Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

From conditional accreditation to continuous quality improvement: a decade-long documentary case study of a Lebanese medical school

Pascal Damien

pascaldamien@usek.edu.lb

Holy Spirit University of Kaslik

Antoine Kossaify

Holy Spirit University of Kaslik

Jean-Claude Lahoud

Holy Spirit University of Kaslik

Research Article

Keywords: accreditation, WFME, TEPDAD, cross-border accreditation, continuous quality improvement, longitudinal case study, Lebanon, medical education

Posted Date: November 2nd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11264668/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Accreditation is a central component of global quality assurance in undergraduate medical education. Schools in countries without a national accreditor recognized by the World Federation for Medical Education (WFME) face a structural challenge when seeking internationally recognized external quality assurance. We describe how the School of Medicine and Medical Sciences (SMMS) of the Holy Spirit University of Kaslik (USEK) in Lebanon addressed this challenge by seeking cross-border accreditation from the Turkish Association for Evaluation and Accreditation of Medical Education Programs (Tıp Eğitimi Programlarını Değerlendirme ve Akreditasyon Derneği – TEPDAD) between 2016 and 2025.

Methods

We conducted a longitudinal, retrospective documentary institutional case study spanning a decade of accreditation activities. Data sources included the 2017 baseline self-assessment; the 2018 self-evaluation report and TEPDAD's 2018 site-visit report; the 2019 re-evaluation documentation; the 2022 interim self-evaluation report and TEPDAD's 2022 interim evaluation report; and the 2024 re-accreditation self-evaluation report and TEPDAD's 2025 final (re-accreditation) evaluation report. The WFME Global Standards for Basic Medical Education served as the analytical framework for tracing the evolution of the school's quality mechanisms.

Results

At its 2017 baseline, the school met all basic standards but lacked maturity in the quality-development layer, particularly in assessment quality assurance, faculty development, and program evaluation. The 2018 external evaluation confirmed this pattern and resulted in a one-year conditional accreditation against seven standards. During that year the school built the missing infrastructure including a competency framework, a blueprinted assessment program, and a program-evaluation system, and obtained full accreditation in 2019. The 2022 interim review and the 2025 re-accreditation showed that these mechanisms were not temporary compliance measures but had become embedded continuous quality improvement (CQI) processes, extended further at each review.

Conclusions

Cross-border accreditation provides a legitimate route to international benchmarking. More importantly, conditional accreditation can function as a powerful catalyst for long-term institutional quality development, successfully transforming an episodic external review into a sustainable, decade-long culture of continuous renewal.

Background

Accreditation has become a central component of global quality assurance in undergraduate medical education [1, 2, 3]. The World Federation for Medical Education (WFME) operates a program that recognizes accreditation agencies whose standards and procedures meet its criteria [4]. The ECFMG accreditation initiative, first introduced in 2010 and subsequently revised, contributed to the international visibility of recognized accreditation. Under the policy implemented by Intealth since November 2024, recognition status is reported in the World Directory of Medical Schools and is intended to provide additional information to stakeholders, but it does not affect an individual's eligibility for ECFMG Certification [5]. Empirical studies nevertheless suggest that meaningful accreditation is associated with stronger educational processes and, in some contexts, improved examination performance [6, 7].

This international landscape creates a structural problem for schools in countries that have no WFME-recognized national accreditor. Lebanon, in 2016, was such a country. A school seeking internationally recognized external quality assurance therefore had to look beyond the national system. We describe the route taken by the School of Medicine and Medical Sciences (SMMS) of the Holy Spirit University of Kaslik (USEK): it sought accreditation from TEPDAD, the Association for Evaluation and Accreditation of Medical Education Programs, a WFME-recognized agency based in Türkiye that accredits schools outside its own borders [8]. The initial accreditation was granted in 2019; we then follow the school's quality trajectory through the 2022 interim review and the 2025 renewal, a span of nearly a decade.

We report this case for two reasons. First, the mechanics of cross-border accreditation remain comparatively under-described in the peer-reviewed literature, even though global access to medical-specific accreditation remains uneven and regional or international arrangements are increasingly important [3]. Second, the sequence the school passed through (a candid self-diagnosis, an external evaluation that confirmed it, a period of conditional accreditation, and, most importantly, a decade of sustained institutional development) offers a process-level account of how accreditation can stimulate continuous quality improvement rather than function only as a compliance exercise [9, 10, 11].

The setting

The Lebanese government authorized the establishment of SMMS by Decree No. 5294 in April 2001. The first students registered in 2002, and the first cohort of doctors graduated in 2009. The medical degree was originally organized as a single seven-year program; in 2010 it was restructured into a three-year Bachelor of Science followed by a four-year MD (the same seven years in two stages) and, over the decade described here, it began a further transition to a three-year PreMed and four-year Med model.

