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Equity in Basic Medical Education accreditation standards: a scoping review protocol

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ABSTRACT

Introduction Accreditation in Health Professions Education is a pivotal process to ensure the quality of medical institutions and health professionals. '*Equity*' is an umbrella term reflecting the principles of justice and support to disadvantaged entities according to their needs. While commonly applied to various domains in medical education, there is potential to determine how '*equity*' is considered or discussed while practically implementing accreditation standards for Basic Medical Education (BME) globally.

Methods and analysis The scoping review protocol has been drafted in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-Protocol (PRISMA-P) checklist. We will conduct a planned scoping review according to the Joanna Briggs Institute (JBI) guidelines for scoping review and adhere to the PRISMA-Scoping Review extension (PRISMA-ScR) checklist. A systematic literature search, from inception to May 2024, will be conducted across search engines and databases including Google Scholar, PubMed, Web of Science, Wiley Online Library and ProQuest, in collaboration with a qualified librarian. Peer-reviewed research articles, commentaries, opinion papers and reviews that explicitly or implicitly discuss equity in reference to accreditation standards will be eligible for inclusion. A qualitative inductive thematic analysis will be employed to systematically identify categories and themes from the extracted data and draw conclusions.

The review team anticipates the development of a conceptual map that will evolve during the synthesis of the literature, as a description of the term '*equity*' in the implementation of BME accreditation standards. We also anticipate finding any methodological or theoretical framework that is used in the literature to discuss the concept of '*equity*' in the implementation of BME accreditation standards.

Ethics and dissemination This scoping review aims to systematically map the literature on the burgeoning domain of accreditation in BME. The scoping review entails the collection and synthesis of literature and does not require ethical approval as per local regulations, as it does not involve primary data collection or interaction with human participants. The research findings will be disseminated through peer-reviewed publications, social media platforms, and academic presentations at workshops and conferences.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The scoping review will be conducted according to established guidelines by the Joanna Briggs Institute (JBI) and will adhere to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-Scoping Review extension (PRISMA-ScR) checklist.

⇒ A systematic literature search across search engines and databases, including Google Scholar, PubMed, Web of Science, Wiley Online Library and ProQuest in collaboration with a qualified librarian, will add to the rigour of the search strategy.

⇒ Research questions and inclusion and exclusion criteria were developed using the Current state of knowledge, Area of interest, Potential impact on education and Suggestions from experts in the field (CAPS) format, which is recommended for reviews in Health Professions Education.

⇒ The selection of records in the scoping review is limited to the English language, which may lead to a lack of relevant information published in non-English languages.

INTRODUCTION

Quality assurance in medical schools in accordance with regionally appropriate accreditation standards is a highly speculative and challenging domain that requires attention.[1] The goal of accreditation is to build a skilled healthcare professional workforce by warranting the quality of training imparted by institutions that have met specific standards.[2] According to the WHO's global strategy on human resources for health, all countries should establish an accreditation mechanism for health training institutes.[3] For our scoping review, we will adopt the definition of accreditation, as stated by Frank *et al*[4] "Accreditation in the health professions is the process of formal evaluation of an educational program, institution, or system against defined standards by an external body for the purposes of quality assurance and continuous enhancement".

International accreditation agencies such as World Federation of Medical Education (WFME) have formulated global accreditation

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standards for Basic Medical Education (BME), Continuous Medical Education (CME) and Postgraduate Medical Education.[5] Medical schools in North America are accredited by two organisations: the Committee on Accreditation of Canadian Medical Schools (CACMS), which oversees Canadian institutions, and the Liaison Committee on Medical Education (LCME), which is responsible for schools in both the United States and Canada.[6] WFME standards have wider adaptability, and there is increasing global interest in WFME recognition programmes[7 8] despite diverse perspectives regarding the content, type and formulation of standards.[2] As per the 2024 statistics, 47 accrediting agencies have already received recognition from the WFME, including LCME.[9] The WFME had a strategic partnership with the WHO, and standards are widely adopted as a basis for improving medical education and as a template for national and regional accreditation standards.[10 11] The 2020 revision of the WFME, BME standards stressed the significance of contextual and regional differences and suggested deriving locally relevant standards within a broader framework of WFME global standards.[12] The regional regulatory authorities responsible for endorsing medical education programmes differ considerably in their functioning and implementation of accreditation standards.[1 7 13] Meeting accreditation standards necessitates tangible resources, infrastructure and staff[14 15] posing significant challenges for medical schools in remote regions and those with resource constraints.

