ensures the quality of schools will produce quality graduates who will deliver quality medical and health practices.

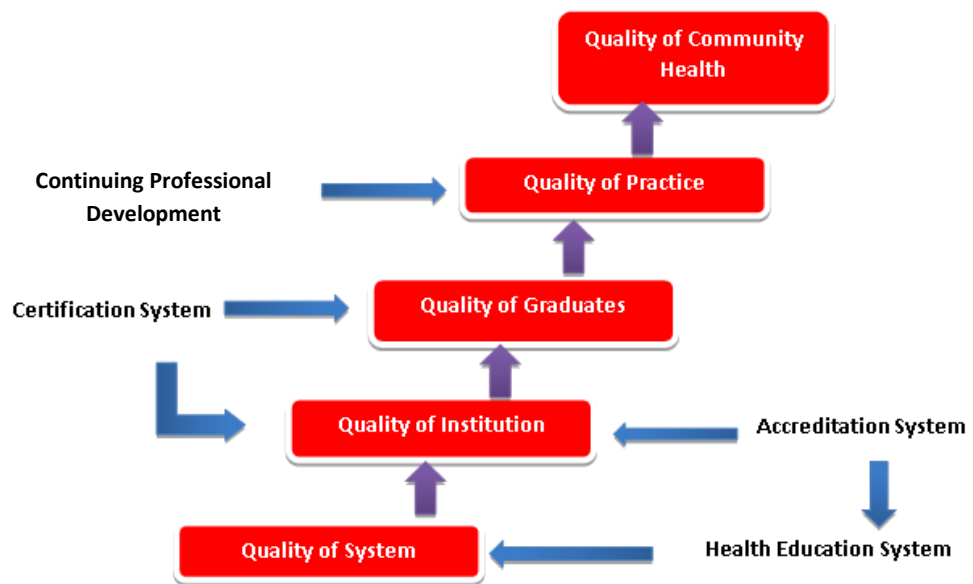


Figure 2. Quality Cascade

c) The Conceptualisation - Production - Usability Concept

The concept of production and use of the health profession which demands continuity between the career paths of health workers from education, graduation, and placement to professional development (Conceptualisation - Production - Usability (CPU):

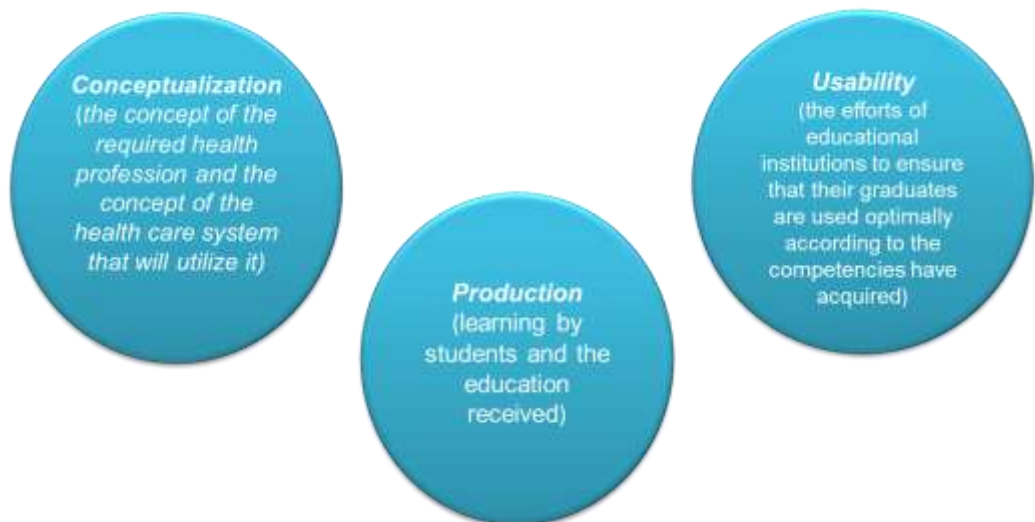


Figure 3. Conceptualisation-Production-Usability

d) Trusted by all stakeholders (Trustworthy)



Figure 4. Relationship between IAAHEH and Stakeholders

IAAHEH strives to gain trust from the different stakeholders, namely the government, higher education schools and academic communities nationally and internationally, as well as civil society which include Professional Organisations, Association of Education Schools, the Indonesian Medical Council, and the Indonesian Health Workforce Council.

e) Interprofessional Education (IPE) as the Foundation for Interprofessional Collaboration (Inter-professionalism).