At the time of the accreditation the school was therefore young, fewer than ten graduating classes, and it taught its medical program predominantly in French, with English introduced progressively as a faculty trained in the United States, Canada, France, the United Kingdom and Italy brought a second language into an originally Francophone curriculum. Clinical training was concentrated at the Notre-Dame des

Secours University Hospital (NDSUH), the university hospital affiliated, like USEK, with the Lebanese Maronite Order.

One feature of the setting mattered more than any other. SMMS is part of a university that had already committed to international quality assurance: USEK held institutional accreditation for its governance from the European evaluation agency Evaluationsagentur Baden-Württemberg (EVALAG), first awarded in 2012, met the Matrix Standard for its student services, and had several programs accredited by ABET and EVALAG; the university's commitment deepened further over the period covered here, obtaining institutional accreditation from the New England Commission of Higher Education (NECHE) in 2026. In practice this meant that regulations and procedures were already written down and largely computerized, and that shared central offices, namely the admissions office, the registrar, student affairs, information technology, and the quality assurance and institutional effectiveness office (QAIE), served every school. A young medical school does not usually possess this administrative maturity. Since SMMS inherited it, the school could direct its own recruitment towards academic rather than administrative staff, and it entered the accreditation with much of its documentary base already in place.

Why a cross-border route, and why TEPDAD

The decision to seek a foreign accreditor followed directly from the recognition landscape. The school sought accreditation by a WFME-recognized agency in order to align its program with internationally recognized quality-assurance expectations and to strengthen the external credibility and visibility of its medical degree [3, 4, 12]. In the absence of a Lebanese agency with that recognition, a cross-border route provided a practical mechanism for doing so.

TEPDAD was the natural partner. It is recognized by WFME, and it accredits programs outside Türkiye against the WFME Global Standards for Basic Medical Education [8, 13]. The connection was concrete rather than abstract: from the first meetings in 2016, the pre-assessment team included the President of TEPDAD. SMMS was moreover not acting alone. The pre-visit workshop held in Beirut in May 2017 was run jointly for three Lebanese schools: the American University of Beirut, the Lebanese University and USEK. This article does not attempt to compare the subsequent accreditation trajectories of those institutions.

Methods

This study was designed as a longitudinal, retrospective documentary institutional case study of the SMMS accreditation trajectory from 2016 to 2025, with follow-up information used to assess the persistence of the institutional changes after full accreditation.

Documentary sources

The primary documentary sources were the pre-assessment worksheet (2016), the completed self-assessment of February 2017, the institutional self-evaluation report (SER), the TEPDAD site-visit report (2018), and the school's written responses to the evaluators (2019). For the present analysis, these records were supplemented by institutional follow-up information on the subsequent interim review, renewal of accreditation, current accreditation status, and persistence of the mechanisms established during the conditional-accreditation period. Crucially, to trace the school's longer-term trajectory, we also analyzed the interim self-evaluation report and TEPDAD's interim evaluation report following the site visit of 8–9 December 2022, together with the re-accreditation self-evaluation report submitted in December 2024 and TEPDAD's final (re-accreditation) evaluation report following the virtual site visit of 25–27 June 2025. No research interviews or prospectively collected participant data were used for this manuscript.

The analytical framework used during the accreditation was the WFME Global Standards for Basic Medical Education, 2015 revision [13]. These standards were organized under nine areas (1-mission and outcomes, 2-educational program, 3-assessment of students, 4-students, 5-academic staff, 6-educational resources, 7-program evaluation, 8-governance and administration, and 9-continuous renewal) and each standard was specified at two levels: a basic standard, which had to be met, and a quality-development standard, which marked higher attainment [13].

Institutional accreditation process

The process followed TEPDAD's published cycle [8]. It began in October 2016 with a four-month pre-assessment, structured as nine sessions, one per area, in which the committee asked of every standard a single question, is it met?, and recorded, where it was not, which items were available and which were missing. The formal application followed in March 2017, signed by the Dean, and the pre-visit workshop took place in May 2017. A five-member core self-evaluation committee led the institutional work. It was supported by thematic subcommittees and conducted a three-day series of structured meetings with different SMMS stakeholder groups, including administrative staff, faculty members, students and governance representatives. The available records confirm the use of subcommittees, although their exact number could not be reconstructed for this retrospective account. The committee managed the schedule with a formal project-management method, PERT (Program Evaluation and Review Technique), which also served the budgetary forecasting the project required.

The self-evaluation report is the document on which the accreditation turns. It treats each of the 196 standards as a separate heading, states whether the standard is met, and supports the judgement with numbered evidence attachments [8]. SMMS submitted its report in early 2018.

We should be candid about the difficulties, since they are part of the method and they recur in any school that attempts this. Much of the school's data was already computerized and easy to retrieve, but some was archived only on paper and was harder to assemble, and a few records were incomplete. The clinicians and students involved carried heavy clinical and academic obligations, which made participation uneven and cost the project some of its deadlines. Since several contributors were more

comfortable in French, preparing the report in English required the support of English-speaking team members and professional translation and language-editing services. None of these obstacles is unusual; all of them are worth anticipating.

