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المؤتمر الدولي الليبي الثامن للعلوم الطبية والتطبيقية والانسانية

تحت شعار: التطورات التكنولوجية والاتجاهات الحديثة في التعليم

Original article

Path to Enhanced National Accreditation of Basic Medical Education Programs in Libya

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ABSTRACT

As Libya continues to strive for excellence in healthcare, national accreditation plays a pivotal role in shaping the future of medical education and improving patient outcomes. In order to realize this objective, greater collaboration has to be maintained between local medical colleges, the National Center for Quality Assurance and Accreditation of Educational and Training Institutions, and other stakeholders. This study aimed to overcome the challenges and barriers medical colleges face in securing the national accreditation of basic medical education programs offered locally. This study critically reviewed the national accreditation process of basic medical education programs offered in Libya. This includes highlighting any weaknesses or shortcomings in the audit process and suggesting means to improve this process. In terms of the methodology followed, this study was survey-based. The questionnaire consisted of three parts covering different audit process aspects. Several key areas for improvement are highlighted as a result. The data was collected through survey auditors. The data were analyzed using SPSS version 27 and a significance level of $p < 0.05$ was used. Most of the questionnaire respondents were from the University of Benghazi and the University of Zawia. 57.9% of respondents hold PhD degrees. The majority of respondents (57.9%) disagree or strongly disagree on having enough time to review documents; however, 84.2% strongly agree or agree that team size is appropriate. Over 70% agreed there is vague, unclear language in some indicators, and 94.8% agreed that there are similarities and redundancies between some indicators across standards. On the other hand, 31.6% of auditors cited challenges with standard 7, making it the most problematic. Standards 2 and 9 also posed considerable issues based on facing difficulties for 21.1% of auditors. Standard 2 stands out as lacking alignment between program evidence provisions and indicator requirements according to 63.2% of auditors. Focusing on the audit process in all aspects and correcting any areas of weakness would improve the clarity, uniformity, and fairness of the national accreditation process.

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INTRODUCTION

In recent years, the need for national accreditation in the medical field has become increasingly evident. Accreditation provides a framework for evaluating medical institutions' curriculum, faculty, facilities, and overall educational environment [1]. It ensures that medical schools meet the necessary standards set by regulatory bodies and professional organizations. Medical programs gain credibility and recognition by achieving national accreditation and attracting top-quality students and faculty [2]. Moreover, accreditation enhances the mobility and employability of graduates, as it is often a prerequisite for licensure and employment [3].

Basic medical education (BME) programs in Libya face several challenges in their journey toward national accreditation. Limited resources, including funding, infrastructure, and faculty, pose significant barriers [4]. Insufficient faculty development programs and a lack of access to modern teaching methodologies hinder the delivery of high-quality education [5]. Additionally, political instability and security concerns have disrupted the academic environment, making it difficult for medical institutions to maintain consistent standards [6]. These challenges require a concerted effort from the government, medical institutions, and stakeholders to overcome and improve the quality of medical education in Libya. In this context, the National Center for Quality Assurance and Accreditation of Educational and Training Institutions (NCQAAETIs) developed national standards for the accreditation of basic medical education programs, in line with the standards and literature in use. This helped basic medical education programs to assess their current status through those standards, to be able to discover their strengths and weaknesses and to develop appropriate plans to strengthen the strengths and improve the weaknesses.

Several basic medical programs in Libya have successfully achieved national accreditation from NCQAAETIs, serving as inspiring examples for others. The University of Tripoli, Faculty of Medicine, for instance, implemented a comprehensive quality assurance system, engaged stakeholders through regular meetings and workshops, and invested in faculty development programs [7]. These efforts resulted in improved curriculum, enhanced facilities, and increased faculty and student satisfaction. As a result, the program successfully obtained national accreditation, positioning it as a leading institution in medical education.

