

Original Research Article

Accreditation of surgery residency training programs in a state teaching hospital: preparedness, areas of strengths and weaknesses

Linda U. Iroegbu-Emeruem, Rex Friday Ogoronte A. Ijah*, Idawarifagha Hart,
Friday E. Aaron, Oti N. Aria, Mike T. Achor, Okigboye Danagogo

Department of Surgery, Rivers State University Teaching Hospital, Port Harcourt, Nigeria

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*Correspondence:

Dr. Rex Friday Ogoronte Alderton Ijah,
E-mail: rexfoa.ijah@ust.edu.ng

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ABSTRACT

Background: Quality assurance is a critical issue in almost every aspect of human society, including the health sector. This study evaluated the preparedness, strengths and weaknesses associated with accreditation of the Surgery Department of the Rivers State University Teaching Hospital for the training programs of the West African College of Surgeons.

Methods: A prospective observational study was carried out among team leads of the accreditation sub-committees in the year 2024, using a proforma. Data was presented as percentages and tables.

Results: There were multi-level accreditation committees and sub-committees that worked for the success of the accreditation. The requirements and scores improved with consecutive phase of evaluation. Surgical and anaesthesia manpower, radiologic services, operating theatre, intensive care unit, physiotherapy services, resident doctors' welfare and utilities all had 80% and above. Consultants' welfare met 50% requirement, while others were between 50%-80%.

Conclusions: Manpower, facilities, utilities and environment of practice, some surgical support services and residents' welfare, were areas of strength. Improvement in consultants' welfare and software programs that drive residency training is highly recommended in preparation for subsequent accreditations visits.

Keywords: Accreditation, Preparedness and challenges, Residency training program, Surgery Department, Port Harcourt, Nigeria

INTRODUCTION

Quality assurance is a critical issue in almost every aspect of human society, including the health sector. The importance of this plays out when servicing and manufacturing industries undertake systematic efforts to ascertain that the products or services delivered to the public or customers meet set out minimum criteria.¹ Two types of quality assurance are known: internal and external. The external form of quality assurance is conducted by an international, national, governmental, parastatal or private body using recognized set standards

with the intent to award a stamp or label of recognition is regarded as accreditation. This view is held by authors in previous published works.²⁻⁴ However, before an external accreditation team is invited by an institution, it is assumed that an internal quality assurance must have been carried out for successful outcome. The origin of accreditation in educational institutions was traced to 1832 when the University of Durham in the United Kingdom contracted external examiners with the intent to assure the public that the quality of education offered in Durham University was equivalent to that of Oxford University.⁵ With the attendant improved public image

and increased patronage following a successful accreditation, the public benefited from the exercise as the quality of services/products are improved. Accreditation has therefore become a global practice with multiplier positive effects/impacts.⁶⁻¹⁰

The West African College of Surgeon/Physicians (WACS/WACP) and the National Postgraduate Medical College of Nigeria (NPMCN) are the recognized institutions saddled with the supervision of institutional postgraduate medical training programs in Nigeria.¹¹⁻¹³ Many institutions have already secured the accreditation for training and documented their experiences as reported, others institutions (especially new ones) who aspire to engage in the training of postgraduate medical doctors in clinical specialties are waiting or in the preparatory phase for the same.¹⁴⁻¹⁷ Most of the reports on accreditation were on the opinions or perceptions of postgraduate trainees (resident doctors) at their centers. Although these opinions of trainees were variable and the cumulative views positive, there are reports of bullying of the trainees by the trainers.^{18,19} For the trainers, in a national web-based survey of ophthalmology trainers in Nigeria, majority concluded that the quality of training was good, although the volume of surgery was inadequate.²⁰ Additionally, it has been documented that there is lack of commitment by trainers and shortage of trainers and the trainers do not undergo performance appraisal by their trainees.²¹

Although the required standard for accreditation are often known, fulfilment of the set criteria especially for postgraduate training in the surgical specialties are often not easily achievable due to the detailed expectations from the department (structured training programs, structural facilities, good environment of practice, manpower, instruments and equipment, surgical support services, welfare services for faculties and students, etc.) and the needed “financial and political will” from the supervising administration.²²⁻²⁴

The training programs of the Surgery Department of our institution have therefore not been accredited before. However, we were privileged to have witnessed infrastructural and environmental upgrade in the institution. This implies literally that the “hardware or groundwork for accreditation” was present and paved way for the process to progress. We were also privileged to have a new institutional/governmental leadership with a drive to ensure that needed requirements (now the “software” and some “hardware”) were provided to achieve the much-needed accreditation.

