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Accreditation versus Ranking: Two Different Pathways to Institutional Excellence in Health Sciences Higher Education—A Narrative Review

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ABSTRACT: **Background**: Accreditation and institutional ranking have emerged as the two principal mechanisms for evaluating quality and performance in higher education. Although frequently used interchangeably, they differ fundamentally in their objectives, evaluation frameworks, and institutional implications. Their complementary roles within health sciences education remain inadequately synthesized.

Objective: To critically compare accreditation and institutional ranking in health sciences higher education and develop an integrated conceptual framework illustrating their complementary contributions to institutional excellence.

Methods: A narrative review was undertaken using peer-reviewed literature, policy documents, educational reports, and review articles published predominantly between 2012 and 2026. Evidence was synthesized across major themes including quality assurance, governance, curriculum, faculty development, research performance, internationalization, accountability, innovation, and institutional outcomes. Comparative thematic analysis was performed to identify conceptual distinctions, areas of convergence, and strategic opportunities for integration.

Results: Accreditation consistently emerged as an internally driven quality assurance mechanism emphasizing governance, curriculum quality, faculty competence, regulatory compliance, continuous quality improvement, and patient safety. In contrast, institutional ranking primarily evaluated external competitiveness through research productivity, citation impact, academic reputation, internationalization, innovation, and graduate employability. The review demonstrates that neither framework independently defines institutional excellence. Instead, accreditation establishes the foundation for a sustainable quality culture, while ranking reflects the external manifestation of institutional maturity and academic competitiveness. A novel conceptual framework is proposed, integrating institutional inputs, accreditation, continuous improvement, quality culture, ranking performance, and multidimensional outcomes into a unified pathway toward institutional excellence.

Conclusion: Sustainable excellence in health sciences higher education requires strategic integration of accreditation and ranking rather than prioritization of either system alone. The proposed framework offers a comprehensive roadmap for institutional planning, quality enhancement, and global competitiveness while providing a foundation for future empirical validation across diverse higher education settings..

1. INTRODUCTION

Health sciences higher education is undergoing rapid transformation owing to globalization, digital technologies, competency-based curricula, increasing student mobility, and heightened public expectations regarding healthcare quality. Medical, dental, nursing, pharmacy, allied health, and public health institutions are expected not only to produce competent graduates but also to demonstrate accountability, research productivity, innovation, and societal impact. Consequently, mechanisms for evaluating institutional quality have evolved from simple regulatory oversight to sophisticated systems of accreditation and global institutional rankings.

Although accreditation and ranking are frequently discussed together, they represent fundamentally different approaches to evaluating higher education institutions. Accreditation is primarily a quality assurance mechanism that determines whether an institution satisfies predefined standards relating to governance, curriculum, teaching-learning processes, assessment, faculty qualifications, infrastructure, research, student support, and continuous quality improvement. Its principal objective is public accountability and institutional enhancement rather than competition. Conversely, ranking compares institutions against one another using standardized performance indicators such as research output, citations, internationalization, employer reputation, academic reputation, innovation, and graduate outcomes. Rankings therefore reflect relative institutional performance rather than compliance with minimum quality standards.

In India, these distinctions have become increasingly important following implementation of the National Education Policy (NEP) 2020, which proposes a more integrated quality assurance ecosystem through the Higher Education Commission of India while simultaneously encouraging institutions to improve their global competitiveness. National Assessment and Accreditation Council (NAAC) accreditation has become a prerequisite for quality assurance, whereas the National Institutional Ranking Framework (NIRF) has stimulated competition among institutions. Health sciences universities now attempt to achieve both accreditation and favourable ranking, often assuming that excellence in one automatically guarantees success in the other. However, available evidence suggests that accreditation and ranking evaluate different dimensions of institutional performance and may not always correlate strongly.