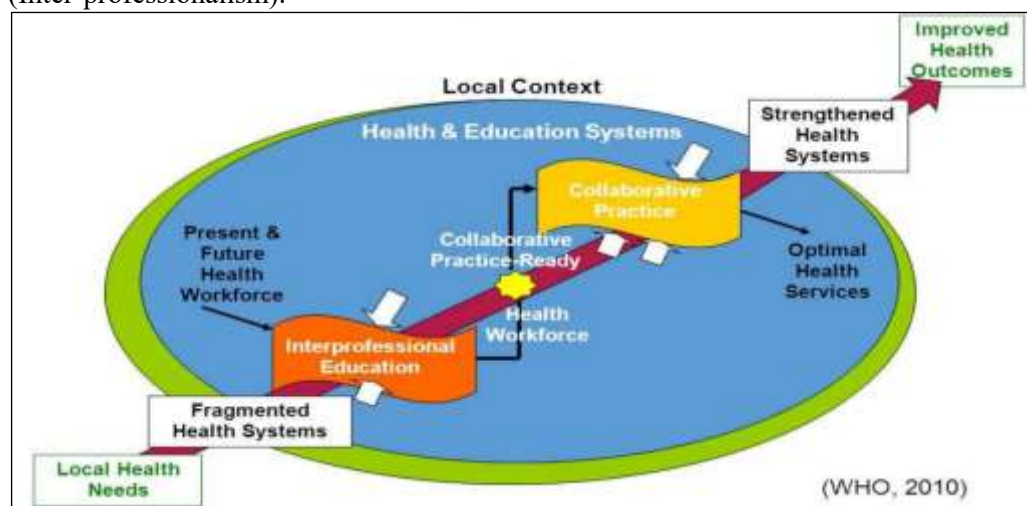


Figure 5. Relationship between Interprofessional education and interprofessional collaboration

IAAHEH encourages the implementation of IPE in higher education in health by including IPE as one of the scoring elements in the accreditation criteria. IAAHEH believes that implementing IPE will push the realisation of Interprofessional Collaboration which will increase the quality of service, and therefore improve patients' outcomes.

1.2.2 National Recognition

IAAHEH has got a number of recognitions from national agencies. Recognition by the Ministry of Education, Culture, Research and Technology. The approval to establish IAAHEH from the Indonesian Government was obtained through the Ministerial Decree No. 291/P/2014 about Operational IAAHEH.

Recognition by the Ministry of Human Rights and Laws

The approval to operate legally as an accreditation agency was obtained from the Ministry of Human Rights and Laws through Ministerial Decree No. AHU-30.AH.01.07

The decree of the Ministry of Education and Culture No 83/P/2020 on International Accreditation Agency implied that since IAAHEH has been recognised by WFME and APQR, it can operate as an international accreditation agency in Indonesia. WFME and APQR are included in list A of the Decree.

The decree of the Ministry of Education and Culture No 385/P/2021 on Criteria and Procedures for Recognition of International Accreditation Institutions.

The decree of the Ministry of Education, Culture, Research, and Technology No 236/O/2024 on International Accreditation Agencies. This decree gives IAAHEH an authority to conduct international accreditation for study programs in faculties of medicine in Indonesia and other countries.