Analytical approach

The documentary evidence was organized chronologically and mapped to the nine WFME domains used during the accreditation. Table 1 summarizes the key milestones, documented outcomes, and follow-up activities across the SMMS accreditation trajectory from 2016 to 2026. The February 2017 self-assessment was treated as the institutional baseline. Its internally identified strengths and gaps were compared with the observations and recommendations in the external TEPDAD site-visit report. The seven standards subsequently identified as partially met were then used as an analytical framework to trace the corrective actions implemented during the conditional-accreditation year and the accreditation outcome that followed. The analysis was descriptive and explanatory rather than causal: it was intended to reconstruct how an institution moved from identified gaps to documented corrective actions and subsequent accreditation decisions.

Table 1
Documentary timeline of the SMMS accreditation trajectory and follow-up.

Period/date	Accreditation step	Documented outcome or purpose
October 2016	Start of four-month pre-assessment	Structured review of the nine WFME areas and identification of missing evidence.
February 2017	Completed baseline self-assessment	Institutional judgement against the 196 WFME standards.
March 2017	Formal application to TEPDAD	Application submitted by the Dean.
May 2017	Pre-visit workshop in Beirut	Preparation for the formal self-evaluation and accreditation process.
Early 2018	Submission of the self-evaluation report	Evidence-based response to each WFME standard.
May 2018	Acceptance of the report by TEPDAD	Progression to external site evaluation.
4–9 October 2018	TEPDAD site visit	External assessment of standards and recommendations.
December 2018	Conditional accreditation for one year	Seven standards identified as partially met with major areas for improvement.
30 May 2019	Re-evaluation visit	Review of corrective actions against the seven conditions.
End of June 2019	Full accreditation	Completion of the initial accreditation cycle.
8–9 December 2022	Interim evaluation site visit	All basic standards confirmed met through the pandemic and economic crisis; progress documented across twelve areas; twenty further recommendations issued.
December 2024	Re-accreditation self-evaluation report submitted	Evidence-based response to each standard for the re-accreditation cycle.
25–27 June 2025	Virtual re-accreditation site visit	Held online owing to regional conflict; sustained standing confirmed and further recommendations issued.
At the time of writing (2026)	Current accreditation status	Accreditation renewed and valid until 1 January 2028; the mechanisms established in 2018–2019 remain in operation and continue to evolve.

Results

The baseline self-assessment: the profile of a young school

The completed self-assessment of February 2017 is the baseline against which everything that followed can be read, and it drew a remarkably consistent picture. Two patterns stand out.

The first concerns the standards the school judged unmet. SMMS declared every one of the 106 basic standards met. The only standards it marked as not met were quality-development standards, and every one of them concerned the involvement of people outside the faculty: the participation of the health professions, patients, the community and the public in formulating the mission; the representation of external stakeholders in the curriculum committee and in governance; the modification of the program in response to community opinion; and the adaptation of intended outcomes to the documented needs of the environment graduates enter. The school's weakest points, in other words, lay not in its teaching or its structures but in its external, social-accountability relationships.

The second pattern concerns the extent of attainment. Beyond the met-or-not judgement, the school rated each met standard on a five-point scale, and the ratings map cleanly onto the difference between structure and quality development. The school rated itself strong on its foundations: mission definition, the framework of the curriculum, physical facilities, and the routine mechanisms of program monitoring. It rated itself weak, at the two lowest points of the scale, across the quality-development layer: the psychometric quality and external scrutiny of its assessments; student counselling and career guidance; the use of educational expertise and a medical-education unit; the integration of research with education; the analysis of cohort performance; the transparency and stakeholder representation of its governance; and, above all, its continuous-renewal cycles, which were the weakest of the nine areas.

External evaluation and conditional accreditation

TEPDAD accepted the report in May 2018 and conducted its site visit from 4 to 9 October 2018. The six-member visiting team comprised four TEPDAD experts and two Lebanese observers (a faculty member from a Lebanese medical school and a medical student). The team examined every standard and returned, for each, an observation and, where needed, a recommendation.

The evaluators reached, independently, the same conclusion the school had reached about itself. Their recommendations converged on the quality-development layer: the mission should be reviewed with external stakeholders and should express social accountability and global health explicitly; the educational outcomes should be reformulated as competencies, in the terminology of the CanMEDS framework [14], and linked to postgraduate competencies; the assessment program should be structured and blueprinted; faculty development should be systematized; educational expertise should be developed and used; and the mechanisms of program evaluation should be built into a coherent system. On the areas the school had identified as weakest, the external verdict matched the self-assessment almost point for point.

In December 2018 TEPDAD granted SMMS conditional accreditation for one year, naming seven standards as partially met with major areas for improvement: educational outcomes (1.3), program management (2.7), assessment methods (3.1), staff activity and development (5.2), educational expertise (6.5), the mechanisms of program monitoring and evaluation (7.1), and the performance of students and graduates (7.3). These seven were almost exactly the clusters the February 2017 self-assessment had predicted would be weak. The conditional decision therefore confirmed the school's own diagnosis and converted it into a time-bound work plan.