Recent literature further indicates that accreditation promotes systematic internal quality assurance, institutional governance, curriculum reform, faculty development, and stakeholder engagement, whereas rankings reward research productivity, international collaborations, citation impact, and academic visibility. Institutions emphasizing ranking metrics alone may inadvertently neglect educational quality, while those focusing exclusively on accreditation may achieve regulatory compliance without developing global academic competitiveness. This tension is particularly relevant for health sciences institutions, where educational quality directly influences patient safety, clinical competence, and healthcare delivery.

Although several reviews have independently examined accreditation or institutional ranking, few have critically compared these two frameworks from the perspective of health sciences higher education. Most existing publications focus either on quality assurance systems or on bibliometric analyses without exploring their complementary roles in institutional excellence. Therefore, this narrative review aims to critically synthesize current evidence regarding accreditation and institutional ranking, compare their philosophical foundations, methodologies, strengths, and limitations, and discuss how both approaches can be strategically integrated to promote sustainable excellence within health sciences higher education institutions.[1-4]

2. METHODOLOGY

This study was conducted as a narrative review to synthesize contemporary evidence regarding accreditation and institutional ranking in higher education, with particular emphasis on health sciences institutions. Unlike systematic reviews, narrative reviews facilitate critical interpretation of conceptual developments, policy frameworks, and institutional practices across diverse study designs.

The literature included peer-reviewed journal articles, policy documents, review articles, and educational reports published primarily between 2012 and 2026. Major themes identified during literature review included quality assurance, institutional accreditation, higher education ranking systems, governance, accountability, continuous quality improvement, research performance, internationalization, and excellence in health professions education. Special consideration was given to publications describing Indian higher education because of recent reforms under the National Education Policy 2020 and evolving NAAC accreditation framework.

The review was guided by four principal questions:

1. What conceptual differences exist between accreditation and institutional ranking?
2. How do accreditation and ranking influence institutional quality and excellence?
3. What are their respective strengths and limitations within health sciences education?
4. How can both approaches be integrated to achieve sustainable institutional excellence?

Information extracted from the selected literature was organized into thematic domains including philosophical foundations, evaluation methodology, quality assurance, governance, teaching-learning processes, research performance, stakeholder perspectives, international competitiveness, and institutional outcomes. Findings from individual publications were critically compared and synthesized to develop an integrated conceptual framework highlighting accreditation and ranking as complementary rather than competing mechanisms of institutional evaluation.

3. RESULTS

The reviewed literature consistently demonstrated that accreditation and institutional ranking serve distinct but complementary functions within higher education. Accreditation emerged as a structured quality assurance mechanism emphasizing compliance with predefined standards, institutional self-evaluation, peer review, governance, curriculum quality, faculty competence, infrastructure, student support services, and continuous improvement. Most accreditation systems adopt a cyclical evaluation process every five to ten years and focus primarily on institutional accountability rather than competition.

In contrast, institutional ranking evaluates comparative institutional performance using standardized metrics including research productivity, citation impact, international collaborations, employer reputation, academic reputation, innovation, graduate employability, and global visibility. Rankings are generally updated annually and encourage competition among institutions for national and international recognition.

Across the reviewed studies, several common quality domains were identified between accreditation and ranking, including teaching-learning processes, research performance, faculty quality, governance, innovation, and stakeholder satisfaction. However, accreditation assigns greater importance to institutional mission, quality assurance systems, regulatory compliance, and continuous improvement, whereas ranking gives greater weight to research productivity, citations, internationalization, and academic reputation.

Evidence further suggests that accreditation positively influences curriculum modernization, faculty development, institutional governance, documentation practices, student services, and internal quality culture. Conversely, ranking provides external visibility, enhances institutional reputation, improves international collaborations, attracts talented faculty and students, and strengthens research competitiveness.

