

Standards and the Curriculum: think global but act local



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David Gordon
President WFME

Internationalisation – curriculum development and reform

- One aim of the Asian Medical Education Association is to “... identify ... and enhance the characteristic features and strengths of Asian medical education”
- How to gain the benefits of internationalisation without losing the “characteristic features and strengths”?

Economists have doubts

“Since the early writings of [the] 13th-century ... what we call economics had been taught as a broad discipline covering politics, society, ethics, husbandry and moral philosophy.

But by the end of the 19th century, academics ... had jettisoned humanistic thinking for their quantitative models based on equilibrium, efficiency and rationality. By co-opting methods from the physical sciences, a bewildering array of fancy-looking graphs and complex equations was soon spawned. ...

Modern financial theory has been built on the conceit that complicated equations ... can predict the human markets. ...

We pursue a very human set of needs: food, shelter, status, community and wellbeing. Economics needs to be re-entered on human and societal conduct — however messy and irrational it actually is.”

Aron Miodownik, FT 11 December 2017



~~Economists~~ We should have doubts too

Since the early writings of Hippocrates, Galen, Avicenna ... what we call medicine had been taught as a broad discipline covering human biology, society, ethics, and moral philosophy.

But by the end of the 19th century, medical schools ... had jettisoned humanistic thinking for their “scientific” models based on biochemistry, pharmacology and rationality. By co-opting methods from the physical sciences, a bewildering array of fancy-looking diagnostic and therapeutic methods was soon spawned. ...

Modern medical theory has been built on the conceit that complicated molecular biology ... can predict the human response to disease. ...

We pursue a very human set of needs: food, shelter, status, community and wellbeing. Medicine needs to be re-entered on human and societal conduct — however messy and irrational it actually is.

Structure of this talk

- A comment from economics, to illustrate some issues
- About WFME
- Education, like administration, is a social science
 - The concept of the curriculum, the syllabus, and standards for education
 - The context of study and practice
 - Subjects beyond the biomedical and clinical sciences
- WFME Standards for medical education
- Accreditation and the Recognition of Accreditation
- “Guidelines” and standards



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MEDICAL EDUCATION

Всемирная федерация медицинского образования

Fédération mondiale pour l'éducation médicale

世界医学教育联合会

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About WFME

- Enhancing the quality of medical education worldwide
- In official relation with the World Health Organization (WHO) as the non-governmental organisation representing medical education and medical schools worldwide
- Founded by the World Medical Association (WMA) and WHO in 1972
- Promotes standards and sharing good practice

About WFME (2)

- Three main programmes (among many others)
 - Standards in medical education (BME, PG and CPD)
 - *World Directory of Medical Schools*
 - Promotion of accreditation and the Recognition of Accreditation Programme
- **WFME is not primarily concerned with the detail of education: of what is taught in the programme of medical education or what educational methods and approaches are used. Our concern is with the quality, management, organisation, support and delivery of medical education.**



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WFME Executive Council



World Health
Organization



IFMSA
International Federation of
Medical Students' Associations

FAIMER[®]





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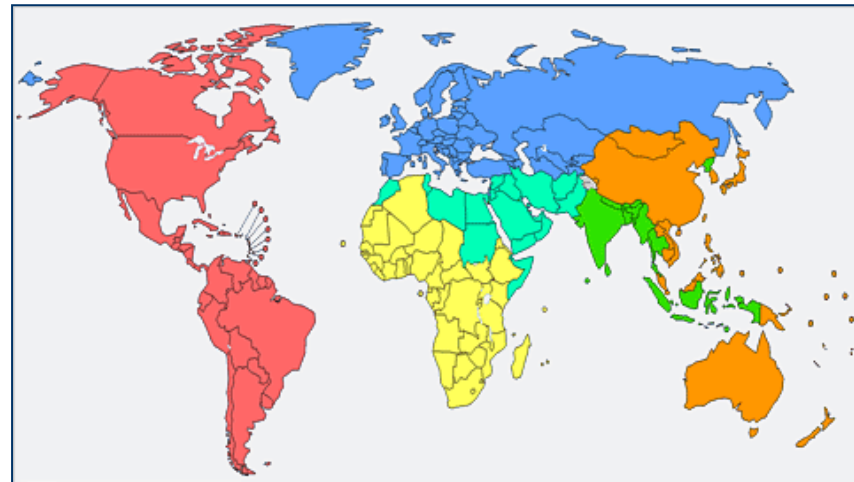
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Regional members of WFME