Building the quality-development layer

The year of conditional accreditation was spent building the layer the standards demanded, and the work was addressed to the seven conditions directly. Table 2 summarizes the seven conditions identified during the 2018 conditional accreditation, the corresponding gaps, and the corrective actions implemented by the school before the 2019 re-evaluation.

For educational outcomes, the school reformulated the objectives of its MD program around seven core competencies (1-expertise in the medical field and profession, 2-communication, 3-collaboration, 4-health promotion, 5-lifelong educational commitment, 6-management, and 7-ethics) mapped explicitly onto the CanMEDS roles [14] and the competencies of the Accreditation Council for Graduate Medical Education (ACGME), and it linked each competency to defined outcomes and to the measures by which they would be assessed. For program management, it clarified and strengthened a two-committee structure (a curriculum committee and a medical-education committee) each able to form the subcommittees that specialized tasks require. For assessment, it built a matrix of the whole assessment program, blueprinted against the competencies and spanning knowledge, skills, attitudes and research, and extended its methods to include objective structured clinical examinations, the mini-clinical evaluation exercise, direct observation of procedural skills, and simulation. Since assessment had shown the largest number of very low ratings in 2017, this was the most substantial single repair.

For staff development, the school created a subcommittee on faculty development and a yearly program of workshops in medical pedagogy, delivered by faculty holding a university diploma in medical education and by external experts, and supported by a professional-development leave policy. For educational expertise, it staffed its committees with faculty qualified in medical education and, as a longer-term commitment, its Council adopted a plan to establish a diploma in medical education in partnership with a school outside Lebanon. For program evaluation, it built a system that distinguishes process from outcome evaluation, draws on internal sources (course and rotation feedback, exit surveys, peer review and alumni feedback) and external ones (the national colloquium examination, the Lebanese Medical Board, and USMLE results), and reports on a fixed schedule (courses each semester, clinical training after each rotation, and the whole program every three years) in alignment with the university's quality office. The seventh condition, on the performance of students and graduates, was met through these same evaluation mechanisms.

Table 2
Seven conditions of the 2018 conditional accreditation and the institutional response.

TEPDAD condition	Gap identified	Corrective action documented before re-evaluation
1.3 Educational outcomes	Outcomes insufficiently articulated as a competency framework.	Seven core competencies mapped to CanMEDS and ACGME domains, with defined outcomes and assessment measures.
2.7 Program management	Need for clearer curriculum and medical-education governance.	Strengthened curriculum and medical-education committee structure, with capacity to create task-specific subcommittees.
3.1 Assessment methods	Assessment system insufficiently structured and blueprinted.	Program-wide assessment matrix; competency blueprinting; OSCE, mini-CEX, DOPS and simulation incorporated.
5.2 Staff activity and development	Faculty development insufficiently systematic.	Faculty-development subcommittee, annual medical-pedagogy workshops and professional-development leave policy.
6.5 Educational expertise	Need for more explicit educational expertise.	Faculty with medical-education qualifications integrated into committees; longer-term plan for a diploma in medical education.
7.1 Program monitoring and evaluation	Monitoring activities not yet integrated into a coherent system.	Process and outcome evaluation system combining internal and external data on a defined reporting cycle.
7.3 Performance of students and graduates	Need for systematic longitudinal performance monitoring.	Student and graduate performance incorporated into the program-evaluation mechanisms and external outcome sources.

Accreditation outcomes across the decade

Full accreditation (2019)

TEPDAD returned for a re-evaluation visit on 30 May 2019, at which the school presented the work it had done against each of the seven conditions. At the end of June 2019 SMMS received full accreditation, closing the initial cycle. What followed is the part of the story that a purely retrospective account would miss: the accreditation was the beginning of a monitored cycle, not its end.

The interim review (2022)

The full accreditation carried a mid-cycle checkpoint. TEPDAD conducted an interim evaluation with a site visit on 8–9 December 2022, against an interim self-evaluation report the school had submitted. Two conclusions matter for our argument. First, despite the COVID-19 pandemic and Lebanon's economic crisis, the school continued to meet all basic standards. Second, the mechanisms built during the conditional year had not merely survived but advanced: the interim report documented development across twelve areas, including a mission restated with social-accountability and global-health content and external-stakeholder input; educational outcomes reformulated as competencies, extended by a

further competency (preparation for future career) and linked to ACGME; the introduction of logbooks (Med 1–2) and portfolios (Med 3–4); student representation extended to all committees and subcommittees and a new student-counselling subcommittee; a structured simulation program; the adoption of a CIPP-based program-evaluation model; and the start of the school's transition from the seven-year program to a PreMed/Med structure. The review was not an endorsement of stasis. TEPDAD issued twenty further recommendations, among them tighter linkage of competencies to unit-level learning objectives, horizontal and vertical curriculum integration, a structured evidence-based-medicine theme, more performance-based assessment such as the mini-CEX in real settings, and a structured faculty-development program, and recorded four recommendations from the students themselves. Accreditation continued to function as an improvement engine rather than a certificate.