Within health sciences institutions, accreditation was consistently associated with improved educational quality, competency-based curricula, patient safety standards, clinical training quality, and regulatory compliance. Rankings, meanwhile, were linked predominantly to research excellence, international collaborations, publication output, innovation, and institutional prestige. The literature therefore indicates that neither accreditation nor ranking independently represents institutional excellence; rather, excellence is achieved when internal quality assurance supports external academic competitiveness. [5-8]

Table 1. Comparison between Accreditation and Institutional Ranking in Higher Education

Parameter	Accreditation	Institutional Ranking
Primary objective	Assures minimum quality standards and continuous improvement	Compares institutional performance and competitiveness
Philosophy	Quality assurance	Comparative excellence
Evaluation approach	Standards-based and mission-driven	Performance-based and benchmark-driven
Outcome	Accreditation status (Accredited/Not Accredited or graded)	Numerical score and institutional position
Nature of evaluation	Absolute evaluation against predefined standards	Relative comparison among institutions

Parameter	Accreditation	Institutional Ranking
Focus	Governance, curriculum, teaching-learning, assessment, infrastructure, student support	Research productivity, citations, reputation, internationalization, employability
Major stakeholders	Students, regulators, faculty, accrediting agencies	Prospective students, employers, governments, funding agencies, media
Assessment process	Self-study, peer review, document verification, site visit	Quantitative indicators, bibliometric databases, reputation surveys
Review frequency	Periodic (typically every 5–7 years)	Annual
Institutional impact	Improves internal quality systems and accountability	Enhances visibility, reputation, competitiveness and branding
Health sciences relevance	Ensures curriculum quality, clinical training, patient safety and regulatory compliance	Recognizes research excellence, innovation, collaborations and academic prestige
Strengths	Promotes continuous quality improvement and institutional development	Encourages research excellence and global competitiveness
Limitations	Documentation burden; may emphasize compliance over innovation	Favours research-intensive institutions; limited contextualization
Success indicator	Sustained institutional quality and regulatory compliance	Improved national and international ranking position
Role in institutional excellence	Forms the foundation for quality assurance	Reflects external recognition of institutional excellence

4. DISCUSSION

This review demonstrates that accreditation and institutional ranking represent two fundamentally different pathways toward institutional excellence. Accreditation addresses the question of whether an institution meets acceptable standards of educational quality, whereas ranking addresses how well an institution performs relative to its peers. These differing objectives explain why highly accredited institutions may not necessarily achieve high rankings and why highly ranked universities may still experience deficiencies in educational quality or governance.

The findings support the growing consensus that accreditation should be viewed as the institutional foundation upon which sustainable excellence is built. Accreditation strengthens governance, promotes evidence-based decision making, improves teaching-learning processes, enhances curriculum quality, and establishes a culture of continuous improvement. These internal improvements create favourable conditions for future gains in research productivity, innovation, graduate outcomes, and international reputation—all major determinants of institutional ranking.

However, excessive emphasis on rankings may distort institutional priorities. Many ranking systems heavily reward bibliometric indicators, international visibility, and research income, potentially encouraging universities to prioritize publication metrics over educational quality, community engagement, and student-centred learning. Such unintended consequences may be particularly problematic in health sciences education, where educational quality directly influences healthcare outcomes and patient safety.