The foregoing provided a boost for the foot-soldiers to work assiduously to achieve set targets. This study therefore evaluated the preparedness, areas of strength and weaknesses associated with obtaining the Membership and Fellowship accreditation of the West African College of Surgeons for the training programs of

the Surgery Department of the Rivers State University Teaching Hospital in the year 2024.

METHODS

Study design

A prospective observational study was carried out.

Study place

The study was done in Port Harcourt, the capital city of Rivers State, that hosts the Rivers State University Teaching Hospital.

Study setting

The Surgery Department of the hospital was the study setting. This was the first time the Department was hosting the accreditation team for the purpose of postgraduate surgical training of the West African College of Surgeons.

Study population

The four team leads (and their assistants) of the sub-committees of different surgical subspecialties of the Surgery Department undergoing accreditation for post-graduate training. Also, from the feedback of invited external assessors (a week before arrival of WACS accreditation team).

Sample size determination

All the four team leads of the four departmental sub-committees jointly participate in the study.

Sampling method

Total population was used.

Study instrument

A proforma was developed based on the provided list of requirements/expectations of the West African College of Surgeons (WACS).

Study variables

The study variables included accreditation committees and sub-committees, Orthopaedics surgery accreditation readiness scoring, general surgery accreditation readiness scoring, urology accreditation readiness scoring, plastic and reconstructive surgery accreditation readiness scoring. Each readiness score contained: surgical manpower, anaesthesia services, physical facilities and their support services, residents’ welfare, consultants’ welfare, teaching and training and documentations.

Data analysis

Each parameter in the requirement or scoring list of the WACS was approximated to percentages from the numbered scores. Evaluation was carried out for each of the requirement for three consecutive times (one month before arrival of WACS accreditation team; two weeks before arrival of WACS accreditation team; and a day before arrival of WACS accreditation team). Above extracted information was formed into tables and used for the study. Scores of 80% and above were regarded as high; score of 50% and below were documented as low; and scores that were >50% and <80% were regarded as moderate.

Validity/reliability of instrument

The study instrument was scrutinized by the authors for correctness or otherwise before use, being the validated instrument used by the West African College of Surgeons for accreditation purposes.

Ethical approval

The approval of the Research Ethics Review Committee of the Rivers State University Teaching Hospital was obtained before commencement of the study.

RESULTS

Table 1 shows the accreditation committees and sub-committees that prepared the department for the accreditation of the West African College of Surgeons (WACS) and the National Postgraduate Medical College of Nigeria. There were three levels of supervision in the preparations for the accreditation: the ad hoc external accreditation team, the departmental accreditation committee and the specialist sub-committees (urology accreditation sub-committee, general surgery accreditation sub-committee, orthopaedic surgery accreditation sub-committee and the plastic surgery accreditation sub-committee).

Table 2 shows the urology accreditation readiness scoring. Certain requirements were already available requiring minimal additions including: surgical and anaesthesia manpower, radiologic services, operating theatre, intensive care unit, physiotherapy services,

resident doctor's welfare (sponsorships) and utilities (power supply and the environment of practice or care) which had very high score across the period of evaluation. Consultants' welfare (offices and sponsorships) was upgraded reasonably after discussions with the hospital authorities. Most other requirements were at above average levels/standards needed for accreditation.

Table 3 shows the orthopaedic surgery accreditation readiness scoring. Surgical and anaesthesia manpower, radiologic services, operating theatre, intensive care unit, physiotherapy services, resident doctors' welfare (sponsorships) and utilities (power supply and the environment of practice or care), etc., 70%-100% across the period of evaluation. Consultants' welfare (offices and sponsorships) had 40%-50% score at first evaluation and was upgraded to 50% after discussions with the hospital authorities. Most of the other requirements were at above average levels/standards (50%-80%) needed for accreditation. Teaching and training activities were in the range of 60% to 95% a day before arrival of the accrediting college.

Plastic and reconstructive surgery accreditation readiness scoring is shown in Table 5. There was 100% readiness score for surgical and anaesthesia manpower, radiologic services, operating theatre, intensive care unit and physiotherapy services. Utilities and environment of practice had 90% score Pharmacy, nursing and pathology laboratory services had between 70% and 80%. The documentation and record of resident's activities had 70% to 100% teaching and training ranged between 40% and 90% from first to final evaluation. Relatively lower score was recorded for Consultant's welfare (40% to 50%) and resident's call room.