Western Pacific Association
for Medical Education



Education

- Education is not a “hard” science”, it is developed and adapted by society
- Therefore we should not expect the evidence for anything in education to be as definite as evidence in (for example) physiology or molecular biology
- Therefore, any statement of ideas on instructional skills, learning theory, learning objectives, integrated learning, curriculum design, and so on and so on, should be examined thoroughly and with caution
- Anyone selling a new idea in education should be looked at with the same care as anyone selling a new drug

Curricula

- There are many examples of attempts to create a curriculum of global applicability, and none has succeeded, because...
- ...while many aspects of medical knowledge are universal, the needs of the medical student and of the newly-qualified doctor are specific to the context in which he or she is studying and working.
- This context is not just the profile of disease, the health-care system and the culture in which medicine is practised, but is also the social, economic and political circumstances for education and health-care, and the constraints of physical and human resources that are available.
- If a common curriculum is not practical, common standards certainly are.

Medicine is not just biom clinical science

- Some other subjects are clearly not optional
law
- Others are important – health economics, anthropology, sociology and so on – but how do we decide how much should be offered in these subjects, and how they should be taught and learned: or at least, understood?
- In thinking about these questions, we are working with the International Federation of Medical Students' Associations (IFMSA); the World Medical Association; the International Committee of the Red Cross, and others
- A particular interest is the Social Accountability of medical education



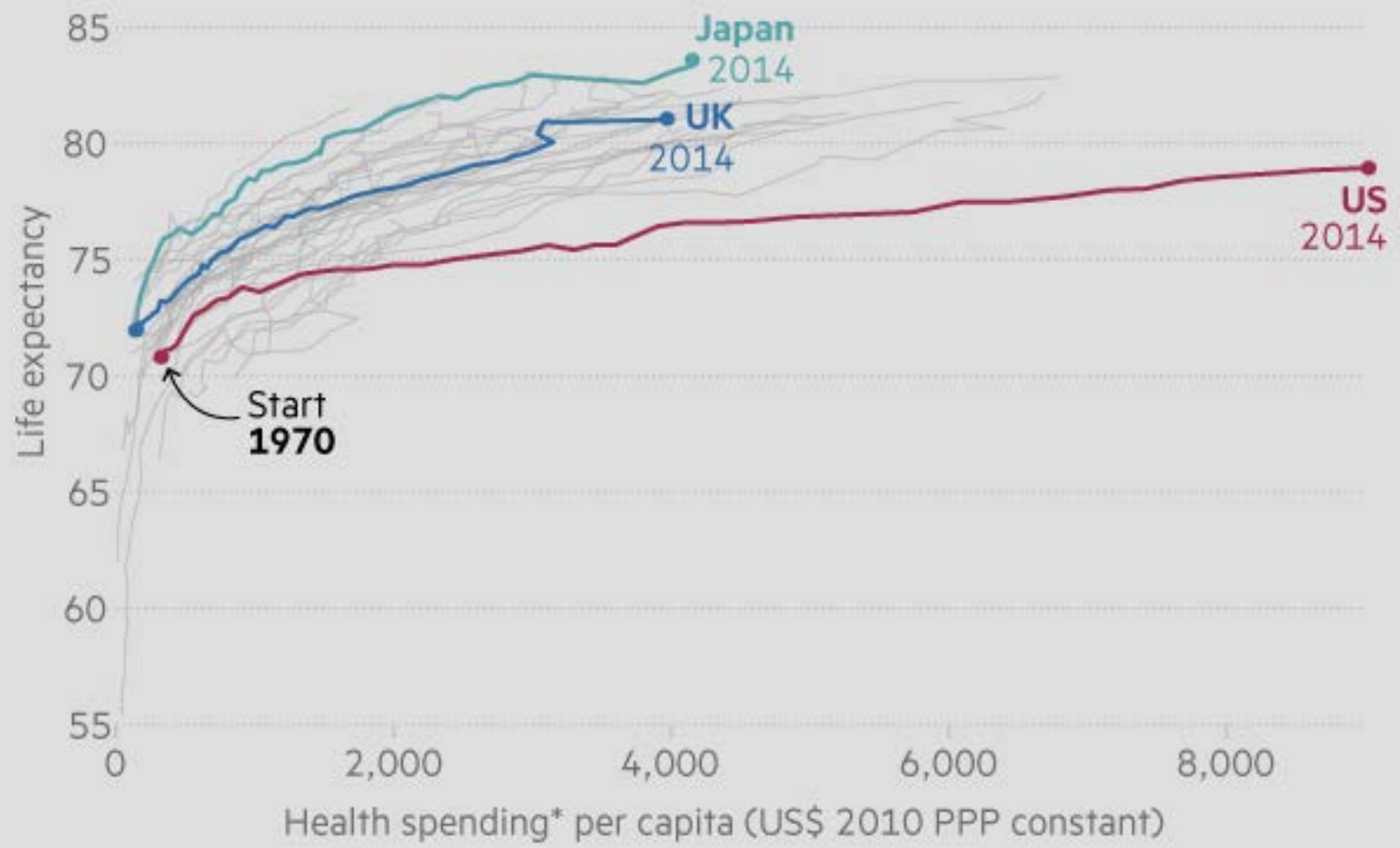
Social “accountability”