Re-accreditation (2025)

The cycle closed with re-accreditation. The school submitted a re-accreditation self-evaluation report in December 2024, and TEPDAD conducted its final evaluation by a virtual site visit on 25–27 June 2025, held online owing to political conflict in the region, itself a marker of the institutional resilience the accreditation both demanded and documented. By this point the quality-development layer had matured well beyond its 2019 form: the program's outcomes were expressed as eight key and twenty-seven enabling competencies aligned to the school's mission and the health needs of the Lebanese context; assessment, program evaluation and faculty development ran through defined subcommittees; and, acting on TEPDAD's recommendation to strengthen horizontal and vertical integration through a system-based design, the school implemented an organ-system based competency-based curriculum for the cohort entering in 2025–2026, as it completed its shift to a three-year PreMed and four-year Med structure. Consistent with the pattern of the whole decade, the 2025 evaluation combined confirmation with challenge: it recognized the school's sustained standing while recommending further steps like matching graduate competencies to the learning objectives of each curricular unit, enlarging the diversity of electives, introducing interprofessional education, adding key performance indicators to the strategic plan, and formalizing alumni relations. The accreditation was renewed and, at the time of writing, remains valid until 1 January 2028.

Taken together, these three evaluations (2019, 2022 and 2025) trace a single institution held to the same international standard at three points across nearly a decade. Table 3 provides a comparative overview of the evolution of the school's quality-development mechanisms across these three milestones, highlighting their progressive consolidation and expansion in educational outcomes, assessment, program evaluation, faculty development, student engagement, and curriculum design. This documentary record does not by itself demonstrate a causal effect on student or patient outcomes, but it provides sustained evidence that the changes introduced under conditional accreditation were not temporary compliance measures: they were maintained and progressively extended over the full accreditation cycle.

Table 3
Evolution of the quality-development mechanisms across the accreditation cycle (2019, 2022, 2025).

Quality-development area	At full accreditation (2019)	Interim review (2022)	Re-accreditation (2025)
Educational outcomes	Seven core competencies mapped to CanMEDS and ACGME.	Competencies plus enabling competencies; an eighth (career preparation) added; ACGME linkage.	Eight key and 27 enabling competencies aligned to mission and Lebanese health needs.
Assessment	Blueprinted assessment matrix; OSCE, mini-CEX, DOPS and simulation introduced.	Logbooks (Med 1–2) and portfolios (Med 3–4); assessment-feedback surveys added.	Assessment subcommittee; published policy; further performance-based assessment recommended.
Program evaluation	Process/outcome system on a defined cycle, aligned to the QAIE.	CIPP model adopted; online course-feedback (Blue System).	Program-evaluation subcommittee; peer review and course portfolios; KPIs recommended.
Faculty development	Faculty-development subcommittee; pedagogy workshops; leave policy.	Medical Education Day (2021, with the Lebanese American University); med-education degrees targeted; associate dean for CME.	Ongoing; more effective use of in-house medical-education expertise recommended.
Student engagement	Students on standing committees (partial, policy incomplete).	Representation in all committees/subcommittees; student-counselling subcommittee.	Represented in Curriculum, Medical-Education and Student-Affairs committees; active student council.
Curriculum model	Discipline-based within a BS + MD structure.	PreMed/Med transition begun; integrated, system-based model planned.	Organ/system-based, competency-based curriculum being implemented; 7-year → PreMed(3)/Med(4).

Discussion

The findings show a close correspondence between the school's internal diagnosis and the subsequent external evaluation. The school had built its basic structures but had not yet accumulated the longitudinal evidence, stakeholder engagement and continuous quality-improvement mechanisms expected at the quality-development level. This distinction between structural compliance and an embedded quality-improvement culture is consistent with contemporary accreditation literature, which increasingly treats accreditation as a lever for continuous institutional learning rather than as an

episodic inspection [9, 10, 11, 15, 16]. Such effects are felt not only in an institution's structures and processes but by its teachers and students [17]. The interim (2022) and re-accreditation (2025) evaluations reinforce this reading: each confirmed that the school continued to meet the basic standards while issuing fresh recommendations, so that accreditation operated less as a periodic verdict than as a recurring stimulus to improvement across the decade.