The accreditation process is a rigorous and comprehensive evaluation of a medical program's compliance with established standards. It involves self-assessment, external review, and continuous quality improvement [5]. The process begins with the medical program conducting a thorough self-assessment, identifying areas of strength and areas that need improvement. Following the self-assessment, an external review team visits the institution to validate the self-assessment findings and assess compliance with accreditation standards [8]. The review team provides feedback and recommendations for improvement. The institution then develops an action plan to address the identified areas of improvement. Continuous quality improvement is an ongoing process that ensures the program meets and maintains accreditation standards [9]. Therefore, the objectives of this study are to evaluate the effectiveness of the working strategy and procedure adopted by the NCQAAETIs in Libya for auditing basic medical education programs from the perspective of audit team members, identify the strengths and weaknesses of this strategy and procedure, and provide proposals for improving this strategy and procedure.

METHODS

Study design

This descriptive cross-sectional study investigated the national accreditation process for basic medical education programs in Libya from the perspective of audit team members. A convenient sample of 19 members from the NCQAAETIs audit teams was selected. These members had participated in program accreditation for five basic medical education programs. A self-administered questionnaire was developed specifically for this study and it was previously validated

Data collection

The questionnaire consisted of three domains and 25 questions, including two open-ended questions. The questions used a five-point Likert scale. Scores for each parameter were calculated out of 100, with scores below 60 considered "unpredictable" and scores 60 and above considered "desirable." The questionnaire was distributed to ensure representation from all audit teams and programs.

Data analysis

Collected data were analyzed using SPSS version 27. Descriptive statistics, frequency tables, and chi-square tests were employed to analyze the data. A significance level of $p < 0.05$ was used.

RESULTS

Concerning the institution to the member belongs, the table (1) shows that the most represented institutions are the University of Benghazi and the University of Zawia, with 4 members each (21.1% of the total). The general health council and Omar Al-Mokhtar University, and University of Tripoli have the next highest representation with 2 members each (10.5%). Several institutions only have 1 representative, including Alasmarya Islamic University, Misurata University, and Sirte University (5.3%). Overall, the table below demonstrates inclusive participation from a range of prominent medical universities and the health authorities.

Table 1. The institution to the member belongs

Institution	Number	%
Alasmarya Islamic University	1	5.3
General Health Council	2	10.5
Misurata University	1	5.3
Omar Al-Mokhtar University	2	10.5
Sirte University	1	5.3
University of Benghazi	4	21.1
University of Derna	2	10.5
University of Tripoli	2	10.5
University of Zawia	4	21.1
Total	19	100.0

About Qualification of the team members, the table (2) shows that the majority (57.9%) of members hold PhD degrees. This indicates there was strong representation of highly trained and educated professionals. A sizable portion (42.1%) of the membership had Master's level qualifications.

Table 2. Qualification of participants

Qualification	**Number**	**%**
MSC	8	42.1
PhD	11	57.9
Total	19	100.0

Table 3 shows that University of Zawia, University of Benghazi, and Libyan International Medical University MBCHB programs had the most auditors with 8 committee members assigned to each (42.1%). The MBCHB at the University of Tripoli also had a reasonably substantial audit membership with 5 reviewers (26.3%). The University of Misrata program was evaluated by 4 committee members each, the lowest number assigned (21.1%). The experience of most audit team members was noted by number of programs audited.

Table 3. Programs audited by the participants

Programs audited by the participants	**Number**	**%**
MBCHB program of University of Tripoli	5	26.3
MBCHB program of University of Zawia	8	42.1
MBCHB program of University of Misrata	4	21.1
MBCHB program of University of Benghazi	8	42.1
MBCHB program of Libyan International Medical University	8	42.1

