

QUALITY ASSURANCE IN MEDICAL EDUCATION: THE IMPACT OF ACCREDITATION IN BANGLADESH

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The enactment of the Bangladesh Medical Education Accreditation Act, 2023 which establishes a dedicated Bangladesh Medical Education Accreditation Council (BMEAC) marks a watershed moment in the country's journey toward strengthening quality assurance in medical education¹. This legal framework provides a robust, centralized mechanism for evaluating medical schools, offering accreditation certificates to institutions that meet defined standards, and ensuring greater external accountability^{2,3}. Historically, Bangladesh's quality assurance efforts have relied on the National Quality Assurance Scheme (QAS) overseen by the Directorate General of Health Services (DGHS) and the Center for Medical Education, but these relied heavily on voluntary institutional self-evaluation, peer review, and external audits¹. Without a legally empowered accreditation body, adherence to standards has been inconsistent, leaving gaps in oversight and institutional performance.

From a global perspective, accreditation in Bangladesh aligns with the World Federation for Medical Education (WFME) standards, a consensus-based framework that defines key domains in basic medical education such as mission and values, curriculum, assessment, faculty, resources, governance, and quality improvement^{2,4}. These standards are not prescriptive; instead, they are designed to be adapted and contextualized to local realities⁴. When accreditation is tailored to such international norms, they serve not only as regulatory benchmarks but as catalysts for continuous institutional development. Indeed, scholars have noted that globally, accreditation practices have evolved to emphasize contextual adaptation, rather than rigid compliance⁵. For Bangladesh, this means that BMEAC should leverage WFME principles while calibrating them to local conditions, helping colleges build their internal capacity rather than merely enforcing compliance.

The significance of this legislation is further underscored by its resonance with global health workforce policy. The World Health Organization (WHO) Global Strategy on Human Resources for Health: Workforce 2030 underscores accreditation of pre-service education as a key regulatory lever to ensure quality, accountability, and mobility of the health workforce⁶. The strategy explicitly calls on national regulatory bodies to oversee accreditation, maintain transparency, and support continuous quality improvement⁷. By institutionalizing accreditation, Bangladesh is responding to this global call laying the foundation for producing competent, internationally recognized medical graduates who can contribute both domestically and in global settings.

Yet, despite the promise of the new accreditation framework, challenges remain deeply rooted. Empirical studies in Bangladesh highlight persistent issues within the QAS; for instance, a recent cross-sectional assessment across three government medical colleges in Mymensingh Division revealed that while Quality Assurance Committees existed, not all colleges held meetings regularly, and one college lacked a Medical Education Unit altogether⁸.

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Moreover, an earlier study on teacher perceptions found that although faculty understood the principles of accountability, self-evaluation, and peer review, many lacked sufficient training, dedicated resources, or staff to sustain effective QAS operations⁹. These findings suggest that formal accreditation, although essential, must be supported by capacity building, technical assistance, and dedicated institutional structures.

In addition, local medical educators have voiced concern that existing regulation under the Bangladesh Medical and Dental Council (BMDC) may not adequately reflect rigorous, outcome-oriented accreditation¹⁰. Without external stakeholders and transparent evaluation, accreditation risks becoming a box-checking exercise rather than a transformative quality intervention. There is also the critical issue of international recognition: without WFME recognition of BMEAC, Bangladeshi medical graduates may face limitations in global mobility, undermining one of the core rationales for accreditation in the first place¹¹.

However, the establishment of BMEAC carries immense potential. With legal authority, the council can more consistently enforce standards, conduct external reviews, and ensure public reporting of accreditation status. A well-crafted accreditation system can nurture a culture of continuous improvement, where medical colleges engage in self-assessment, peer learning, and evidence-based reform. By integrating WFME-aligned standards into national criteria, BMEAC can raise the bar on curriculum design, faculty development, assessment methods, and governance structures laying a foundation for globally competitive medical education.

BMEAC should prioritize obtaining WFME recognition to secure international credibility and global acceptance of Bangladeshi medical degrees, supporting graduate mobility. Simultaneously, DGME and BMEAC must strengthen institutional capacity by establishing or enhancing internal Quality Assurance units through faculty training, mentorship, and adequate resources. Accreditation processes should be transparent and participatory, involving students, faculty, administrators, and civil society, with public disclosure of outcomes to ensure accountability. A cyclical model of self-assessment, external review, feedback, and reaccreditation should be implemented to promote continuous quality improvement. Finally, accreditation standards and outcomes must be aligned with national health workforce priorities under the WHO Workforce 2030 framework to ensure coherence between medical education, workforce planning, and equitable healthcare delivery.

Bangladesh Medical Education Accreditation Act, 2023 offers a powerful lever for advancing medical education quality. By institutionalizing accreditation, aligning with WFME standards, and embedding accountability in legal mandate, Bangladesh has a historic opportunity to reform its medical education system. But, realization of this promise depends on building capacity, fostering transparency, and embedding a cycle of continuous improvement. If executed judiciously, accreditation will not only certify quality, it will transform medical schools into engines of educational excellence and social accountability.

CONFLICT OF INTEREST

There is no conflict of interest.

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