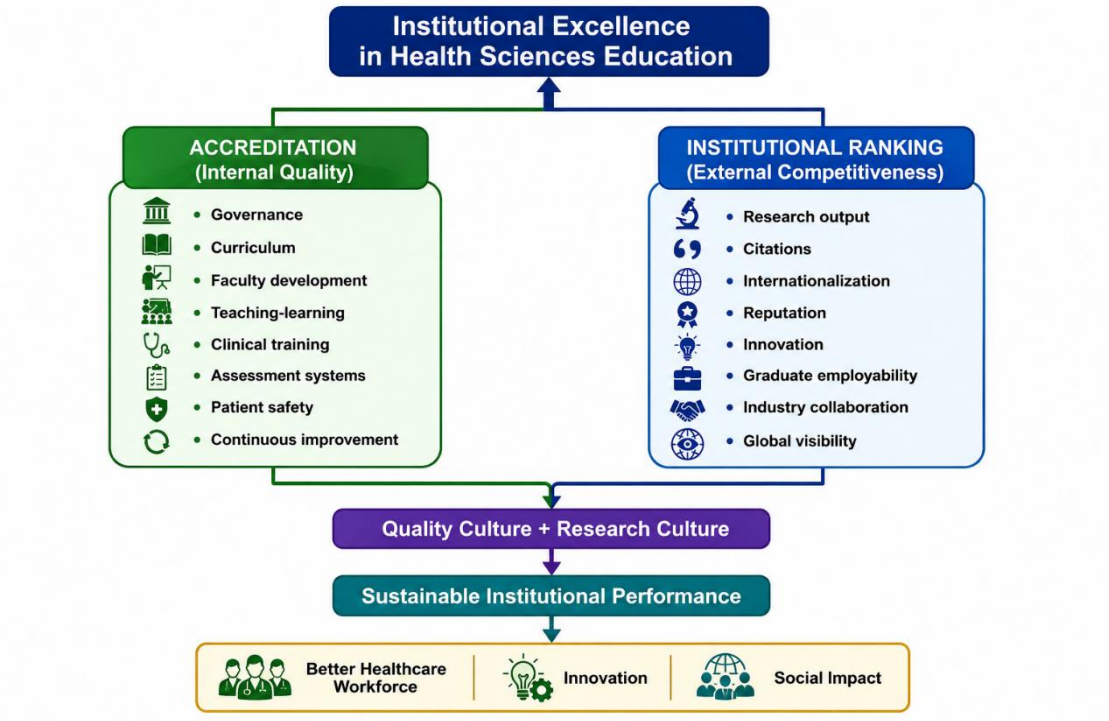
Conversely, institutions that focus exclusively on accreditation may achieve regulatory compliance without developing internationally competitive research ecosystems. Contemporary health sciences universities must therefore balance quality assurance with academic competitiveness by simultaneously strengthening governance, competency-based education, research excellence, digital transformation, interdisciplinary collaboration, international partnerships, and societal engagement.

The literature also highlights important implications for India. NAAC accreditation has substantially improved institutional quality assurance, while NIRF has stimulated healthy competition among universities. Nevertheless, global rankings continue to reveal deficiencies in research productivity, citation impact, and international collaborations. Bridging this gap requires long-

term investment in research infrastructure, faculty development, doctoral education, innovation ecosystems, and international academic partnerships rather than focusing solely on improving ranking scores.

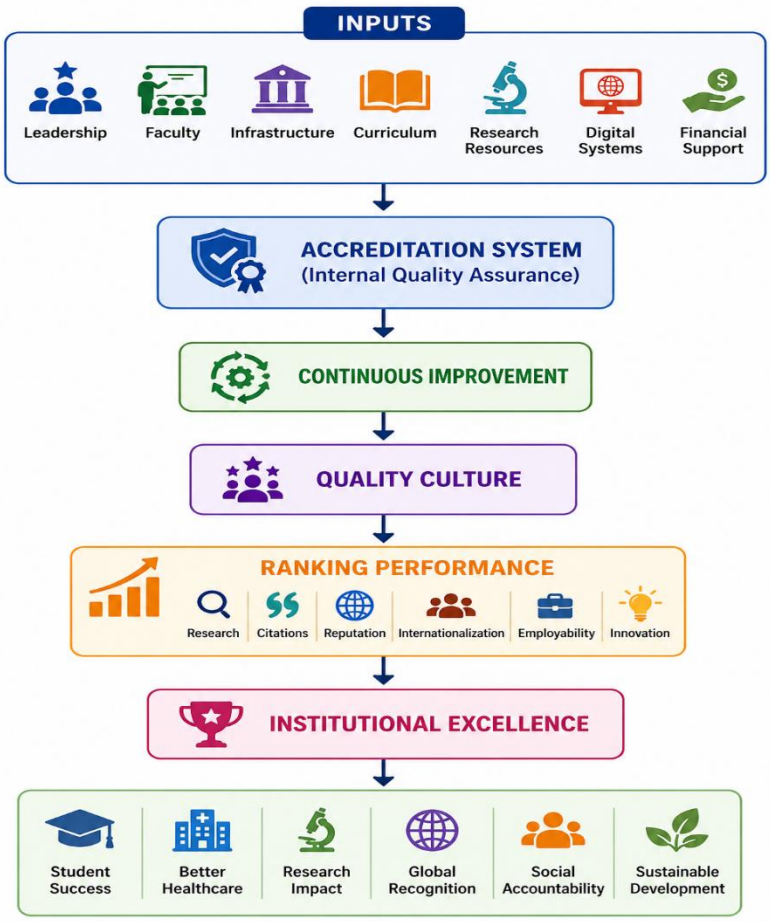
Overall, this review supports an integrated institutional strategy in which accreditation serves as the mechanism for continuous internal quality enhancement, while ranking reflects the external recognition of sustained academic excellence. For health sciences institutions, excellence should therefore be conceptualized not as choosing between accreditation or ranking, but as successfully integrating both systems to achieve high-quality education, impactful research, improved healthcare outcomes, and global competitiveness.[9-12]