'Equity' as a multifaceted term is literally defined as "justice according to natural law or right, unambiguously freedom from bias or favouritism".[16] *'Equity'* is ensuring that access, resources and opportunities are provided for all to succeed and grow, especially for those who are under-represented and have been historically disadvantaged.[17 18] In medical education literature, the term *'equity'* has been voiced in many domains like gender equity, health equity,[19] training opportunities equity,[20] equity in learning experiences,[18] as a standardisation parameter and as an important component of the equity, diversity and inclusion (EDI) concept.[21–23] Expanding on the literal description, the application of the concept of *'equity'*, to the implementation of accreditation standards, would entail accrediting the medical school while adhering to principles of *'equity'*, considering the social, economic and contextual factors.

In response to increasing demand for health professionals, there is a rapid establishment of medical schools, especially in the Global South facing myriads of challenges due to resource constraints.[24] The functioning of medical schools is significantly influenced by social, economic and contextual factors, particularly when considering the divide between the Global North and the Global South. The Global South is a term indicating low middle-income countries (LMICs) mostly located in the Southern Hemisphere, while the Global North indicates well-resourced high-income countries mostly in the Northern Hemisphere.[25 26] Other than the geographical divide, these terms also represent a plethora of socioeconomic and political differences.[27] Acknowledging the imbalance of resources between the Global North and Global South and the regional disparities, coupled with the necessity of maintaining quality medical education, there is scope for regulatory authorities to consider social, economic and contextual factors during the implementation of BME accreditation standards. Variations in practices and approaches already exist within the accreditation processes depending on the local contexts.[28]

A preliminary literature search reveals that although international accrediting bodies do not apply the term *'equity'* while describing accreditation standards, they emphasise the fact that the standards must be tailored to contextual and local needs.[29] The international accreditation standards set guidelines for medical institutes worldwide, and the accreditation process requires national regulatory authorities to make the institute follow the standards.[30] While this seems to be a simple concept, the complexities related to the implementation of standards are huge, considering the depths of the evaluation criteria and intricacies related to it.

In general, local regulatory authorities develop their own accreditation standards based on global non-prescriptive principles and accredit medical schools based on these criteria.[2] Without being aware of the concept of *'equity'* and how to implement it in adopting international accreditation standards, the process of accreditation can just become a point-scoring exercise rather than improving the quality of medical education. Medical schools in remote and resource-constrained regions tend to be disadvantaged, making them eligible for additional support and empathy. At the same time, their existence is a necessity because of the voluminous increase in demand for the healthcare workforce. Accrediting those medical schools in the same manner as the schools of metropolitan areas might challenge the principles of *'equity'*.

There is a dearth of research exploring whether accreditation standards or accreditation systems at regional, national, or international levels address the expanding differences between the Global South and Global North, and at the same time follow the principles of *'equity'*.