- Accountability or responsibility?
- Referred to in, for example, the WFME standards
- BUT society cannot just tell doctors what to do: medicine is a profession and professional knowledge and expertise must work with society to achieve the best result: it must be a dialogue between society and medicine (and medical education)
- A serious danger of removing the professional expertise and duty of medicine
- What happens if the dialogue between society and medicine fails?



Life expectancy in the US has not risen in line with spending on healthcare

Each line represents an OECD country



Infographic. Sources: United Nations Population Division, OECD

WFME Standards for me Origin, outcome and futu

- “The purpose [of the standards programme] quality improvement in medical education, in applied by institutions, organisations and na for medical education”
- - thus, not what should be taught and learn standard should it be taught, and to what sta
- Outcomes? – many, but in particular, help to
- Future? – an emphasis on practicality, and o development



Misinterpretations of the WFME standards

- “WFME says that the curriculum must be modular...”
- “WFME requires all teaching to be problem-based...”
- **NOT TRUE!** The standards are guidelines, not fixed rules
- The WFME standards were developed to help medical schools to make appropriate decisions for their own context
- The standards present the general areas for local decision-making.
WFME does not prescribe any particular way of developing the curriculum or of managing it. We do not promote any particular approach to curriculum design, teaching and learning, or assessment.

Why accreditation?

- The idea that education is a social science may give us doubt about our ability to improve the quality of medical education
- However, medical education can definitely be measured against the standards used locally for education
- This is the accreditation of medical education
- “To verify that medical schools are competent in the delivery of medical education, and that medical education programmes are suitable. This is to ensure that medical schools are educating doctors fit to serve the needs of the population where they function”

Why accreditation?

- Objective 1.1 of the WHO (2016) Global Strategy on Human Resources for Health: Workforce 2030 is that 'by 2020, all countries will have established accreditation mechanisms for health training institutions.'
- IAMRA has called for accreditation in all countries



Accreditation of M

Scope

1. This statement is limited to the accreditation of medical education programs that provide basic medical education and award an undergraduate or graduate degree in medicine that enables the graduate to seek registration as a medical practitioner.

Definition

2. Accreditation is the process by which a credible, independent body assesses the quality of a medical education program to provide assurance that it produces graduates that are competent to practice safely and effectively under supervision as interns (or equivalents), and have been provided with an appropriate foundation for lifelong learning and further training in any branch of medicine.

Purpose

3. IAMRA has as one of its strategic goals, to 'explore potential roles for IAMRA in providing support to members to achieve high standards for the education of doctors through appropriate accreditation processes.'

4. The purpose of this statement is to outline an accreditation framework and to encourage Members to utilize accreditation systems to ensure the provision of high quality medical education, identify inadequate medical education programs, assist education providers to improve the quality of their programs and ultimately, protect patients.

Introduction

5. Worldwide, there has been a rapid expansion in the number of medical education programs, increasing diversity in the bodies offering these programs and innovations in the way programs are delivered. Medical education is provided in both the government and private sectors and there is potential for the quality of the programs to vary considerably, even within a country. The World Directory of Medical Schools¹ lists medical education programs worldwide. Currently, there are nearly 3000 medical schools², with the number of new medical schools increasing at a rate of approximately 5-10% per year.