The responses of the sample about time management presented in table (4). The majority of respondents (57.9%) was disagreed or strongly disagreed on having enough time to review documents. However, 36.8% of respondents agreed the time period was sufficient to review documents submitted by the program. This suggests the documentation review

may be the most time constrained. Over half (52.6%) agreed the time period was sufficient for the overall audit process. However, 26.3% disagreed that time period is sufficient for the audit process. Most members (84.2%) agreed or strongly agreed that the daily hours allocated were adequate. However, 15.8% still expressed concerns with the daily time allotment. Neutral responses were fairly low, suggesting most members had definitive opinions on the time allotted.
According to mean and standard deviation for time management level of agreement, the daily hours allocated were rated as having high agreement on average as sufficient (4.00 mean). Both the document review time and overall audit time show only moderate average agreement ratings (2.63 and 3.11). Clearly these were the two areas viewed as most inadequate. The overall average level of agreement across the three time-related questions was moderate at 3.25. This indicates general concerns about insufficient time among auditors.

Table 4. Responses of the participants about Time management

Time management	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Mean	SD	Level of agreement
	N	%	N	%	N	%	N	%	N	%			
The time period is sufficient to review documents submitted by the program	-	-	7	36.8	1	5.3	8	42.1	3	15.8	2.63	1.165	Moderate
The time period is sufficient for the audit process	-	-	10	52.6	4	21.1	2	10.5	3	15.8	3.11	1.150	Moderate
The daily hours allocated to the audit process are sufficient	5	26.3	11	57.9	2	10.5	-	-	1	5.3	4.00	0.943	High
Overall mean											3.25	0.744	Moderate

According to the responses of the sample about audit team members, as presented in table (5). Most respondents agreed the team size is appropriate (84.2% strongly agree/agree). This suggests confidence in having enough auditors. Opinions were mixed on auditors' understanding of standards, with 52.6% agreeing but 31.6% disagreeing/strongly disagreeing. Additional training on standards may be beneficial. Most (73.7%) agreed preparation training before the audit is adequate. But 15.8% neutral responses indicate some possible unsureness or need for more training. There is very low agreement (47.4%) the team includes enough diversity across medical faculties. 36.8% strongly disagree, highlighting this as an area for improvement. Higher agreement exists regarding including diversity across medical specializations (73.7%). But 21.1% still disagree more specialties should be represented. Having diverse expertise on the teams was highly valued, with 79.5% endorsing it enriching the auditing.
Team size appropriateness earned a high agreement rating (4.21 mean) showing confidence in numbers of auditors. Moderate agreement levels on understanding standards (3.26) and cross-faculty diversity (2.74) quantitatively highlight these as relative weaknesses. Improving them could bolster teams. Standard deviation values suggest general consensus on team size, pre-audit training, and benefits of diversity (≤ 1.119). Wider variance exists around views on standards knowledge and faculty mix. The 4.47 mean score shows diversity of experience/backgrounds is highly valued for enriching audits. This aligns with calls for better representation across Table 6 results. The overall high mean agreement level of 3.73 indicates general satisfaction with the composition and preparation of audit teams.
Based on the results shown in Table 6: Understandability of some standards is an issue, with 63.2% agreeing they encountered difficulties. This aligns with calls for better standards clarity. Over 70% agreed there is vague, unclear language in some indicators. This makes evaluating compliance challenging. 57.9% agreed some requirements within indicators are vague. Yet, 26.3% disagree, suggesting possible inconsistencies in experiences. There is an agreement (94.8%) that similarities and redundancy exist between some indicators across standards. Streamlining overlaps could help reduce ambiguity. Only 57.9% agreed programs provide proper evidence they meet indicator requirements. A sizable 26.3% were neutral on this issue, implying uncertainty around expectations. Self-reported program quantitative evaluation matched final audit quantitative evaluation for only 36.8%, while 42.1% saw discrepancies. This indicates possible inconsistencies in applying standards. Mixed responses on whether current frameworks evenly weigh and compare indicators shows variability in processes.