Given this context, the objective of our review is to map the concept of *'equity'* in BME accreditation standards and explore the theoretical and methodological frameworks used to research this concept. A systematic search for methodologies and theoretical frameworks would help literature synthesis in articulating the core principles of equity in the BME accreditation context and will add to the rigour and credibility of the findings to operationalise the conceptualisation of *'equity'*. For example, social justice or distributive justice theories used as theoretical frameworks could underpin the idea of providing additional support or equitable access to resources for medical schools. The methods may guide us on data collection and analysis techniques used in the literature to capture diverse institutional contexts and resource
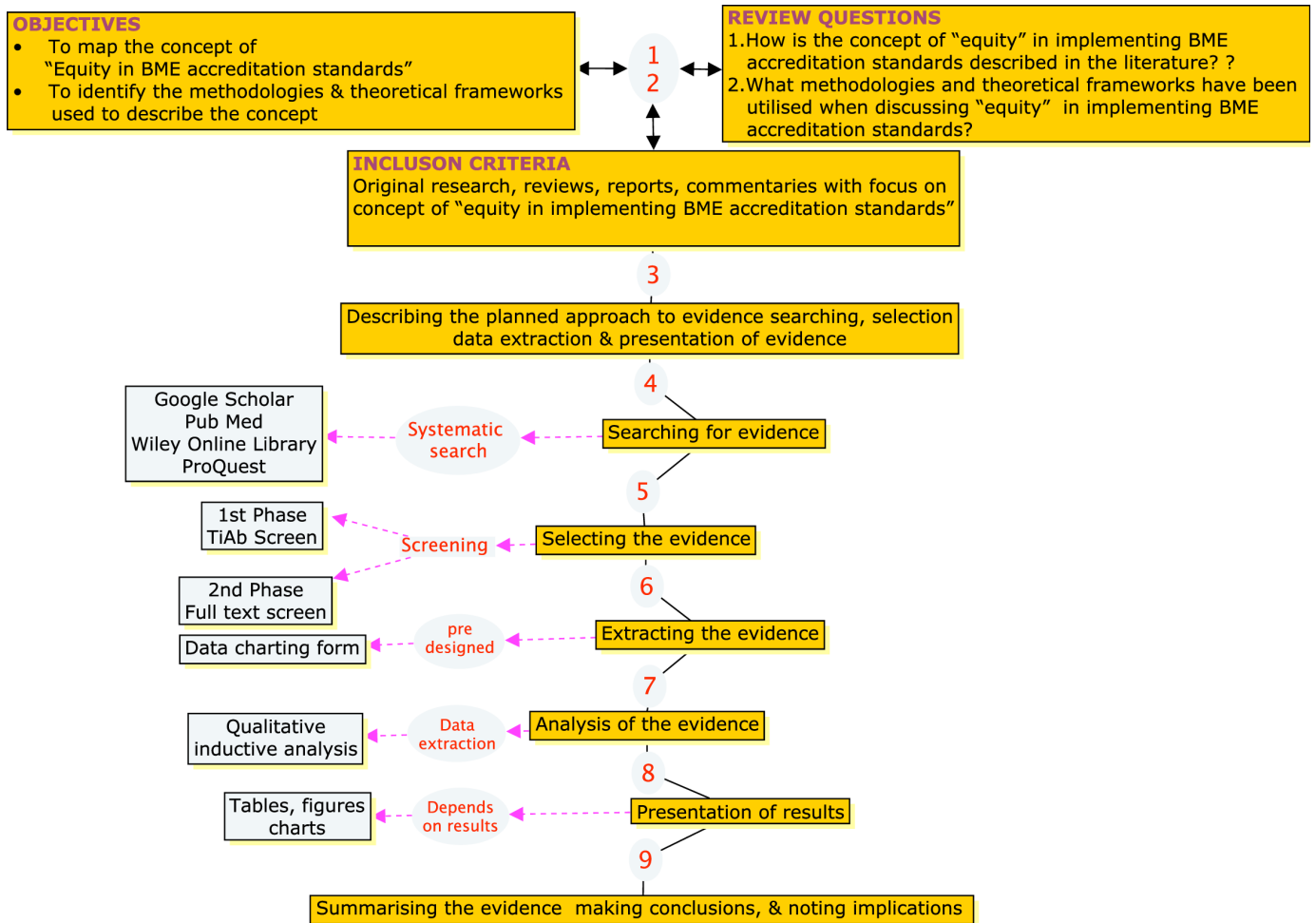
Figure 1 Joanna Briggs Institute (JBI) steps for conducting a scoping review.

constraints during the implementation of BME accreditation standards.

METHODS AND ANALYSIS

As we have to map the scope of literature and clarify key concepts related to the term 'equity' in the implementation of BME accreditation, we opted for a scoping review as the preferred methodology.[31 32] When drafting our scoping review protocol, we adhered to the PRISMA-P checklist[33] (see online supplemental material 1).

We will conduct this scoping review to systematically collect evidence in the literature and build a concept map of the use of the term 'equity' in BME accreditation standards. The priori protocol is based on the Joanna Briggs Institute (JBI) guidelines[34] for scoping reviews (figure 1) and is registered in the Open Science Framework (OSF) (https://archive.org/details/osf-registrations-nqpbh-v1). No published or ongoing scoping or systematic reviews on this topic were found during a preliminary search of the OSF, PROSPERO, MEDLINE, Cochrane Database of Systematic Reviews and JBI Database of Systematic Reviews and Implementation Reports. The PRISMA-Scoping Review extension (PRISMA-ScR) flow diagram and PRISMA-ScR checklist will be used to refine the search results to ensure transparency and rigour. These tools will also be used to document the key reporting items, study design and methodological and theoretical frameworks to explore the concept under study.

