

Chapter 1

US Medical School Accreditation: Approach and Process

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ABSTRACT

Accreditation is a driving force in higher education that faces continually increasing scrutiny resulting from demands of the public. People want to be assured their doctors are well-trained and can care for them, their engineers are well-schooled and can design safe structures, and their lawyers have been well-educated to protect their interests. This chapter explores the history and importance of accreditation in medical education, provides guidelines and a timeline for accreditation, and looks at the effort required for success. The chapter also includes a glimpse at the process and the institutional commitment necessary to demonstrate and document a quality learning environment to the accrediting bodies.

ACCREDITATION: A HISTORY

Accreditation is a driving force in higher education, which faces continually increasing scrutiny from demands of the public. People want to be assured that their doctors are well trained and can care for them, that their engineers are well schooled and can design safe structures, and that their lawyers have been well educated to protect their interests (Eaton, 2015).

The standards put forth by the accrediting bodies are designed to guide schools to provide quality education and help institutions keep pace with societal needs (Hegji, 2017). It is safe to say that educational administrators always have accreditation standards in mind as they consider curricula, policy, and procedural changes. The author has often been asked about the origins of organizations that accredit schools, so this chapter presents some history.

Not surprisingly, the structures of U.S. colleges and universities have their roots in England and Scotland. Schools like Oxford University and Cambridge University served as models for our academic organizations with one significant difference; our colonial colleges were granted the power to award

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degrees. In England, this authority was awarded and centralized by the Privy Council, a formal advisory board to the Monarch (Seldon, 1962; Hegji, 2017).

In the early years of United States' independence, the autonomy to grant degrees resulted in colleges and universities that came and went rather quickly and had widely varying requirements for admissions and graduation. In terms of stability, many institutions were ill-equipped to manage financial strains, competition, internal stresses, natural disasters, and unfavorable locations. As a result, over 80% of educational institutions founded before the Civil War were no longer in existence by the early 1900's (Seldon, 1962; Hegji, 2017).

The lack of cohesion amongst admissions and graduation requirements created challenges for higher education on all fronts. Some colleges were more like high schools, and it was difficult to evaluate what constituted adequate learning to be awarded a degree. Recognizing the need for some level of congruency but at the same time not wanting governmental restrictions, colleges and universities began to devise their own system of policing themselves. In some cases, existing organizations took on the charge and served as starters for new groups who would establish guidelines (Seldon, 1962).

Early institutions, such as The New England Association (1885) which was formed by a group of schoolmasters of secondary schools, the Middle States Association (formed in 1887), Southern Association (formed in 1895 by Vanderbilt University), and the North Central Association (formed in 1895 in the Midwest), pushed for clarity of mission and purpose in higher education (Thelin, 2011). Shortly thereafter, the Northwest Association of Secondary and Higher Schools (the predecessor of the two organizations that now serve that region) was formed in 1917, and the Western Association was founded in 1923 (Harclerod & Eaton, 2005). Initially, the main focus of these organizations was on accreditation of secondary schools and establishment of uniform college entrance requirements. (Harclerod & Eaton, 2005)

In considering this historical information, one may be inclined to believe that America's rocky start in higher education must have been different in medical education, but it was not. In fact, the history of medical schools runs in complete parallel with the past of the nation's colleges and universities (Seldon, 1962).

Establishment of Accreditation Guidelines

The two organizations that led the charge to develop standards in allopathic medicine were the American Medical Association (AMA), founded in 1845, and the Association of American Medical Colleges (AAMC), founded in 1876. However, medical schools sprouted up so quickly that there were concerns about the whole enterprise. By 1880, there were 100 medical schools, by 1890 there were 133. By the late nineteenth century, 161 allopathic medical schools were educating medical students, and the first osteopathic medical school was established shortly thereafter in 1892 (Cook, 2006; Ludmerer, 1996). By 1898, a number of osteopathic colleges had been established. However, there was a lack of standardization in the admission and graduation requirements of these schools as well. With deficits in medical training recognized early on, some standards were proffered. But it wasn't until 1910 when Abraham Flexner wrote his influential report, which included a conceptual model of how modern medical education should be conducted, that things began to change.

A disciple of John Dewey (my personal education hero), Abraham Flexner, was recruited by a group of men who called themselves the Hopkins Circle, named by William Welch, the Dean at Johns Hopkins University. Flexner, a teacher and rather well-known expert on educational practices, was the only

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