Table 5. Responses of the participants about Audit team

Audit team	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Mean	SD	Level of agreement
	N	%	N	%	N	%	N	%	N	%			
The number of the team members is appropriate for the audit process	8	42.1	8	42.1	2	10.5	1	5.3	-	-	4.21	0.855	High
The team members are well aware of the standards indicators, from your point of view	3	15.8	7	36.8	3	15.8	4	21.1	2	10.5	3.26	1.284	Moderate
Adequate training before conducting the audit process	5	26.3	9	47.4	3	15.8	1	5.3	1	5.3	3.84	1.068	High
The team is diverse from different medical faculties	3	15.8	6	31.6	-	-	3	15.8	7	36.8	2.74	1.628	Moderate
The team is diverse from different medical specialties	6	31.6	8	42.1	1	5.3	4	21.1	-	-	3.84	1.119	High
The diversity of team members from different faculties and medical specialties support (enriches) the audit process	12	53.2	5	26.3	1	5.3	1	5.3	-	-	4.47	0.841	High
Overall mean											3.73	0.599	High

Table 6. Responses of participants about Audit process

Audit process	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Mean	SD	Level of agreement
	N	%	N	%	N	%	N	%	N	%			
You encountered difficulties in understanding some standards	4	21.1	8	42.1	3	21.1	3	15.8	-	-	3.68	1.003	High
Vague un clear language of some indicators	4	21.1	10	52.6	1	5.3	4	21.1	-	-	3.74	1.046	High
vague requirements of some indicators	4	21.1	7	36.8	2	10.5	5	26.3	1	5.3	3.42	1.261	High
There are similarities between some indicators among different standards	6	31.6	12	63.2	-	-	1	5.3	-	-	4.21	0.713	Very high
The evidences provided by the program reflects an understanding of the requirements of the indicators	3	15.8	8	42.1	5	26.3	3	15.8	-	-	3.58	0.961	High
The audit team quantitative evaluation is consistent with the quantitative evaluation provided in the program's self-study report	-	-	7	36.8	4	21.1	7	36.8	1	5.3	2.89	0.994	Moderate
Is it consistent with the equal relative weight of the standards indicators	3	15.8	9	47.4	3	15.8	4	21.1	-	-	3.58	1.017	High
Is it consistent with the equality between indicators in terms of (must be) and)should be (in the quantitative evaluation	1	5.3	7	36.8	2	10.5	4	21.1	5	26.3	2.74	1.368	Moderate
Quantitative evaluation of the indicators (should be) significantly influence the result of the standards quantitative evaluations	5	26.3	12	63.2	2	10.5	-	-	-	-	4.16	0.602	High
Quantitative evaluation of the indicators using DMNG-cycle is fair	4	21.1	7	36.8	5	26.3	3	15.8	-	-	3.63	1.012	High
Overall mean											3.56	0.421	High

Here are some key observations about the audit process analysis summarized in Table 7, the overall high agreement level (3.56 mean) indicates general confidence in audit procedures, but some clear challenges identified. The very high 4.21 mean score on standards similarities confirms significant redundancy between indicators that should be addressed. High mean scores on issues understanding standards (3.68) and vague language (3.74) quantitatively reaffirm major concerns about clarity. Moderate consistency between self vs external assessments (2.89) and equal evaluation of "must"

vs "should" indicators (2.74) indicates procedural weaknesses. Most means are high (≥3.58) showing general faith in evidence, weighting, inclusion of "should" measures, and fairness.

Concerning standards the team members audited, table 7 shows that the most standards audited are standard 9 with 57.9%, standard 4 with 52.6 %, and standards 2 and 8 with 42.1%. The least audited standards were standard 6 with 10.5% and standard 3 with 15.8%. In addition, it shows that 8: 31.6% of auditors cited challenges with Standard 7, making it the most problematic. Standards 2 and 9 also posed considerable issues based on facing difficulties for 21.1% of auditors. Few difficulties were reported for Standards 3-6 (only 5.3-15.8% of respondents). Notably, no auditors indicated problems with Standard 4. 23.8% of auditors did not report any standard difficulties. Moreover, regarding difficulties encountered with specific indicators across different standards: the majority (68.4%) of auditors did not report any indicator difficulties. This suggests most standards and indicators are clear in what they evaluate. For those citing issues, Standard 2 indicators 14-16 stood out, with 15.8% calling for better clarification around these measures. Only one auditor noted multiple problematic indicators within a standard (Standard 9). No more than 5.3% pointed to any singular standard indicator as difficult.