¹ The World Directory of Medical Schools has been developed through a partnership between the World Federation for Medical Education (WFME) and the Association for Accreditation of International Medical Education and Research (AAIEM). The World Directory of Medical Schools is available at www.wfme.org/World-Directory-of-Medical-Schools

² The World Directory of Medical Schools does not list schools of dental education or the limited number of medical education programs for dentists, acupuncture, or osteopathy by the World Federation of Dental Schools or by its partner organizations leading to dentists, the World Federation of Podiatric Medical Education (WFPE) and the Association for Accreditation of International Medical Education and Research (AAIEM).



Global strategy on
human resources
for health:
Workforce 2030

Reasons for accreditation (1)

- The main reason is to enhance the quality of medical education, by verifying that medical schools are competent in the delivery of medical education, and that medical education programmes are suitable. This is to ensure that medical schools are educating doctors fit to serve the needs of the population where they function
- A secondary reason is to demonstrate to outside organisations and territories that the medical schools accredited are competent, and producing doctors at an accepted international standard

Reasons for accreditation (2)

- An additional reason – but should be much less important than the other two – is to meet the 2023 deadline set by ECFMG. Although this is a secondary reason for introducing accreditation, it is a powerful stimulus
- “...effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, the physician’s medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME)”

Is accreditation effective?

- There is some evidence
 - van Zanten and Boulet (2013, Quality in Higher Education, 19:3, 283-299)
 - Alrebish et al. (2017, Medical Teacher, DOI:10.1080/0142159X.2016.1254746)
 - Note: accreditation not as “passing the examination” but as a long-term quality improvement process.
- History cannot be ignored
- We should not berate ourselves for lack of evidence of the benefits of accreditation
 - There is a lack of evidence for most activities in medical education

Rationale for evaluation of accreditation

- The existence of an accreditation system alone is not enough
- It may be no good! ... and not guarantee that the system will result in credible decisions on the quality of programmes in medical education
- The rapid expansion in the number of medical schools worldwide has created a growing market for accreditation
 - Accreditation “mills”
 - Totally corrupt systems
- Hence the development of the WFME Recognition of Accreditation Programme

Choosing the right word

- Accrediting the accreditors/accrediting medical schools??
- Standards for medical education/standards for accreditation??
- Medical schools are accredited measured against standards for medical education
- Accrediting agencies are recognised using criteria for recognition

Choosing the right word (2)

- Accrediting the accreditors/accrediting medical schools??
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- Medical schools are **accredited** measured against **standards** for medical education
- Accrediting agencies are **recognised** using **criteria** for recognition

Recognition Programme now

- Process using the model of accreditation
 - Medicine-specific
 - Self-evaluation
 - Site visit observation
 - Recognition Committee
- Pre-defined criteria
 - 2005 WHO/WFME policy on accreditation
 - Criteria based on an expert consensus of good practice
 - Updated 2017



Questions we are asked

- Have you turned anyone down?
- Surely you know that medical education in XXXXXXXX is the best in the world and therefore does not need external assessment?
- Does the accrediting authority in my country have to come in for Recognition?
- When will ECFMG clarify its 2023 policy?

You are here: [Home](#) / [Home](#) / [Further projects](#) / [Criteria for a new medical school](#)

Criteria for a new medical school

WFME has published a paper setting out an expert consensus on the criteria for the establishment of a new medical school. The criteria provide a seven point framework outlining the key points for decision-making when considering if a new medical school is needed and is feasible. The guidelines are intended to promote the development of only essential and high-quality medical schools.

The 2016 paper gives guidance on the key questions to be addressed in planning a medical programme, from the perspective of demand or need, and feasibility. Many of the prompt questions require detailed planning, risk assessment and action beginning some months, or even years, before the programme commences.

The criteria have been developed by WFME advisers in collaboration with medical education experts particularly from the [WHO-Eastern Mediterranean Region](#) and [WHO-South East Asia Region](#).

Intended audience: governments or national authorities, regulatory or accrediting agencies, and universities

Relevant documents

[Criteria for Establishment of a New Medical School 2016](#)

- Guidelines on “Criteria for a new medical school”
- Guidelines on the “other subjects” (in progress)
 - A project with the University of Göteborg, IFMSA, ICRC, others
 - “Getting the balance of these other subjects is difficult. Some have vociferous advocates (social accountability, for example). Others (human rights, anthropology) are promoted much less stridently”
- Guidelines on development of the curriculum?

- Si Dieu n'exista
- Si le programm
- l'inventer
- If the curriculum