Defining and aligning the research questions and objectives

As our scoping review is about exploring a concept related to the training of healthcare professionals, we opted for the Current state of knowledge, Area of interest, Potential impact on education, Suggestions from experts in the field (CAPS), and the format formulated by Richa Sharma and colleagues[35] for generating the research questions.[16] While the authors recommend the CAPS format for systematic reviews in medical education,[35] we considered it a logical evidence-based approach pertinent to the field of enquiry for our scoping review.

► Current state of knowledge: The concept of 'equity' is taken variedly in medical education literature, and we could not find an explicit use of the term 'equity' in the context of the implementation of accreditation standards.

► Area of interest: Exploring the concept of 'equity' in accreditation in terms of conclusively describing it in reference to BME accreditation standards.

Table 1 Inclusion and exclusion criteria based on the CAPS format

Criteria	Inclusion	Exclusion
Current state of knowledge	The myriad of literature encompasses the implicit or explicit discussions around the current state of affairs regarding the concept of equity in Basic Medical Education (BME) accreditation standards.	The organisation's official accreditation standards document has been replaced by revised and updated versions. Literature discussing medical schools achieving EDI via accreditation system as the focus is on ensuring equity during the implementation of accreditation standards or the accreditation visits of medical schools. Literature published in non-English language. Literature discussing equity in Postgraduate or Continuous Medical Education standards.
Area of interest	Literature discussing specifically the concept of equity implicitly or explicitly, in reference to accreditation standards in BME. For inclusiveness, the literature discussing the concepts of Equity, Diversity and Inclusion (EDI) in the development and implementation of accreditation standards will be considered.	
Potential impact on education	The literature discussing the impact of equity in accreditation processes on the medical education.	
Suggestions from experts in the field	The accreditation domain experts' opinion about the implicit or explicit application of principles of equity in accreditation standards. The opinion can be in the form of short communications, book chapters, conference proceedings, organisation reports, policy statements and editorials.	

► Potential impact on education: Systematically defining 'equity' in accreditation standards shall facilitate the regulatory bodies and stakeholders in conceptualising the implementation of accreditation standards based on the principles of 'equity'. Conversely, advocating 'equity' for medical schools may engender dependency and take undue advantage.

► Suggestions from experts in the field: A comprehensive literature search will be done to explore what experts think about equity in accreditation standards.

Based on the above format, the following research questions will lead the scoping review:

1. How is the concept of 'equity' in implementing BME accreditation standards described in the literature?

2. What methodologies and theoretical frameworks have been used when discussing 'equity' in implementing BME accreditation standards?

Eligibility criteria

As the eligibility criteria are contingent on the review questions, the CAPS format has been used to systematically formulate the inclusion and exclusion criteria, as shown in table 1. Outlining the criteria in the CAPS format will help use a systematic and consistent approach to select evidence without being influenced by the direction and nature of the results.

Inclusion criteria

Considering the enormity of the topic under discussion, the scoping review will systematically map the literature, irrespective of the source, including non-empirical evidence[36 37] without regard to temporal constraints. For inclusiveness, literature discussing the concepts of EDI in the development and implementation of accreditation standards will also be considered. The review team will consider all the relevant literature that 'implicitly' or 'explicitly' discusses 'equity' in implementing BME accreditation standards. The *explicit* explanation of equity

in accreditation standards would mean that scientific records used the term *'equity'* while discussing accreditation standards. In instances where the authors have not used the term *'equity'*, but there is a reference to social, economic and contextual factors in the implementation of BME accreditation standards or comparison of Global North and the Global South during accreditation visits, it shall be interpreted as an implicit use of the term *'equity'*.

Exclusion criteria

Records discussing the concept of achieving EDI in medical schools via accreditation standards or accreditation systems or discussing equity in any domain other than accreditation standards will be excluded from the review.