Table 7. Standards, the encountered difficulties in standards and difficulties in their indicators according to audit team members

Standards you audit	Number	%	Standards in which you encountered difficulty		Indicators in which you encountered difficulty	Number	%
			Number	%			
Standard 1	6	31.6	2	10.5	Indicator 4	1	5.3
Standard 2	8	42.1	4	21.1	Indicators 14, 15, and 16 need to be clarified	3	15.8
Standard 3	3	15.8	1	5.3	-	0	0
Standard 4	10	52.6	0	0	-	0	0
Standard 5	7	36.8	1	5.3	-	0	0
Standard 6	2	10.5	3	15.8	-	0	0
Standard 7	7	36.8	6	31.6	Indicator 7-12, 23	1	5.3
Standard 8	8	42.1	2	10.5	-	0	0
Standard 9	11	57.9	4	21.1	Indicators 4-12	1	5.3
			No difficulties	5 23.8	No difficulties	13	68.4

On the other hand, the results reported in table 8 summarizing standards with the biggest evidence gaps demonstrating misunderstanding; Standard 2 stands out as lacking alignment between program evidence provisions and indicator requirements according to 63.2% of auditors. This indicates deeper issues either grasping or documenting compliance here. Standards 5, 7, and 9 also face considerable deficient evidence for 36.8% of auditors. 10.5% cite documentation shortcomings in Standard 6. While lower, supplementary materials targeting commonly confusing indicators could still improve alignment. Evidence sufficiency issues appear limited for Standards 1, 3, 4, and 8 based on just single respondents citing concerns (5.3%).

The below table shows also the specific indicators of each standard with the greatest evidence deficiencies; Standard 2 indicators stand out, with 31.6% of respondents citing gaps spanning multiple indicators (13-14, 16, 29-30, 33). This aligns with previous findings suggesting particular issues grasping documentation requirements there. Standard 7 also had several indicators highlighted (3,9,16), with 21.1% noting recurring evidence shortcomings. Supplemental guidance on expectations may be helpful. For standards 1, 4, 5, 6, and 8 only 1-2 auditors referenced isolated indicator numbers, implying more scattered and individualized rather than systemic evidence problems.14.3% pointed to deficiencies among 4 indicators within standard 9. While not quite as pervasive as standard 2, additional examples illuminating evidence needs here could still benefit programs.

Table 8. The standards and their indicators of the highest deficiency in understanding the requirements of their indicators by those in charge of the program, which reflected in the provision of evidences.

The lacking alignment between program evidence provisions and standards requirements	Number	%	The lacking alignment between program evidence provisions and standards requirements	Number	%
Standard 1	1	5.3	Indicators 12-13	1	5.3
Standard 2	12	63.2	Indicators 13-14-16-29-30-33	6	31.6
Standard 3	0	0	-	0	0
Standard 4	0	0	Indicator 14	1	5.3
Standard 5	7	36.8	Indicators 6-7	2	10.5
Standard 6	2	10.5	Indicators 13-24-27	1	5.3
Standard 7	7	36.8	Indicators 3-9-16	4	21.1
Standard 8	1	5.3	Indicator 11	1	5.3
Standard 9	7	36.8	Indicators 11, 12,14,18	3	14.3