1.2.3 Recognition by the International Agencies

Internationally, IAAHEH is recognised by Asia Pacific Quality Register (APQR) for the duration of 2018 – 2023. APQR is a non-governmental and non-profit network in Asia Pacific that has been striving for “Enhancing the Quality of Higher Education in the Asia-Pacific Region” and "Dissolving Boundaries for a Quality Region".

IAAHEH is also recognised by WFME under the WFME Recognition Program until 2028. WFME is the only global organisation established by the WHO and WMA in 1972 that is mandated to safeguard the quality of medical education.

Currently IAAHEH has also gained recognition by the AQAF. AQAF is ASEAN Quality Assurance Framework - an initiative under the EU Share Program. The purpose of AQAF is to provide a common core of QA principles that demonstrates good international practices and serves as a benchmark and neutral point of reference for national quality assurance agencies.

CHAPTER 2. PURPOSE AND BENEFIT

International accreditation is the accreditation that is conducted by an accreditation agency that operates outside its jurisdiction and has a legal mandate by an authority from its country of origin and is recognised by the recipient country.

IAAHEH has been given a legal mandate by the Ministry of Education, Research and Technology through the Ministerial Decree of the Ministry of Education and Culture No 83/P/2020 on International Accreditation Agency and No. 385/P/2021 on Criteria and Procedures for Recognition of International Accreditation Institutions. IAAHEH may operate in Indonesia to conduct accreditation based on international standards and best practices of international accreditation procedures.

2.1 Purpose

IAAHEH has been granted WFME Recognition in 2018 which lasts up to 2028. IAAHEH commits to uplifting the quality of medical education. Nevertheless, currently, not all governments have provided accreditation services to medical schools for some reasons, such as the size of the country, different priorities, the limited number of schools, etc. Therefore, IAAHEH provides accreditation services to such countries or regions, so that it may support the WHO Global Strategy for Human Resources in Health goal in 2030.

The purpose of international accreditation is:

- To prepare the Medical Study Programs to obtain a higher international reputation
- To facilitate the graduates of Medical Study Programs for international recognition
- To ensure that the accredited study program has fulfilled the WFME Global Standards for Basic Medical Education
- To encourage study programs to have continuous improvement and to maintain their 'excellence accreditation status'.

2.2 Benefit

The study program has the option to apply for international accreditation or national accreditation. For the study program that opts for international accreditation, they will get 'excellence' status if they are fully accredited.

There are some benefits of international accreditation of Indonesia Medical School by IAAHEH, as follows:

- The study programs that have been accredited internationally have more opportunities to develop international collaboration with overseas medical schools or international organisations.
- The graduates from a WFME-recognised medical school do not have to undergo pathway 6 (Evaluation of Clinical Patient Encounters by License Physicians) unless they failed in Step 2 CS. It could be found on the following website:
<https://www.ecfmg.org/certification-requirements-2023-match/>

CHAPTER 3. CONCEPT OF IAAHEH QUALITY ASSURANCE

Now being recognised by several international agencies as having met the standards of international accreditation practices, in line with its vision to play a role globally in facilitating the enhancement of quality in medical and health profession education, IAAHEH intends to expand its accreditation services to accreditation agencies outside Indonesia's jurisdiction. IAAHEH aims to capitalise on its experiences to promote quality and assist accreditation agencies from other countries to identify their strengths and potential so that quality education can be uplifted. IAAHEH also supports Sustainable Development Goals No 4, i.e., quality education. Quality education for the medical and health profession is very important in ensuring that the healthy development of a nation can be realised to achieve 'health for all' and to fulfil the call from Alma Ata Declaration in 1978 that 'health is a fundamental human right'.

IAAHEH realises that there are countries that do not yet have a national accreditation system. Some factors may include the size of the country and the number of schools in medical education and health professions, which cause the cost of setting up a national system to be too expensive and inefficient. These countries should be assisted in being able to take part in external systems of quality assurance as one of the terms of obtaining recognition from its stakeholders as a credible educational school.