From an international perspective, the SMMS experience reflects a broader shift in medical education accreditation from predominantly structural compliance toward outcome-oriented, continuous quality improvement and social accountability [1, 9, 10, 11, 12, 15, 16, 18, 19, 20]. Contemporary accreditation frameworks increasingly extend beyond the presence of curricula, governance structures and educational resources to require explicit competency-based outcomes, coherent and defensible assessment systems, systematic faculty development, longitudinal monitoring of student and graduate performance, and meaningful engagement of internal and external stakeholders [9, 12, 21, 22]. Global access to medical-specific accreditation nevertheless remains uneven, with smaller and lower-income jurisdictions less likely to have national medical accreditation systems, making regional and cross-border mechanisms particularly relevant [3]. Recent Lebanese evidence also suggests that students and graduates across health-related disciplines perceive accreditation as relevant to educational quality and career outcomes, although those cross-sectional findings should not be interpreted as causal evidence [23]. The continuing relevance of the model described here is further underscored by WFME's 2026 clarification of the criteria and governance considerations applicable when recognized agencies undertake accreditation outside their country of origin [24]. Internationally shared standards can therefore support convergence in quality expectations without requiring institutional uniformity, providing a common framework through which schools operating in different national contexts can identify gaps, prioritize reforms and progressively strengthen an internal culture of quality [12, 16, 21].

This case also adds a process-level perspective to the emerging empirical literature. Studies have examined associations between accreditation status and licensing-examination performance [6, 7], while recent scoping reviews show that the broader evidence base remains heterogeneous and that causal effects are difficult to establish [10, 11]. The present account does not resolve that causal question; its contribution is instead to document the institutional sequence linking self-assessment, external judgement, targeted corrective action, accreditation outcome and later follow-up. The persistence of the mechanisms introduced in 2018–2019, together with continued accreditation until 1 January 2028, suggests institutionalization of the quality-development processes, although outcome studies would be required to determine whether this persistence translated into measurable educational or clinical benefit.

Lessons learned

The SMMS experience offers several lessons that may transfer to other medical schools, particularly where national accreditation systems are limited or still developing. Beyond the award itself, the process served as a catalyst for institutional transformation, strengthening governance, curriculum design,

academic policy, and a culture of continuous quality improvement (CQI). We approached accreditation not as periodic compliance but as a mechanism for sustained improvement.

1. Leadership must turn accreditation into an institutional project

Strong leadership was central to initiating and sustaining the process, but leadership alone was not enough. The progressive engagement of all stakeholders, and of physician faculty in particular, required regular meetings, individual discussions, and continuous communication. Initial reluctance reflected apprehension about change, altered practices, and added workload rather than opposition to accreditation itself. Sustained involvement by the Dean and the Associate Dean, supported by a small and highly motivated team, was what maintained momentum over several years despite changes in personnel and responsibilities.

2. Treat self-assessment as a diagnosis, not a demonstration of compliance

The initial team adopted a deliberately rigorous approach. The aim was not to show that the standards were already met but to identify accurately the gaps between institutional practice and the accreditation requirements. Closer examination revealed that some standards initially thought fulfilled were only partially met, and disagreements were resolved through collective discussion until a shared reading of each standard and of its required evidence was reached. The gap analysis also showed that many sound practices already existed but were informal, poorly documented, or dependent on particular individuals. A central contribution of accreditation was therefore to convert implicit practice into explicit, documented, and assessable institutional process.

3. Formalize the rules, implement them consistently, and avoid bureaucracy

In retrospect, transformation might have progressed more efficiently had key policies been established earlier and, more importantly, had their systematic implementation become routine sooner. The bylaws and academic rules gradually became central to the daily functioning of the school. Their value lies not in their existence but in their consistent application, evaluation, and periodic revision; written rules become meaningful only when they guide routine academic decisions. Formalization, however, should not harden into bureaucracy: some regulations later required clarification and simplification to preserve their usefulness. Continuous quality improvement therefore requires not only establishing governance mechanisms but periodically reassessing their relevance.

4. Give students a genuine role

Student participation proved particularly valuable. Students offered a direct perspective on how the curriculum actually functioned and sometimes identified problems less visible to faculty or administrators; at times their contribution exceeded that of faculty members. Their involvement was a source of both insight and effort, and it argues for meaningful student participation in accreditation and CQI rather than token representation.

5. Let accreditation accelerate sustainable curricular transformation

One of the major structural challenges was achieving horizontal and vertical curricular integration, which required more than documentary change and ultimately a redesign of the educational structure itself, through the progressive move toward an organ-based curriculum. The lesson is that accreditation can become a catalyst for genuine educational reform extending well beyond preparation for a review, provided integration is pursued as coherence across learning sequences, teaching methods, assessment, competencies, and clinical responsibilities rather than as a documentary exercise.

6. Weight the accreditor's preparatory work heavily

For a school taking a cross-border route, the accreditor's preparatory workshops proved indispensable: they taught the committee how to read the standards and how to assemble the evidence. Institutions selecting a foreign accreditor should weigh the availability and quality of that preparation heavily when making their choice.

7. Motivation and adaptability can partly offset limited resources

The most intensive phases demanded substantial effort from a small number of academic leaders, on top of their usual academic and clinical duties. Direct financial costs were largely anticipated; the scarce and hard-to-quantify resource was staff time. Our experience suggests that financial resources, while important, are not the principal determinant of success: in resource-limited settings a viable model can rest on a small committed team, directly engaged leadership, clear governance, rigorous documentation, and the ability to make and implement decisions promptly. The conditional-accreditation year illustrated this well; experienced at once as a disappointment and as a clearly defined roadmap, it was met less by any single intervention than by perseverance, collective engagement, and rapid adaptation.