DISCUSSION

The results highlighted the audit team members' perspectives on the national accreditation process for basic medical education programs in Libya. The University of Benghazi and the University of Zawia emerge as the most represented institutions, indicating their significant contribution towards improving medical education standards. This collaborative effort from various institutions is crucial in ensuring the quality and standardization of medical education in Libya. Moreover, the data clearly demonstrates variations in the number of auditors assigned to different MBCHB programs. The universities of Benghazi, Zawia, and Libyan International Medical University have the most auditors, while the University of Tripoli also has a substantial representation. These findings emphasize the significance of audit committees in ensuring accountability and quality in medical education programs. On the other hand, there was a strong representation of highly qualified professionals involved in overseeing medical program standards. The majority of audit team members possess PhD degrees, while a significant portion holds Master's level qualifications. This diverse mix of expertise contributes to comprehensive decision-making processes and ensures that medical programs meet the highest standards of quality and excellence.

Regarding the audit process and audit team members, based on the results, it can be concluded that while there are differing opinions regarding time management in the audit process, a significant portion of respondents believe that the time period for reviewing documents submitted by the program is insufficient. However, there is a consensus that both the overall time period for the audit process and the daily hours allocated to it are adequate. These findings highlight the importance of addressing any concerns related to time management to ensure an effective and efficient audit process. Whereas, the appropriateness of the team size for the audit process. The majority of the respondents (84.2%) either strongly agreed or agreed that the number of team members was appropriate for the audit process. This suggests that the sample generally believes that the team size is adequate, which could potentially contribute to the efficiency and effectiveness of the audit process.

Regarding the standards and indicators that the auditors used in the evaluation process of the four medical colleges, a significant portion of auditors (63.2%) reported encountering difficulties understanding some standards. This highlights the need for a revision of the standards and indicators to ensure they are clear, concise, and unambiguous. Moreover, over 70% of respondents agreed that the language used in some indicators is vague and unclear. This ambiguity makes it challenging for auditors to objectively assess compliance. In addition, there seems to be some inconsistency in experiences with indicator vagueness, with 26.3% disagreeing that requirements are unclear. Further investigation into these discrepancies might be necessary. On the other hand, a very high percentage (94.8%) agreed that there are significant similarities and redundancies between indicators across standards. Streamlining these overlaps could significantly reduce ambiguity and improve the efficiency of the audit process.

On the other aspect, regarding the evidences provided by the programs, only 57.9% of auditors felt that programs consistently provide evidence that adequately demonstrates compliance with indicator requirements. This suggests a need for clearer guidelines and examples for programs on what constitutes acceptable evidence. Furthermore, A sizable portion (26.3%) of respondents remained neutral on the issue of program evidence adequacy, indicating potential

uncertainty about expectations on both sides (auditors and programs). Finally, regarding evaluation consistency, discrepancies exist between program self-reported ratings and final audit results, with only 36.8% showing consistency. This raises concerns about potential inconsistencies in applying standards during the audit process. The responses regarding whether the current frameworks ensure equal weighting and comparison of indicators were mixed, suggesting variability in how evaluations are conducted.

Based on these challenges, several opportunities exist to enhance the national accreditation process: first, revise standards and indicators: Conduct a thorough review to ensure clear, concise, and unambiguous language across all standards and indicators. Eliminate any redundancies or overlaps. Second, develop detailed guidance: Create comprehensive resources that outline what constitutes acceptable evidence for each indicator. Provide examples to illustrate expectations for programs. Third, standardize evaluation frameworks: Implement standardized frameworks that clearly define and guide the evaluation process for all auditors. Consistency training can ensure uniform application of standards. Fourth, enhance auditor training: Provide focused training for auditors on the revised standards, indicators, and evaluation frameworks. This will improve their understanding and ability to conduct consistent evaluations. Finally, improve communication with programs: Facilitate clearer communication between auditors and programs regarding evidence expectations. This can be achieved through workshops, online materials, or dedicated consultation channels.