3.1 Concepts of Quality

There are four groups of stakeholders that must be considered when defining quality: providers (e.g., funding bodies and the community, taxpayers); users of products (e.g., students); users of outputs (e.g., employers); and employees of the sector (e.g., academics and administrators; Srikanthan & Dalrymple, 2003). Each group has a different perspective on quality.

Quality is not static but rather a dynamic, ever-changing pursuit of excellence that must be considered in the context of the larger educational, economic, political, and social landscape (Bobby, 2014; Ewell, 2010)

As shown in Table 1, the literature revealed four broad conceptualisations of quality: quality as purposeful, exceptional, transformative, and accountable.

Table 1. Definition of Quality

Classifications	Definitions
Purposeful	Schools' products and services conform to a stated mission/vision or a set of specifications, requirements, or standards, including those defined by accrediting and/or regulatory bodies
Exceptional	Schools' products and services achieve distinction and exclusivity through the fulfilment of high standards
Transformative	Schools' products and services affect positive change in student learning (affective, cognitive, and psychomotor domains) and personal and professional potential
Accountable	Schools are accountable to stakeholders for the optimal use of resources and the delivery of accurate educational products and services with zero defects.

Defining quality is an important prerequisite for defining quality assurance. After all, one must know what quality is before determining how to assure it. An accreditation agency needs to have a clear definition of quality.

IAAHEH upholds the definition of quality as ‘fitness for purpose’, which belongs to the category of purposeful. IAAHEH believes that every action, every activity, and every program that is carried out by the school must be geared towards the achievement of the purposes of the school and the purposes of the study program. In addition to this, IAAHEH also perceives quality as being accountable to the internal and external stakeholders. Schools should ensure that resources are adequate and optimally used to deliver educational products and services. Lastly, quality means transformative, meaning that education programmers should provide meaningful and positive experiences for the students to grow, unlock their potential, and find employment opportunities.

3.2 Quality Assurance System for Medical Education

Quality assurance (QA) in higher education is not a simple one-dimensional notion about academic quality. Given the varied needs and expectations of a wide range of stakeholders, quality in higher education can be said to be multi-dimensional.

The World Declaration on Higher Education for the Twenty-First Century: Vision and Action (October 1998), Article 11, Qualitative Evaluation considers quality in higher education to be:

“A multi-dimensional concept, which should embrace all its functions and activities, teaching and academic program, research and scholarship, staffing, students, buildings, facilities, equipment, services to the community, and the academic environment. Internal self-evaluation and external review, conducted openly by independent specialists, if possible, with international expertise, are vital for enhancing quality.”

To develop, implement, sustain, and improve the level of quality in higher education, schools need to install a rigorous quality assurance system. The Regional Report of Asia and the Pacific (UNESCO, 2003) defines quality assurance in higher education as “the systematic management and assessment procedures to monitor the performance of higher educational schools.”

3.2.1 Internal Quality Assurance System

Each medical school is obliged to have an internal quality assurance system in place. An internal quality assurance system as defined above is an ongoing, continuous process of evaluating (assessing, monitoring, guaranteeing, maintaining, and improving) the quality of medical education. This implies there should be some structures to be assigned tasks and responsibilities to carry out QA functions. There should be some agreed procedures to ensure that educational programs are implemented as planned, and if there is force majeure, certain risks and mitigation plans are already in place.

3.2.2 External Quality Assurance System

Quality Assurance Systems in higher education are usually referred to as accreditation. In assessing the quality of medical and health professional education, IAAHEH will consider the internal quality assurance system of the medical study programs during the accreditation process.

CHAPTER 4. IAAHEH INTERNATIONAL ACCREDITATION

4.1 The Principles

The basic requirement is that the accreditation system must be trusted and recognised by all: the medical schools, students, the profession, the health care system, and the public. Trust must be based on the academic competence, efficiency, and fairness of the system. These characteristics of the system must be known by the users and consequently, the system must possess a high degree of transparency.