Searching for evidence

The search strategy aims to locate both published and unpublished literature across databases, including PubMed, EBSCOhost, Web of Science, Wiley Online Library and ProQuest. These databases were selected based on the availability of medical literature relevant to accreditation, medical schools and BME. The search will be further supplemented by searching Google Scholar for relevant academic literature and citations. Following an extensive evaluation, considering the objectives of the project and engaging in in-depth conversations with co-authors and our librarian affiliated with the institute, the proposed search string for one of the databases, PubMed, is as follows:

Equit*[tw] **OR** *equalit*[tw]* OR *equitable[tw]* **AND** *Accredit*[tw],* **OR** *"Accreditation system" [tw], OR standard*[tw]* **OR** *"Accreditation",* **AND** *Accredit*[tw],* **OR** *"Accreditation system" [tw],* **OR** *standard*[tw]* **OR** *"Accreditation"* **AND** *Medical Education* [tw]* **OR** *"Education, Medical, Undergraduate"* **AND**

Undergraduate medical education*[tw] **OR** *"Education, Medical, Graduate"*

The systematic search on selected search engines and databases will be carried out from inception to May 2024. The search strategy, including all identified keywords and index terms, will be adapted for each database and search engine. The reference lists of the selected sources of evidence will be screened for additional studies. A certified professional librarian will verify a Peer Review of Electronic Search Strategies checklist.[38] The grey literature search will follow an evidence-based systematic search strategy involving grey literature databases, customised search engines, targeted websites and consultations with experts. This will include website content from medical schools, universities, the government and non-government organisations related to accreditation, conference proceedings and reports from accrediting councils and agencies. Medical databases such as PubMed, Web of Science and Medline will be searched for grey literature by restricting the publication type to dissertations, annual reports, government publications and technical reports. To ensure literature saturation, the reference list of the included records will be scanned, and the finalised list will be shared with all authors.

Selecting the evidence

All identified records will be collated and imported into the reference management software EndNote 20 to remove duplicates. After deduplication, search results will be imported into a predesigned Excel workbook for further screening. Two members of the review team (NS and MI) will independently screen the titles and abstracts to assess against the eligibility criteria. Any disagreements between the reviewers at each stage of the screening process will be resolved through discussion. If no consensus is reached among the first two reviewers, the third and fourth reviewers (UM and AS) will be consulted to finalise the list of records. After the first screening phase, the selected records will be retrieved for full-text screening based on the inclusion criteria.

Extracting the evidence

Conclusively, selected items will be moved into the meticulously designed data charting form to extract and compile information regarding publication titles, authors, years of publication, the implicit or explicit description of equity in accreditation standards and the theoretical or methodological framework used to describe the concept. The data charting form will be developed by the primary investigator and will be finalised after consensus and review by the review team. During the process of data extraction from each study, the data charting form will be revised, as necessary.

Evidence analysis and presentation

As we need a rich description of the extracted data without links to researchers' preconceptions or analytical frameworks, we will employ qualitative inductive thematic analysis[39] to identify the categories and themes that describe the concept of equity in BME accreditation standards. The results will be presented in the form of tables, figures and diagrams accompanied by a narrative summary to align with the research objectives and answer the research questions.

Patient and public involvement

It was not appropriate or possible to involve patients or the public in the design, conduct, reporting, or dissemination plans of our research.

DISCUSSION

The curiosity behind this review is to investigate the discussion surrounding *'equity'* in implementing BME accreditation standards, particularly as it relates to medical schools that are required to uphold *'equity'* principles in the various domains of training medical graduates. Although there is much literature on attaining EDI through accreditation standards, the accreditation of medical schools during accreditation visits, based on *'equity'* principles, is the main strength of this review. We have developed a detailed systematic strategy to conduct the review according to the established guidelines of the JBI. The research questions and eligibility criteria were formulated using the CAPS format, an evidence-based approach recommended for systematic reviews in Health Professions Education adapted for this scoping review.

We anticipate that our review will probe the intricacies of the accreditation process in terms of the application of the principles of *'equity'* and its global implementation considering regional, socioeconomic and contextual factors. The review team anticipates that conclusive evidence regarding the application of *'equity'* principles in accreditation standards will elucidate the conceptualisation of these standards and establish guiding principles that regional accrediting authorities can adopt to comply with international standards.

The scoping review will only include English-language records owing to the researchers' feasibility, which may potentially omit relevant non-English publications.

Ethics and dissemination

This scoping review aims to systematically map the literature on the burgeoning domain of implementing accreditation standards in BME. The scoping review entails the collection and synthesis of literature and does not necessitate ethical approval as per local regulations, as it does not involve primary data collection or interaction with human participants. The research findings will be disseminated through peer-reviewed publications, social media platforms and academic presentations at workshops and conferences.

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