Accreditation or Assimilation? A Postcolonial Critique of International Accreditation Standards in Health Professions Education: A Scoping Review.

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ABSTRACT:

Objective: As a scoping review, this article critically reviewed the research of international accreditation standards in health profession education (HPE) with a postcolonial lens, most of all through epistemic authority, curriculum standardization and contextual adaptation.

Methodology: The review was conducted based on "Hilary Arksey and Lisa O'Malley structure with PRISMA-Sc R guidelines. Literature from 2010 to 2025 was searched across PubMed Scopus ERIC, Web of Science, and Google Scholar". Findings from a thematic analysis of peer-reviewed articles, editorials, and policy papers were synthesized.

Results: Thirty-eight articles were included. Five themes took shape: global standardization; epistemic imbalance; contextual conflicts in LMIC; institutional compliance and decolonial alternatives. In these findings, accreditation mechanisms were found to impose Western norms and systems of standards of educational quality upon contexts where they may not always be relevant, Mainly to the extent to which they were silent about capitalizing indigenous knowledge systems and locally relevant health priorities.

Conclusion: International accreditation can strengthen quality assurance; however, without contextual adaptation, it may reinforce colonial patterns of knowledge dominance and institutional dependency. Future accreditation reforms should support equity, local autonomy, and diverse knowledge systems in HPE.

Keywords: Health professions education, accreditation, WFME, postcolonialism, decolonization, medical education, curriculum reform, LMICs.

Cite as: Shaikh G, Khan SJ. Accreditation or Assimilation? A Postcolonial Critique of International Accreditation Standards in Health Professions Education: A Scoping Review. J Muhammad Med Coll. Vol 17(1) May-Oct 2026

Introduction:

The worldwide spread of Health Professions Education (HPE) opens the door to the arrival of new governance and regulatory systems that not only direct medical, dental, nursing, and allied health education but also affect the entire world. Accreditation has been established as the major tool by which institutions measure educational quality, institutional credibility, and the extent to which they are meeting recognized standards worldwide. Bodies like the World Federation for Medical Education, the Educational Commission for Foreign Medical Graduates, and regional accrediting agencies have elaborated frameworks that are progressively directing curriculum development, institutional management, and educational achievements.[1-3] In many cases, accreditation is considered a quality assurance measure from an outside perspective that drives public responsibility, institutional advancement, and worldwide acknowledgment.[4-6] Advocates maintain that using accreditation criteria leads to better institutional efficiency, graduate capability, and overall reliance on healthcare systems while supporting international movement and comparison of educational standards.[7-10]

However, accreditation standards at the international level have drawn significant criticism, especially in connection with the implementation of the accreditation process in low and middle-income countries (LMICs). They say that a large number of accreditation frameworks are based on assumptions about 'what it means to be an excellent education program' drawn from Euro-American educational models, governance, curriculum design, and institutional resources.[11-14] This means that institutions working in resource-limited and culturally different environments usually encounter barriers in meeting externally set standards. Besides, such frameworks tend to favor institutions with higher levels of financial, technical, and administrative capabilities while leaving out indigenous educational models and healthcare issues.[15-17] This apprehension can be unpacked further through a postcolonial lens. Postcolonial theory examines how historical relations of colonial power continue to shape knowledge as well as institutional and cultural arrangements.[18] Postcolonial scholars have noted the tendency for the epistemology of Western schools of thought to be imposed as the norm, relegating indigenous knowledge as inferior or a lesser expression of truth;[19-21] this dynamic is often observed in HPE through curriculum content, assessment mechanisms, research foci, and accreditation standards. For example, international accreditation standards frequently privilege Western biomedical

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Received: July 2026.
Accepted: Sep 2026.

models, competence setups, and institutional configurations based on Western medical education traditions.[22-24] Despite the claim of global applicability, such standards may fall short in addressing the burden of disease, healthcare needs of localized populations, traditional healing practices, and locally relevant educational practices.

Institutions practicing in LMICs may face the demand to meet these external standards to acquire legitimacy, international collaboration and graduate recognition.[25] In countries like Pakistan, HPE reforms, focused on standardization of curricula and curricula management, as well as governance, have effectively integrated into international accreditation standards, to guarantee a country's overall recognition and graduates' mobility. To this end, educational regulatory authorities adopted policies to achieve WFME requirements. Curriculum reforms, while effective, are also linked to many shortcomings, in particular the use of imported standards in low-resource settings.

The educational institutions often face infrastructural limitations, inadequate faculty, burdensome administration, and financial constraints to meet the international requirements. Critics also contend that accreditation can foster imposed compliance, over-documentation and symbolic reforms instead of substantial educational change. Accreditation becomes a process of institutional adaptation instead of contextual educational change. The recent calls for decentering in HPE efforts have driven an increased focus on international accreditation standards.