Figure 1. Two Complementary Pathways to Institutional Excellence in Health Sciences Higher Education. Accreditation strengthens internal quality through governance, curriculum, faculty development, teaching–learning, clinical training, patient safety, and continuous improvement, whereas institutional ranking reflects external competitiveness through research, citations, internationalization, reputation, innovation, employability, and global visibility. Together, these complementary pathways foster a quality and research culture, leading to sustainable institutional performance, healthcare workforce development, innovation, and societal impact.



The proposed framework presents a novel perspective by integrating accreditation and ranking into a single sequential model of institutional excellence. Unlike existing approaches that consider accreditation as a quality assurance process and ranking as an external performance measure independently, this framework demonstrates how institutional inputs strengthen accreditation, which drives continuous improvement and cultivates a quality culture. This quality culture subsequently enhances ranking performance and ultimately translates into meaningful outcomes, including student success, healthcare improvement, research impact, global recognition, social accountability, and sustainable development. The model provides a comprehensive pathway for strategic planning in higher education and health professions institutions. **(fig 2)**

Fig. 2 ; Conceptual framework linking accreditation, ranking, and institutional excellence. Institutional inputs (leadership, faculty, infrastructure, curriculum, research resources, digital systems, and financial support) strengthen accreditation and continuous quality improvement, creating a quality culture. This supports better ranking performance in research, citations, reputation, internationalization, employability, and innovation, ultimately leading to institutional excellence and improved educational, healthcare, research, and societal outcomes.



5. LIMITATIONS

This narrative review has several limitations. As a narrative rather than a systematic review, it may be subject to selection bias and does not provide quantitative evidence or meta-analysis. The included literature comprised studies, policy documents, and reports with heterogeneous methodologies, limiting direct comparison across institutions and countries. The discussion primarily emphasizes health sciences higher education, which may reduce generalizability to other academic disciplines. In addition, accreditation standards and ranking methodologies vary considerably across regions and evolve over time. Finally, the proposed conceptual framework is theory-based and requires empirical validation across diverse institutional settings to establish its applicability and effectiveness.

6. CONCLUSION

Accreditation and institutional ranking are complementary, rather than competing, approaches to evaluating excellence in health sciences higher education. Accreditation establishes the foundation for quality through governance, curriculum, faculty development, continuous quality improvement, and accountability, whereas ranking reflects external recognition based on research performance, innovation, reputation, internationalization, and societal impact. Sustainable institutional excellence cannot be achieved by prioritizing one system alone. Instead, institutions should integrate robust internal quality assurance with strategies that enhance research capacity and global competitiveness. The conceptual framework proposed in this review offers a practical roadmap linking institutional inputs, accreditation, quality culture, and ranking performance to meaningful educational, healthcare, research, and societal outcomes. Future studies should empirically validate this framework across diverse higher education settings.

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AI was used to create image and grammar check and aftyer the creation verified by the authors.

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