




# Scrutiny of Iran Undergraduate Medical Education Program Accreditation: Post-accreditation Monitoring Challenges

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## Abstract

Considering all medical schools in the nation and the preparation of the third round, which will begin in the coming months, a review of the accreditation of undergraduate medical education programs in Iran has identified both opportunities and threats with regard to the 2 previous rounds.

The prediction of the third round will not result in quality assurance or improvement for medical schools if the aforementioned opportunities and threats are not carefully examined. This is due in part to a misinterpretation of the nature of accreditation, which is an expertise model, where expertise is the matter of competence, competency, knowledge, skills, and attitude that must be examined in compliance with the well-organized criteria.

**Keywords:** Undergraduate Medical Education Program Accreditation, Postaccreditation Monitoring

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## Main Challenges

In 2019, the Undergraduate Medical Education Council of Iran's Ministry of Health and Medical Education (MoHME) was officially recognized by the World Federation for Medical Education (WFME) as the authentic and legitimate agent in Iran to accredit all medical schools across the country. Then, the first need was designing and developing a national set of standards to evaluate and accredit medical schools. In the first phase, an expert panel was formed and they designed and developed the standards set based on the Basic Medical Education WFME Global Standards for Quality Improvement, the 2015 Re-

vision, designed in 9 areas as follows:

- Mission and objectives
- Educational program
- Student assessment
- Students
- Faculty
- Educational resources
- Program evaluation
- Governance and administration
- Continuous renewal

In addition to the Must and Should criteria, the WFME standards were translated in certain circumstances, while

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### ↑What is “already known” in this topic:

Undergraduate medical education can be accredited using the World Federation for Medical Education's (WFME) quality improvement standards, which are well-known and accepted in the global medical education community. A medical school's credential is globally recognized if it can be found in the World Directory that has been approved by any WFME-accredited agent.

### →What this article adds:

The contextualized nature of accreditation gives the WFME the flexibility to allow its authorized agents to create a national set of criteria. Although the Iranian Ministry of Health, Treatment, and Medical Education's integrated system is innovative in and of itself, each innovation also presents certain potential and risks. This publication contributes important observations about the difficulties of undergraduate medical education after 2 rounds.

standards tailored to the Iranian medical school context were produced in others.

The rigorous mentioned process was explained in detail in a study by Gandomkar et al (1). Most of the issues were desirable because of the scientific approach used to set the standards and the certification process, which was carried out in the first round for a variety of reasons, one of which was the process's novelty. According to Aghabagheri et al, the council was required to submit the yearly report and post-accreditation monitoring of the first round to the WFME (2).

The first challenge considering the hermeneutic phenomenology method adopted by Gadamer (3) was the standards, which were not mutually understandable between the stakeholders. Five different levels were considered as follows:

- Understanding
- Comprehension
- Interpretation
- Inference
- Hermeneutics

Moving from surface to deep structure is a critical issue in the field of hermeneutics and understanding. According to Ahmadi, comprehending the sentence's components is sufficient to grasp its surface structure; however, the American Evaluation Association (AEA) considers that a variety of criteria, including knowledge, skills, and attitude, are required in shifting toward an understanding of the deep structure (4, 5).

According to Dogra et al, the following steps are mandatory (6):

- Knowledge that would be required to increase
- Skills that would be required to develop, and
- Attitude that would be required to explore

If all 3 of the assessors were meticulously checked, the evaluation would seem to be reliable and valid.

Owing to the focal point of this paper, which is allocated to the challenges of post-accreditation monitoring regarding the developed standards, 3 major challenges are considered as the probable reasons for the discrepancies in all 5 steps.

#### • *Philosophy of the Education System*

The underlying concept of the educational system is one of the most important issues. A liberal-democratic education system is even given a fair name by the WFME, which is based on the ideas Dewey outlined (7). The anti-positivism stance of this concept makes it incompatible with the centralized education system; the cycle of learning, teaching, assessment, and evaluation is not purposefully predictable. As a result of the standards' prescriptive nature, the WFME in 2015, however, generally adheres to a positivistic paradigm. However, the prescription nature of the 2015 standards was modified to principles-based standards in 2020.