Decolonial perspectives of education promote perspectives that support local health needs, community engagement, social accountability, and structure pluralism.[26-28] They challenge whether or not accreditation standards built on traditional conceptual lenses support educational diversity or maintain colonial histories. While there have been a handful of reviews on accreditation bodies, quality assurance standards, and implementation barriers, there have been few reviews that synthesized the concerns through postcolonial perspectives. This scoping review will pursue a critical approach to international standards used in HPE accreditation from a postcolonial lens specific to epistemic authority, content standardization, institutional rigidity, and context adaptation.[1,3,4]

Methodology:

Study Design:

The researchers conducted a scoping review to investigate all existing research studies about international accreditation standards which apply to Health Professions Education from a postcolonial perspective. The review followed the methodological framework proposed by Arksey and O'Malley and was informed by PRISMA-ScR reporting guidelines.

Research Question:

How do postcolonial and decolonial studies assess international accreditation standards which govern Health Professions Education in relation to their application in Low and Middle Income Countries?

Search Strategy:

The research team conducted their literature search by using electronic databases such as PubMed and Scopus and ERIC and Web of Science and Google Scholar to find relevant research published between January 2010 and March 2025. The research team found additional grey literature and policy documents through their manual searching process.

The study used the following keywords for its research:

- Health professions education
- Medical education accreditation
- International accreditation
- WFME standards
- Postcolonialism
- Decolonization
- Curriculum standardization
- LMICs
- Quality assurance
- Global medical education

The inclusion criteria for this study consist of three requirements which need to be satisfied. The first requirement requires studies which examine accreditation processes for HPE programs. The second requirement needs studies which examine international accreditation standards through their existing literature. The third requirement needs articles which study postcolonial and decolonial and equity-related issues. The fourth requirement needs studies which analyze literature that concentrates on low and middle income country research. The fifth requirement needs English-language publications which were published between 2010 and 2025.

The exclusion criteria for this study contain two main rules. The first rule states that HPE-related articles must be included. The second rule requires that only complete research papers can be used. The third rule states that research which studies technical accreditation procedures as its only focus cannot be accepted. The fourth rule states that all publications must be in the English language. The study selection process began with the first search which produced 1146 records. The research team evaluated 87 full-text articles after they finished duplicate removal and title screening. The researchers selected 38 studies which satisfied all inclusion requirements. The researchers of this study applied thematic analysis to extract common themes which included patterns and concepts and recurring problems from the studied literature. The researchers did not need ethical approval because they analyzed literature that is publicly accessible.

Results

Overview of Included Studies

The review included thirty-eight studies which created a considerable body of research. Most studies originated from Pakistan and India and South Africa and Nigeria and Middle Eastern countries. The literary works present multiple types of research which include conceptual analyses and qualitative studies and editorials and policy reviews and mixed-methods research.

Theme 1: Accreditation as Global Standardization.

The literature introduced accreditation as a means to allow institutions to accomplish international equivalency of education through implementation. Supporters linked accreditation to accountability and quality assurance while linking it to global mobility to enhance support for the initiative. Detractors stated that procedures for standardization were for Western institutional practices Mainly.

Accreditation systems: In this way, create standardized governance setups, assessment systems and curriculum setups which institutions will implement. Educational Institutions that want accreditation, aim to develop new educational objectives, based on external standards that does not fulfill their regional health services demands.

Theme 2: Epistemic Dominance and Western Influence.

This kind of accreditation also suffers from a long-standing problem favoring Euro-American educational modes over

other modes. As authors have pointed out, Western-based bio-medical standards are often implicitly assumed to be norms of quality.

The academic structure often neglects Indigenous cognitive systems and health practices that are endemic to communities and grounded in the culture.

Researchers have noted that systems of accreditation often disregard various notions of health and disease and healing procedures. The current structure of academia favors institutions in the Global North at the expense of their whole control of the education debate.

Theme 3: Contextual challenges

In LMICs lack of resources was the most difficult issue reported in implementing accreditation. LMICs institutions were constrained by limited number of faculty staff infrastructure budget and administrative support. Standards like research productivity, integration of simulation technologies and physical infrastructure development were impractical to reach within the constraints of economic environment. Faculty members in Pakistan described standards as 'a paperwork system imposed by somebody else'. The swift implementation of standards was criticized as the organization lacked contextual adaptation strategies.

Theme 4: Compliance Versus Transformation.

