ICO Endorses Accreditation for Eye Care Training Programs

Position

The quality of eye care training programs varies throughout the world. The reasons are multifactorial but two critical factors are the lack of national and international training standards and lack of external review of training program quality. Program accreditation is a process that requires standards of structure, process and achievement, self-assessment, and review by outside experts.¹ The ICO strongly believes that accreditation of eye care training programs, at all levels for the eye care team that includes residents, ophthalmic nurses, and ophthalmic allied health personnel, is essential to ensure the quality of training and ultimately delivery of the best eye care.

Background

One of the ICO’s top priorities is teaching the teachers: helping eye care training program educators to enhance their teaching effectiveness. Over the past 10 years the ICO has interacted with thousands of educators representing hundreds of eye care training and continuing professional development programs. It is evident that wide variability exists regarding training program standards. Indeed some countries with top-notch training programs also have very poor programs. Even if standards exist, they may not be adopted. A process of program improvement, quality assurance and adherence to standards would help eliminate these disparities.

Accreditation is a basis for quality assurance and also serves to reassure the public. The World Federation for Medical Education (WFME) views accreditation as “…a tool for protecting and improving the health of the population as well as for improving the quality of education.”² The World Health Organization (WHO) and the WFME have formed a strategic partnership to improve medical education.³ One of their main initiatives is promotion of accreditation of basic medical education. This has led to accreditation standards for basic medical education⁴ and postgraduate medical education.⁵

The WHO/WFME Guidelines¹ state that the accreditation process should include the following stages:

- Institutional self-evaluation
- External evaluation based on the report of self-evaluation
- A site visit
- Final report by the review team containing accreditation recommendations
- Decision on accreditation
Thus, at a minimum, accreditation requires written standards, program self-assessment, peer review (with site visit) and an accreditation decision. In addition, the accreditation process is repeated at periodic intervals as decided by the accrediting agency. Succinctly stated, accreditation serves to continuously evaluate and improve educational quality.

At present, little has been written verifying improved outcomes after accreditation has been implemented. This is due in part to the long tradition of mandated program accreditation in many developed countries, rendering such studies difficult. Van Zanten and colleagues found graduates of accredited medical schools were more likely to pass the United States Medical Licensing Examination (USMLE) than graduates from non-accredited schools. Alkhenizan and Shaw did a systematic review of the literature and identified 26 studies evaluating accreditation and health care outcomes. They found accreditation generally led to improved health care services and clinical outcomes in a variety of subspecialties including trauma, cardiology and sleep medicine. Further work must be done to verify the influence of accreditation on health care availability and outcomes.

Eye care training program standards must be available before accreditation can occur. Such standards exist in some countries but there is wide variability and they were not created to be generalizable to other countries or regions.

The ICO has started to create international residency training program standards that are modeled on the WHO/WFME standards but are eye-care specific. Examples of existing standards in practice include the long-standing accreditation program of the European Board of Ophthalmology as well as the Accreditation Council for Graduate Medical Education–International. These will be reviewed and referenced when creating ICO international accreditation standards. These standards will suggest minimum requirements in addition to aspirational goals. The ICO will also help countries or regions develop accreditation processes and systems. Finally, depending on demand, the ICO will consider becoming an accrediting body.

**Conclusion**

The process of accreditation is essential to standardized quality eye care training. The ICO is developing international accreditation standards that can be adapted for use by regions or countries to facilitate this process. It is hoped that national and/or international accreditation systems will develop to assure global improvement in eye care training programs and thus eye care delivery.
References