4.2 The Governance

The accreditation system must operate within a legal framework. The system must be under either a governmental law or decree; the statutory instrument will most probably be rules and regulations approved by the government and the permission from WFME to operate in other countries who have official collaboration with IAAHEH. The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from the government, the medical schools, and the profession. The legal framework must authorise the accrediting body to set standards, conduct periodic evaluations and confer, deny, and withdraw accreditation of medical schools and their program in medical education. The framework must lay down the size and composition of the accreditation committee or council and must allow the committee or council to decide on the by-laws specifying the procedure for accreditation, including the appointment of a review or site-visit teams. Furthermore, the legal framework should include rules regarding the declaration of conflict of interest and the handling of complaints.

The accreditation body or agency must have an accreditation board, committee or council, and administrative staff or unit. For specified tasks, such as external evaluations, a review or site-visit team must be appointed by the accreditation committee or council.

The accreditation council consists of five members. The members must be highly esteemed and respected within the profession, and preferably of international standing. All members must have an educational background in medicine.

4.3 International Accreditation Standards

The standards or criteria of accreditation must be predetermined, agreed upon, and made public. The criteria used as the basis for the accreditation process - the self-evaluation, external evaluation, recommendations, and final decision on accreditation - must be the WFME global standards for quality improvement in basic medical education, with the necessary national and/or regional specifications or a comparable set of standards.

4.3.1 Principles-based Standards

A principles-based approach seeks to set principles that specify the intention of regulation, rather than set rules detailing requirements of medical and health professional education programs. Principles-based standards are not prescriptive and detailed but are stated at a broad level of generality. They address the components of the educational program, such as student support, a curriculum model, or an assessment system. However, they do not detail how support should be offered, what curriculum model should be adopted, nor what assessment methods should be used. They ask that the medical school states its mission and values, but they do not define what those missions or values should be. Those are contextual decisions for local agencies and schools. This way, principles-based standards can meet the different needs of regulatory agencies and medical schools around the world, whatever their resources, contexts, purposes, and stages of development. This principles-based approach is designed to guide agencies and schools in any and every context. They might be used for new medical schools, established medical schools, and new or established regulatory

systems. The new standards invite schools or organisations that wish to use them to interpret them for their own culture, resources, aspirations, and values, while still addressing the specified areas of performance.

4.3.2 Adoption of WFME Global Standards for Basic Medical Education to Indonesia Context

IAAHEH will use WFME Global Standards for Basic Medical Education version 2020. The first reason is that it has adopted principles-based standards as explained above meaning that it can be used in any school's context. WFME standards are developed through a series of steps involving stakeholders around the world. Therefore, the WFME global standards represent the agreed educational principles among global stakeholders. The second reason is IAAHEH has been granted recognition and permission to operate outside Indonesia's jurisdiction by WFME as well as by the Indonesian Government. The following are WFME Basic Medical Education Standards 2020:

- Criteria 1: Mission and Values
- Criteria 2: Curriculum
- Criteria 3: Assessment
- Criteria 4: Students
- Criteria 5: Academic staff
- Criteria 6: Educational Resources
- Criteria 7: Quality Assurance
- Criteria 8: Governance and administrations

IAAHEH has developed a team to adjust the sub-criteria (criteria for compliances) of each standard from WFME Global Standards for Basic Medical Education into Indonesian condition. The results of the adjustment were reviewed by the General Medical Council, UK. The details of the reviewed sub-criteria can be read in the Handbook for Medical Education and Handbook for Assessors.

4.3.3 Outline of IAAHEH International Accreditation Procedure

- Stage 1. Eligibility and Registration
- Stage 2. Online Nurturing
- Stage 3. Preliminary and Completing Self-Evaluation Report (SER)
- Stage 4. Desk Evaluation (DE)
- Stage 5. Survey Visit
- Stage 6. Survey Report
- Stage 7. Decision of Accreditation Results (Online)
- Stage 8. Appeal and Complaints
- Stage 9. Post Accreditation Monitoring

The total process requires 36 weeks.

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