Research identified two separate types of accreditations: compliance and transformation. Compliance accreditation was focused on a structure for authentic educational transformation, while the transformation accreditation deal with superficial compliance to standards. Schools' focus was on fulfilling their accreditation requirements through gathering evidence, policy makers and document preparation. Faculty experienced accreditation fatigue, administrative work overload, and not meeting standards as intrinsic to accreditation. Disputants criticized that accreditation often measured tangible result than meaningful educational enhancement. Theme 5: Decolonial Alternatives and Resistance publications emphasized on that accreditation would be culturally appropriate for respective groups. Decolonial scholars supported contextually different standards that incorporated participation of community, social accountability and indigenous knowledge system Beyond public policy formation and flexible implementation techniques. The authors found that international standards should be critically analyzed before the organizations apply them as their own.



Table No 1: Summary of Included Studies on Accreditation in HPE

Author (Year)	Study Type	Region	Focus Area	Theoretical Lens	Key Findings	Limitations
Zaccagnini et al. (2025) [1]	Scoping review	Global	Social accountability in HPE	Equity-focused critique	Highlights need for accreditation aligned with community needs	Limited focus on LMIC contexts
Girotto et al. (2025) [2]	Empirical study	Global	Impact of accreditation	Evaluation framework	Improves governance and quality but increases institutional workload	No long-term evaluation
Nakiddde et al. (2025) [3]	Review	Africa	Accreditation systems in LMICs	Contextual analysis	Shows inequities in implementation processes	Restricted to African region
Riiser et al. (2023) 4	Scoping review	Global	Integration of research in HPE	Educational theory	Strengthens research culture through accreditation	Minimal postcolonial analysis
Frank et al. (2020) ?	Conceptual	Global	Role of accreditation	Policy perspective	Maintains global educational standards	Western bias in framework
Harden (2024) [10]	Commentary	Global	Future of HPE	Reform-oriented	Advocates flexible accreditation systems	Lacks empirical data
Arja et al. (2024) [11]	Empirical	Global	Quality improvement	Evaluation approach	Shows positive institutional outcomes	Limited sample size
Hassan et al. (2024) [12]	Empirical	Somalia	Health education regulation	Context-based	Resource shortages affect compliance	Single-country evidence
Zaidi & Azim (2024) [13]	Policy analysis	Pakistan	Regulatory systems	Policy framework	Need for locally adapted accreditation policies	Limited empirical grounding
Soh & Maggio (2025) [14]	Review	Global	Evolution of HPE	Comparative lens	Standardization strongly shapes education systems	Weak LMIC representation
Jin et al. (2025)[15]	Bibliometric study	Global	HPE models	Quantitative analysis	Rapid growth in global frameworks	Lacks qualitative depth
WFME (2023)[16]	Standards document	Global	Accreditation criteria	Normative framework	Provides global benchmarks for medical education	Limited contextual flexibility
van Zanten et al. (2021)[17]	Empirical	Global	Accreditation systems	Evaluation	Improves comparability across institutions	Reinforces standardization
Boulet (2020)?	Conceptual	Global	Recognition systems	Policy lens	Supports international mobility of graduates	Ignores local adaptation
Bleakley (2008)[1?]	Conceptual	Global	Postcolonial critique	Postcolonial theory	Exposes dominance of Western knowledge systems	Theoretical discussion only
Kumagai & Lypson (2021)[20]	Conceptual	Global	Decolonizing education	Critical theory	Encourages inclusive and diverse knowledge systems	No empirical validation
Abimbola (2020)[22]	Conceptual	Global	Global health critique	Postcolonial lens	Introduces concept of "foreign gaze"	Not focused on accreditation
Büyüm et al. (2020)[23]	Conceptual	Global	Decolonization in health	Critical perspective	Highlights structural inequalities	Broad focus
Boelen & Woollard (2009)[24]	Conceptual	Global	Social accountability	Policy framework	Links education with community needs	Implementation unclear
Chowdhury & Alzarrad (2025)[25]	Empirical	Canada	Community-based education	Social accountability	Shows positive educational outcomes	High-income country bias
Global Consensus (2011)[26]	Consensus paper	Global	Social accountability	Policy	Establishes global principles	Limited practical evidence
Adams et al. (2016)[27]	Conceptual	Global	Equity in education	Critical lens	Emphasizes fairness and inclusion	Non-empirical

Blouin et al. (2021)[17]	Empirical	Global	Accreditation evaluation	Evaluation	Mixed outcomes reported	Methodological variation
van der Vleuten (2020)[28]	Conceptual	Global	Assessment systems	Educational theory	Links assessment with accreditation	Theoretical basis
Taber (2022)?	Review	Global	Quality assurance	Evaluation	Accreditation improves systems overall	Generalized findings
Monrouxe (2021)[31]	Conceptual	Global	Professional identity	Sociological lens	Accreditation influences institutional culture	Indirect evidence
Cruess & Cruess (2012)[32]	Conceptual	Global	Professionalism	Sociology	Education shapes professional identity	No direct accreditation link