General surgery accreditation readiness scoring is shown in Table 5. There was 100% readiness score for surgical and anaesthesia manpower, radiologic services, operating theatre, intensive care unit and physiotherapy services. Utilities and environment of practice had 90% score Pharmacy, nursing and pathology laboratory services had between 70% and 80% documentation and record of resident's activities had 70% to 100% teaching and training ranged between 40% and 90% from first to final evaluation. Consultants' welfare ranged between 40% to 50%.

Table 1: Accreditation committees and sub-committees.

S. no	Accreditation teams/sub-teams	Status
1	West African college of surgeons accreditation team / post graduate medical college-surgery accreditation team	Outside the influence of the hospital
2	AD HOC external accreditation team	Outside surgery department
3	Departmental accreditation committee	Within surgery department
4	Urology accreditation sub-committee	Within surgery department
5	General surgery accreditation sub-committee	Within surgery department
6	Orthopaedic surgery accreditation sub-committee	Within surgery department
7	Plastic surgery accreditation sub-committee	Within surgery department

Table 2: Urology accreditation readiness scoring.

S. no.	Parameters (checklist)		1 st evaluation		2 nd evaluation		3 rd evaluation	
	Variables/category		Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)
1	Surgical manpower	1 Consultants	70	70	80	80	100	100
		2 Residents	50		70		90	
		3 Nursing	70	70	70	70	70	70
2	Anaesthesia service	1 -	100	100	100	100	100	100
3	Facility	1 Accident & Emergency	70	70	70	70	90	90
		2 Clinics						
		3 Path//Lab	80	80	80	80	80	80
		4 Radiology	100	100	100	100	100	100
		5 Operating Theatre	100	100	100	100	100	100
		6 ICU	100	100	100	100	100	100
		7 Wards	60	60	80	80	90	90
		8 Library	50	50	80	80	100	100
		9 Medical Records	75	75	75	75	75	75
		10 Pharmacy	70	70	70	70	70	70
		11 Nutrition/ Dietetics	40	40	40	40	50	50
		12 Physio-therapy	100	100	100	100	100	100
4	Residents' welfare	1 Call Rooms	50	50	100	100	100	100
		2 Reading Rooms	50	50	100	100	100	100
		3 Sponsor-ship	100	100	100	100	100	100
		4 Record of Activities	70	70	70	70	90	90
5	Consultants' welfare	1 Offices	40	40	50	50	50	50
		2 Sponsor-ship	50	50	50	50	50	50
6	Teaching and Training	1 Seminars	70	-	80	-	80	-
		2 Ground Rounds	80	-	80	-	80	-
		3 Surgico-Pathologic Meeting	40	-	40	-	40	-
		4 Mortality /Morbidity Reviews	80	-	80	-	80	-
		5 Rural Surg.	60	-	80	-	90	-
7	Documentation	1 Handbook	50	50	70	70	100	100
		2 Registers	70	70	70	70	100	100
8	Utilities	1 -	90	90	90	90	90	90
9	Research +	Part 2	Done in a sister accredited centre for our Part 2 candidates					

Each variable was scored on a scale of 0% to 100%.

Table 3: Orthopaedic surgery accreditation readiness scoring.

S. no	Parameters (Checklist)		1 st Evaluation		2 nd Evaluation		3 rd Evaluation	
	Variables/Category		Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)
1	Surgical manpower	1 Consultants	95	90	95	90	95	90
		2 Residents	90	80	90	80	90	80
		3 Nursing	65	65	65	65	70	70
2	Anaesthesia Service	1	95	95	95	95	95	95
3	Facility	1 Accident and emergency	70	70	70	70	90	90
		2 Clinics	65	50	65	50	80	70
		3 Pathology/laboratory	80	65	80	65	85	68
		4 Radiology	100	100	100	100	100	100
		5 Operating theatre	100	100	100	100	100	100
		6 Intensive care unit	100	100	100	100	100	100
		7 Wards	40	40	70	65	80	75
		8 Library						
		9 Medical records	60	60	60	60	60	60
		10 Pharmacy	70	70	70	70	70	70
		11 Nutrition/ dietetics	65	65	65	65	65	65
		12 Physio-therapy	100	100	100	100	100	100
4	Residents' welfare	1 Call rooms	60	55	70	65	95	90
		2 Reading rooms	50	50	65	60	75	70
		3 Sponsor-ship	100	100	100	100	100	100
		4 Record of Activities	70	70	70	70	90	90
5	Consultants' welfare	1 Offices	40	40	50	50	50	50
		2 Sponsor-ship	50	50	50	50	50	50
6	Teaching and training	1 Seminars	70	-	80	-	80	-
		2 Ground rounds	80	-	80	-	80	-
		3 Surgico-pathologic meeting	50	50	60	55	65	60
		4 Mortality /morbidity reviews	95	95	95	95	95	95
		5 Rural surg.	60	-	80	-	90	-
7	Documentation	1 Handbook	30	30	60	60	100	100
		2 Registers	50	50	60	60	100	
8	Utilities	1 -	90	90	90	90	90	90
9	Research and advanced surgical skills training	1 For Part 2	Done in a sister accredited centre for our Part 2 candidates					

Each variable was scored on a scale of 0% to 100%.