CONCLUSION

National accreditation holds immense importance in ensuring the quality and standards of educational institutions. It serves as a valuable tool for students, parents, and employers to make informed decisions about the institutions they choose to be associated with. By continuously striving for improvement and embracing new approaches, national accreditation can further enhance its effectiveness in promoting excellence in education. Therefore, focusing on the audit process from all aspects to addressing any areas of weakness will enhance the clarity, consistency, and fairness of the national accreditation process. Clear standards, well-defined expectations, and standardized evaluation methods will ensure a more rigorous and reliable assessment of basic medical education programs in Libya. This, in turn, will contribute to the development of highly qualified graduates who can deliver high-quality patient care.

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تحت شعار: التطورات التكنولوجية والاتجاهات الحديثة في التعليم

الطريق إلى تعزيز الاعتماد الوطني لبرامج التعليم الطبي الأساسي في ليبيا

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[4]قسم الأنسجة، كلية الطب، جامعة الزاوية، الزاوية، ليبيا.

المستخلص

بينما تواصل ليبيا سعيها لتحقيق التميز في مجال الرعاية الصحية، يلعب الاعتماد الوطني دورًا محوريًا في تشكيل مستقبل التعليم الطبي وتحسين نتائج المرضى. ومن أجل تحقيق هذا الهدف، لا بد من الحفاظ على تعاون أكبر بين كليات الطب المحلية، والمركز الوطني لضمان الجودة واعتماد المؤسسات التعليمية والتدريبية، وأصحاب المصلحة الآخرين. هدفت هذه الدراسة إلى التغلب على التحديات والعوائق التي تواجهها كليات الطب في تأمين الاعتماد الوطني لبرامج التعليم الطبي الاساسي المقدمة محليا. استعرضت هذه الدراسة عملية الاعتماد الوطني لبرامج التعليم الطبي الاساسي المقدمة في ليبيا. ويتضمن ذلك تسليط الضوء على أي نقاط ضعف أو قصور في عملية التدقيق واقتراح وسائل لتحسين هذه العملية. ومن حيث المنهجية المتبعة، كانت هذه الدراسة قائمة على المسح. حيث كان الاستبيان مكونا من ثلاثة أجزاء تغطي الجوانب المختلفة لعملية التدقيق. ونتيجة لذلك، تم تسليط الضوء على العديد من المجالات الرئيسية للتحسين. تم جمع البيانات وتحليلها باستخدام SPSS الإصدار 27 وتم استخدام مستوى أهمية 0.05> P. كان معظم المشاركين في الاستبيان من جامعة بنغازي وجامعة الزاوية. 57.9% من أفراد العينة يحملون درجة الدكتوراه. غالبية المشاركين (57.9%) لا يوافقون أو لا يوافقون بشدة على توفير الوقت الكافي لمراجعة المستندات؛ ومع ذلك، 84.2% يوافقون بشدة أو يوافقون على أن حجم الفريق مناسب. وافق أكثر من 70% على وجود لغة غامضة وغير واضحة في بعض المؤشرات، ووافق 94.8% على وجود أوجه تشابه وتكرار بين بعض المؤشرات عبر المعايير. ومن ناحية أخرى، أشار 31.6% من أعضاء فرق التدقيق إلى تحديات المعيار 7، مما يجعله الأكثر إشكالية. كما طرح المعياران 2 و9 مشكلات كبيرة بناءً على مواجهة الصعوبات بالنسبة لـ 21.1% من المراجعين. يبرز المعيار 2 باعتباره يفتقر إلى التوافق بين ما قدمته البرامج من أدلة ومتطلبات المؤشرات وفقًا لـ 63.2% من المدققين. إن التركيز على عملية التدقيق في جميع الجوانب وتصحيح أي نقاط ضعف من شأنه أن يحسن الوضوح والتوحيد والعدالة في عملية الاعتماد الوطنية.

الكلمات الدالة. الاعتماد الوطني، التعليم الطبي، أصحاب المصلحة، برامج التعليم الطبي الأساسي، المعايير.