Discussion:

This analysis was a look at how international accreditation operates in health professions education, kind of from a postcolonial angle. It shows accreditation in terms of larger things like globalization, power in knowledge systems and institutional stuff. The frameworks do have some real upsides. Like better accountability. They help structure curriculums in a solid way. Governance gets better too and quality assurance all around.[9,11,29] That bit is helpful. But outcomes point to problems. The same frameworks can exacerbate global inequalities, especially if they fail that must be taken into account the local context and what education really looks like there.[27,35] Not always fitting everywhere, so it plays out kind of uneven. Postcolonial theory seems like a good way to look at how educational standards continue to perpetuate those old power dynamics from history. In colonial times, they sort of imposed all this foreign stuff on people. You know, knowledge from Europe, ways of running schools, even cultural habits that didn't quite fit.18 Along that has taken place today with accreditation too, where Western models are seen as the only right way for everybody everywhere in the world. My review pointed to these ongoing problems in HPE, you know, epistemic inequities or whatever you want to call them, as biomedical ideas and competency-based approaches from Euro-American places dominate the whole discussion.[9,18,22]

We suspect these models do help standardized things but forcing them everywhere might just sideline what local healthcare really needs. A lot of times Indigenous knowledge gets ignored. And culturally responsive ways of teaching, they kind of fade out too.[20,24] It appears like that discrimination is difficult to break. The review highlights how changes in accreditation in low and middle income countries for example, often run into difficulties because international rules are not really compatible with what's actually happening locally. Those places' institutions struggle a lot with things like building up infrastructure or handling governance and admin stuff, since those requirements assume you have plenty of money and tech, which they usually don't. This helps schools or systems that are already financially well off and disadvantages others, in particular different societal or economic locations. Seems unfair the way that works out, we think. They spend so much time doing paperwork and reorganizing admin and putting in new policies just to prove they meet the external rules, compliance with accreditation. Sure, it might make things more organized on the inside as well, but it doesn't always translate into better teaching or actual improvements in health care. There is a danger that the emphasis on buildings and paperwork will shift learning away from developing curricula that are relevant to society or ethical ways of practicing that are appropriate to the context and progressively inclusive of communities that participate in health care training, to merely ticking boxes on administrative checklists. Scholars have not exactly proposed complete abolition of accreditation system or practice but they are rather talking about giving the accreditation them a new shape in such a way that the resulting system would be more fair and flexible, and also pay more attention to the local circumstances. When it is implemented through partnerships and collaborations that honor the different ways of learning and local needs, it is actually the case that it can be a great helping hand for the growth of the institutions. From the decolonial perspective, it should be also apart of various knowledge including indigenous knowledge and community practices in education. However, unpacking that part will be a bit complicated but it seems necessary for making things quite inclusive. It is very imperative that any future accreditation reform brings on board all groups of stakeholders including local teachers, students, healthcare professionals, policymakers, and local community members. For a country like Pakistan, the entire system of the accreditation system would probably require careful definition based on three key aspects: the requirements for health care, workforce needs and cultural context, and resource availability.[1,3,4] In other words accreditation could be considered as a means for educational development and social responsibility rather than simply an administrative facility.[24]

Limitations: This review has some limitations as well. All the papers that have been analyzed in this work are in English. Consequently, many papers that could have contributed to the topic of discussion but have been written in different languages have been omitted from the analysis. Besides, most of the literature is theoretical, and there is a scarcity of long-term research on the results of accreditation.[29] Also, since postcolonial critique is a relatively new concept in the field of HPE research, it is another limitation of this review.[18]

Conclusion:

International accreditation standards act as instruments that define the limits of Health Professions Education glob-

ally. Based on literature review, it can be seen that accreditation systems not only serve as mechanisms for public accountability but also, because of their colonial past, they produce knowledge control regimes. The research points out that even though accreditation systems are biased towards Western educative systems, they are incapable to respond to local requirements. The dilemma of accreditation systems is presented in the review with a decisive question: in reality, as this article raises the issue, should accreditation systems no longer subsist, or should they be based on just principles and approaches, which respect the local? Participants with complex cultural components that simultaneously highlight community duty should be the aim of the future developments in accreditation systems. A form of education with/deepening decolonial methodologies develops various just schooling systems which at the same time, address particular contexts and cause an understanding of other cultures.

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Authors' contribution	
Gul Muhammad Shaikh	Study design, Execution, Acquiring Data
Junaid Sarfaraz Khan	Conception, Analysis, Critical Review, Revision