Table 4: Plastic and reconstructive surgery accreditation readiness scoring.

S. no	Parameters (Checklist)			1 st Evaluation		2 nd Evaluation		3 rd Evaluation	
	Variables/Category			Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)
1	Surgical manpower	1	Consultants	80	80	80	80	80	80
		2	Residents	80	80	80	80	80	80
		3	Nursing	80	80	80	80	80	80
2	Anaesthesia service	1	-	100	100	100	100	100	100
3	Facility	1	Accident and emergency	80	80	80	80	80	80
		2	Clinics	80	80	100	100	100	100
		3	Pathology/laboratory	75	75	75	75	75	75
		4	Radiology	100	100	100	100	100	100
		5	Operating theatre	100	100	100	100	100	100
		6	Intensive care unit	100	100	100	100	100	100
		7	Wards	80	80	80	80	80	80
		8	Library	100	100	100	100	100	100
		9	Medical records	66	66	66	66	66	66
		10	Pharmacy	66	66	66	66	66	66
		11	Nutrition/ dietetics	80	80	80	80	80	80
		12	Physio-therapy	100	100	100	100	100	100
4	Residents' welfare	1	Call rooms	50	50	50	50	50	50
		2	Reading rooms	50	50	100	100	100	100
		3	Sponsor-ship	100	100	100	100	100	100
		4	Record of activities	70	70	70	70	90	90
5	Consultants' welfare	1	Offices	40	40	50	50	50	50
		2	Sponsor-ship	50	50	50	50	50	50
6	Teaching and training	1	Seminars	50	-	80	-	80	-
		2	Ground rounds	80	-	80	-	80	-
		3	Surgico-pathologic meeting	40	-	40	-	40	-
		4	Mortality /morbidity reviews	89	-	80	-	80	-
		5	Rural surgery	100	-	100	-	100	-
7	Documentation	1	Handbook	70	70	80	80	100	100
		2	Registers						
8	Utilities	1	-	90	90	90	90	90	90
9	Research and advanced surgical skills training	1	Done in a sister accredited centre for our Part 2 candidates						

Each variable was scored on a scale of 0% to 100%.

Table 5: General surgery accreditation readiness scoring.

S. no	Parameters (Checklist)			1 st Evaluation		2 nd Evaluation		3 rd Evaluation	
	Variables/Category			Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)	Membership (%)	Fellowship (%)
1	Surgical manpower	1	Consultants	100	100	100	100	100	100
		2	Residents	90	70	90	70	90	70
		3	Nursing	70	70	70	70	70	70
2	Anaesthesia service	1		100	100	100	100	100	100
3	Facility	1	Accident and emergency	70	70	70	70	90	90
		2	Clinics	60	60	80	80	80	80
		3	Pathology/laboratory	80	80	80	80	80	80
		4	Radiology	100	100	100	100	100	100
		5	Operating theatre	100	100	100	100	100	100
		6	Intensive care unit	100	100	100	100	100	100
		7	Wards	60	60	80	80	90	90
		8	Library	50	50	80	80	100	100
		9	Medical records	75	75	75	75	75	75
		10	Pharmacy	70	70	70	70	70	70
		11	Nutrition/ dietetics	40	40	40	40	50	50
		12	Physio-therapy	100	100	100	100	100	100
4	Residents' welfare	1	Call rooms	50	50	90	90	90	90
		2	Reading rooms	50	50	100	100	100	100
		3	Sponsor-ship	100	100	100	100	100	100
		4	Record of activities	70	70	70	70	90	90
5	Consultants' welfare	1	Offices	40	40	50	50	50	50
		2	Sponsor-ship	50	50	50	50	50	50
6	Teaching and training	1	Seminars	70	-	80	-	80	-
		2	Ground rounds	80	-	80	-	80	-
		3	Surgico-Pathologic meeting	40	-	40	-	40	-
		4	Mortality /morbidity reviews	80	-	80	-	80	-
		5	Rural surg.	60	-	80	-	90	-
7	Documentation	1	Handbook	70	70	80	80	100	100
		2	Registers	80	80	90	90	100	100
8	Utilities and environment	1	-	90	90	90	90	90	90
9	Research and advanced surgical skills training	1	For Part 2	Done in a sister accredited centre for our Part 2 candidates					

Each variable was scored on a scale of 0% to 100%.