8. Make improvement independent of the accreditation cycle, and build medical-education-specific quality capacity

A fundamental distinction separates achieving accreditation from building a sustainable culture of quality. Improvements fade once the pressure of review passes if they remain tied to the accreditation timetable. At the SMMS, sustainability came increasingly to depend on governance structures, written academic rules, and medical-education and quality-assurance mechanisms embedded in actual institutional projects, whose purpose shifted from preparing for the next visit to supporting routine decisions on curriculum, assessment, and academic organization. The COVID-19 pandemic and Lebanon's economic crisis tested this resilience, and continuity depended largely on motivation, flexibility, and perseverance; the subsequent virtual visit preserved continuity of evaluation but was less effective than an on-site review, particularly in limiting direct observation of the learning environment. Belonging to USEK, with its established quality infrastructure, provided substantial support, yet that central capacity could not by itself capture the specifics of medical education, which cannot be planned and assessed as one would a program in architecture or linguistics. Schools therefore need a dedicated

medical-education quality function alongside general institutional structures for governance, documentation, data analysis, program evaluation, and continuous improvement.

Transferable implications

Three priorities emerge from this experience. First, medical schools should establish formal governance structures, clear bylaws, and defined responsibilities at an early stage. Second, academic rules should be written, consistently applied, and regularly reviewed. Third, horizontal and vertical curricular integration should be built into curriculum design from the outset rather than introduced later solely to satisfy a review. Across all three, leadership must be able to translate evaluation findings into decisions and decisions into timely action. Ultimately, the value of accreditation lies less in the status awarded than in its capacity to establish institutional mechanisms that sustain improvement after the reviewers have left.

Limitations

This is a single-institution case of a private Lebanese School of Medicine with an affiliated teaching hospital and a specific national context that limits how far its detail transfers. We have relied on the accreditation's own documents, which record what the school and the evaluators judged rather than independently measured educational outcomes; the effect of the accreditation on those outcomes remains a question for later study. Because authors were involved in the institutional accreditation process, the analysis is also vulnerable to insider interpretation bias, though this is mitigated by relying heavily on the official external reports from 2018, 2022, and 2025. The exact number of thematic subcommittees and some procedural dates could not be reconstructed from the surviving records available for this manuscript. The follow-up accreditation status and continued operation of the mechanisms created in 2018–2019 support their organizational sustainability, but they should not be interpreted as proof of improved student, graduate or patient outcomes. A comparative study of other Lebanese schools that entered the TEPDAD process would require access to equivalent primary documentation and is therefore beyond the scope of this single-institution analysis.

Conclusions

We have described how a young Lebanese medical school obtained WFME-recognized accreditation through a cross-border route, and what the process revealed. Measured against the WFME standards, the school met every basic standard and fell short principally on the quality-development layer; an external evaluation confirmed this pattern, conditional accreditation named the gaps precisely, and a year of targeted work addressed them. Subsequent follow-up, renewal and continued accreditation until 1 January 2028 indicate that the principal mechanisms created during that period were not merely temporary responses to an accreditation visit but became part of the school's continuing quality infrastructure. For schools operating in systems without a recognized national accreditor, the case suggests that cross-border accreditation can provide a credible route to internationally benchmarked quality assurance when it is locally legitimate, transparently documented and followed by sustained internal quality improvement. The central lesson is not that accreditation itself guarantees better

outcomes, but that rigorous self-assessment combined with external review can create a structured opportunity for durable institutional change.

Abbreviations

ABET: Accreditation body for applied and natural science, computing, engineering and technology programs (formerly Accreditation Board for Engineering and Technology)

ACGME: Accreditation Council for Graduate Medical Education

BS: Bachelor of Science

CanMEDS: Canadian Medical Education Directives for Specialists

NDSUH: Notre-Dame des Secours University Hospital

CIPP: Context, Input, Process, Product (evaluation model)

CME: Continuing Medical Education

CQI: Continuous Quality Improvement

DOPS: Direct Observation of Procedural Skills

ECFMG: Educational Commission for Foreign Medical Graduates

EVALAG: Evaluationsagentur Baden-Württemberg

MD: Doctor of Medicine

mini-CEX: Mini-Clinical Evaluation Exercise

NECHE: New England Commission of Higher Education

OSCE: Objective Structured Clinical Examination

PERT: Program Evaluation and Review Technique

QAIE: Quality Assurance and Institutional Effectiveness (office)

SER: Self-Evaluation Report

SMMS: School of Medicine and Medical Sciences

TEPDAD: Association for Evaluation and Accreditation of Medical Education Programs (Türkiye)

USEK: Holy Spirit University of Kaslik

USMLE: United States Medical Licensing Examination

WFME: World Federation for Medical Education

Declarations

Ethics approval and consent to participate

Not applicable. This study relied exclusively on institutional administrative and accreditation records; it did not involve human subjects.

