

Conclusions of group 1 of the workshop Interuniversity Cooperation, Networking and Accreditation

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1. Ranking of the universities in the conclusions of a accreditation procedure is inappropriate. Although some might think that it could stimulate some universities to use higher/better standards, it might provide an inappropriate view of the quality of the education in an institute (compared to other institutes).
2. An entrance exam is possibly not the best procedure to select students for medical studies. Entrances exams mainly select on intelligences but for medical studies and FM especially other competences are necessary (social competences, empathy, etc...)
3. An accreditation procedure every 7 or 8 year is only useful if an follow-up of the conclusions is done every 1 or 2 year.
4. The accreditation procedure should take into account the different missions of the different universities. These missions can be provided in the self-evaluation report of the universities.
5. In some countries/regions of Eastern Africa the need for physicians/FP is dramatically high, as well as the need for infrastructure. The quantity of FP seems to be more important than the quality. For that reason a limitation of the number of universities with a limitation of the number of medical students is not desirable. This need reflects the actual situation, however, planning of numbers and quality should take into account the situation for the next ten years.
6. There is a huge need for standards. However, these standards should take into account the context and the needs for medical care in a specific country/region. The universities should not use the same standards as those of the European or US universities.
7. Most of the African countries do not need "Family practice" as such but they rather need a well trained generalist which can provide all basic medical care for his district, including C-sections and others... Therefor the medical skills and education should be adapted for the future work region.