DISCUSSION

Although provision of hardware (physical facilities) needed for the functioning of the hospital in preparation for accreditation had been before year 2024, the maiden accreditation of Residency/Specialist Training Programs at the Surgery Department of the Rivers State Teaching Hospital held in the year 2024 with further upgrade of facilities, amidst strenuous preparations, high hopes and challenges.²⁵⁻²⁹ The outcome was full accreditation for General Surgery and Urology and partial accreditation for Plastic and Reconstructive Surgery and Orthopedic and Trauma Surgery. This study is an attempt at documenting the preparations, the challenges and successes leading to the maiden accreditation. Multilevel accreditation committees/sub-committees were set up with the goal of evaluating what was available and what could be improved upon using the accreditation scoring criteria provided by the West African College of Surgeons (WACS). This approach of internal quality assurance is similar to an earlier study that described preparations for undergraduate accreditation.³⁰ While the Surgery Departmental Accreditation Committee worked by receiving regular reports from the specialist team subcommittees during visitations and mounted pressure for improvement of the necessary areas, the ad hoc external (independent) committee provided an unbiased assessment of the preparations so far and the potential for success or otherwise.

Generally, surgical and anaesthesia manpower, facilities, utilities and environment of practice and residents' welfare all had high scores. This is a reflection of the endearing support of the Rivers State Government and the Hospital Management and institutional commitment that are necessary requirement for any postgraduate specialist training.^{31,32} This could be a direct result of the clamor for Nigerian Medical Residency Training Act, and its domestication in Rivers State, which was achieved in the year 2024, thanks to the advocacies of earlier scholars.³³⁻³⁵ Additionally, documentations, record of resident's activities, pharmacy, nursing and pathology laboratory services, all had above average scores.

The concerted effort of the staff of Surgery Department and surgical support services led to this observation. The consultants' welfare on the other hand had relatively the low score of 50% due to insufficiency of office space and consequent temporary sharing of offices. The ongoing decentralization of services at the hospital is expected to address this anomaly, as the Department of Obstetrics and Gynaecology and the Paediatrics and Child Health are expected to be moved to an annex location, the "Mother and Child Hospital" leaving enough space to be converted to offices and for other uses.

It is already known that the WACS does not accredit institutions but specific programs within the institution.¹³ Teaching and training activities which are the software programs that drive residency training ranged between 40% and 90% from first to final evaluation. This was so

because the post Part I residents of the Department had their training programs carried out in sister accredited institutions, leaving other residents (those with or without primaries and post Part I residents who had finished their postings from sister institutions) in departmental service delivery and training.

These weekly departmental/unit activities form core part of the training of the surgical specialist, in principles of surgical pathologies, operative surgery, clinico-pathologic and clinico-radiologic presentations, among others.¹³ Although these "software programs" form the foundation of training, they have to be driven by humans (manpower), in appropriate environment, using modern tools (equipment and facilities).

It is therefore with the intent that these combinations are available and working, that the WACS accreditation team tours round prospecting training institutions to ensure veracity before awarding accreditation status.^{32,36,37} The ultimate benefit of these exercises to the society therefore is improvement in specialist workforce and health outcomes.³²

The evaluations used in this study were center-based (self-evaluation) before arrival of the accrediting college. While much effort has been put in to ensure stringent calculation of figures/percentages based on the evaluation criteria, there might be some differences from the observations of the visiting colleges.

The more stringent the self-evaluation therefore, the closer/truer it will be to the result of the awarding college. The financial burden aspect of the preparation was not captured in this study as it was not part of the variables of interest.

CONCLUSION

The goals of obtaining accreditation of the training colleges for surgical specialties was achieved through the endearing support of the Rivers State Government, Hospital Management and the supervising role of multi-level accreditation subcommittees.

The requirements and scores improved with each phase of evaluation. Across the specialties, relatively high scores were recorded in surgical and anaesthesia manpower, facilities, utilities and environment of practice, some surgical support services and residents' welfare, which all constituted areas of strength. Most other scoring variables were average and above average in rating. Insufficiency of office space and consequent temporary sharing of offices resulted in relatively low score (weaknesses) for consultants' welfare.

Recommendations

After securing the much-wanted accreditation, there is need to direct greater effort towards invigorating and sustaining the software programs of teaching and training

that would strengthen and prepare the young training centre for subsequent accreditations visits. The welfare of the consultants should be upgraded to increase and sustain their morale in the young training center.

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