Consent for publication

Not applicable.

Availability of data and materials

The administrative and accreditation documents analyzed during the current study are not publicly available due to institutional confidentiality policies but may be available from the corresponding author on reasonable request.

Competing interests

The authors declare that they were members of the SMMS self-evaluation committee during the accreditation process. The authors declare that they have no other competing interests.

Funding

The authors report no funding related to the development or publication of this manuscript.

Authors' contributions

P.D. conceptualized the study, curated the historical documentation, analyzed the accreditation reports, and drafted the manuscript. A.K. and J.-C.L. contributed to the interpretation of the continuous quality improvement data and critically revised the manuscript for important intellectual content. All authors read and approved the final manuscript.

Acknowledgements

The authors thank the members of the SMMS self-evaluation committee and the TEPDAD site-visit and re-evaluation teams for their roles in the accreditation processes spanning this decade.

References

1. van Zanten M, Norcini JJ, Boulet JR, Simon F. Overview of accreditation of undergraduate medical education programmes worldwide. Med Educ. 2008;42(9):930–7.
2. Karle H. Global standards and accreditation in medical education: a view from the WFME. Acad Med. 2006;81(12 Suppl):S43–8.
3. Bedoll D, van Zanten M, McKinley D. Global trends in medical education accreditation. Hum Resour Health. 2021;19(1):70.
4. World Federation for Medical Education. Recognition Programme: Basic Medical Education [Internet]. Available from: https://wfme.org/recognition/bme-recognition/. Accessed 16 September 2026.
5. Intealth. Recognized Accreditation Policy. Philadelphia (PA): Intealth; implementation began November 2024. Available from: https://www.intealth.org/accreditation. Accessed 16 September 2026.
6. van Zanten M, Boulet JR, Shiffer CD. Making the grade: licensing examination performance by medical school accreditation status. BMC Med Educ. 2022;22(1):36.
7. You Y, Li M, Xie A, Wang W. First-round accreditation and pass rates on licensing examination at different medical schools in China: closing the performance gap. Med Educ. 2024;58(2):247–57.
8. Association for Evaluation and Accreditation of Medical Education Programmes (TEPDAD). Self-Evaluation Report Guide for Accreditation of Undergraduate Medical Education Programmes Outside of Turkey. Version 1.0. Ankara: TEPDAD; 2017.
9. Akdemir N, Peterson LN, Campbell CM, Scheele F. Evaluation of continuous quality improvement in accreditation for medical education. BMC Med Educ. 2020;20(Suppl 1):308.
10. Arja SB, White BA, Fayyaz J, Thompson A. The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: a scoping review. MedEdPublish (2016). 2024;14:13.
11. Girotto LC, Machado KB, Moreira RFC, Martins MA, Tempski PZ. Impacts of the accreditation process for undergraduate medical schools: a scoping review. Clin Teach. 2025;22(2):e70031.
12. Taber S, Akdemir N, Gorman L, van Zanten M, Frank JR. A fit for purpose framework for medical education accreditation system design. BMC Med Educ. 2020;20(Suppl 1):306.
13. World Federation for Medical Education. Basic Medical Education: WFME Global Standards for Quality Improvement. The 2015 Revision. Ferney-Voltaire (France): WFME; 2015.
14. Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
15. Blouin D, Tekian A. Accreditation of medical education programs: moving from student outcomes to continuous quality improvement measures. Acad Med. 2018;93(3):377–83.
16. Lansdowne T, Moineau G, Cohlová J, León-Bórquez R. Towards a continuing quality improvement culture through the WFME recognition programme. Med Teach. 2026;48(6):1091–4.

17. Choa G, Arfeen Z, Chan SCC, Rashid MA. Understanding impacts of accreditation on medical teachers and students: a systematic review and meta-ethnography. Med Teach. 2022;44(1):63–70.
18. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010;376(9756):1923–58.
19. Boelen C, Woollard B. Social accountability and accreditation: a new frontier for educational institutions. Med Educ. 2009;43(9):887–94.
20. Hilal, Batı. İskender Sayek. Medical Education and Social Accountability. J Med Educ Family Med. 2024 Aug. 1;1(2):66–70. 10.5281/zenodo.13310246
21. World Federation for Medical Education. Basic Medical Education: WFME Global Standards for Quality Improvement. The 2020 Revision. Ferney-Voltaire (France): WFME; 2020.
22. Ma YE, Tackett S. Evidence medical schools are meeting accreditation standards: comparison of self-evaluation guidance from WFME-recognized agencies. Med Teach. 2025;47(8):1352–9.
23. Rahme D, Saade D, Sacre H, et al. Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon. BMC Med Educ. 2025;25(1):886.
24. World Federation for Medical Education. Beyond Borders: Cross-border Accreditation in the WFME Recognition Programme. London: WFME. 2026. Available from: https://wfme.org/product/beyond-borders-cross-border-accreditation-in-the-wfme-recognition-programme/. Accessed 16 September 2026.