#### • *Governance and Administration*

In a centralized education system, such as Iran, a medical school and even a university cannot enroll its faculties,

and admit and select the students; admission and selection policies are required to be set centrally. As stated by Norcini and Shea, assessment drives learning. A medical school or even a university cannot create, develop, implement, or even evaluate the curriculum; instead, central and thorough assessments and evaluations are consistent with the thorough examination of basic sciences for undergraduate medical education students (8).

Course and lesson plans and instructional designs must be in line with the testing objectives; however, in a liberal-democratic education system testing is used as a teaching device. Testing is used to promote the joy of learning in line with this slogan of constructivism as considered assessment as learning.

#### • *Language Differences*

The language has been given the third challenge. There are a lot of differences between Persian and English, but there are also some commonalities. When languages diverge, so does thought. Shakespeare cannot be fully understood in translation, while Goethe suggested that the only way for anyone to comprehend the Ghazals of Hafiz is to learn Persian. Barnamey-e Amuzeshi, for instance, is the literal translation of the second sector of the WFME, which is called educational program (9).

There are misconceptions as follows:

- If the program is translated as Barname, what is the translation of the plan?
- If educational is translated as Amuzeshi, what is the translation of instructional?

It is impossible to translate two English terms into Persian that are identical. Additionally, the following collocations contain the posed misconception:

- Education plan
- Education program
- Educational plan
- Educational program
- Instruction plan
- Instruction program
- Instructional plan
- Instructional program

all of these collocations can be translated as Barnamey-e Amuzeshi.

#### Conclusion

As discussed, there were 3 main challenges regarding the contextualization of the standards— namely, the philosophy of the education system, governance and administration, and language differences. The accreditation process was started 4 years ago in Iran and now, some metamorphoses are mandatory to resuscitate the process. Owing to the maturation phenomenon of all the involved especially internal assessors we need more unified understanding between external assessors regarding standards in the third round. The major challenges are pathologically allocated to the standards, external assessors, internal assessors, evaluators, and regulatory process.

### Authors' Contributions

All authors were involved in designing, developing, and implementing the research.

### Ethical Considerations

This paper is one of the inferences of Post-accreditation Monitoring of the Undergraduate Medical Education Council of the Ministry of Health and Medical Education. The protocole was approved in the UMEC, National Committion of Accreditation, and it was approved by the Vice-minister of Education.

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### Conflict of Interests

The authors declare that they have no competing interests.

### References

1. Gandomkar R, Changiz T, Omid A, Alizadeh M, Khazaei M, Heidarzadah A, et al. Developing and validating a national set of standards for undergraduate medical education using the WFME framework: the experience of an accreditation system in Iran. *BMC Med Educ.* 2023;23(1):379.
2. Aghabagheri M, Sabet B, Heidarzadeh A, Kalantar E, Norouzi A, Alizadeh M. A blueprint for success: lessons learned from developing the official guide to Iranian undergraduate medical education accreditation. *BMC Med Educ.* 2024;24(1):249.
3. Gadamer HG. *Truth and Method*. Second Revised Edition, Translation revised by Joel Weinsheimer and Donald G. Marshall in 2004. London: Continuum Publishing Group. 1975.
4. Ahmadi B. *The text-structure and textual interpretation*: Tehran, Iran: Nashre Markaz. 2006.
5. Association AE. *American Evaluation Association public statement on cultural competence in evaluation*. Fairhaven, MA: Author. 2011. Available online at [www.eval.org](http://www.eval.org).
6. Dogra N, Bhatti F, Ertubey C, Kelly M, Rowlands A, Singh D, et al. Teaching diversity to medical undergraduates: Curriculum development, delivery and assessment. *AMEE GUIDE No. 103. Med Teach.* 2016;38(4):323-337.
7. Dewey J. *Democracy and education*. Project Gutenberg. 1916.
8. Norcini JJ, Shea JA. Assessment of professionalism and progress in the development of a professional identity. In: *Teaching Medical Professionalism: Supporting the Development of a Professional Identity* (ed. R.L. Cruess, S.R. Cruess and Y. Steinert), 2016:155–169. Cambridge: Cambridge University Press.
9. Goethe W. *West-ostlicher divan*. Translated into Persian by Shafa. Tehran: Nashr-e Nokhostin. 1914.