

# Enhancing the quality of medical education worldwide -

- what has worked, what has failed, and what should never have been tried



## AMFEM, Mazatlán

June 2018

**David Gordon**

President, WFME

## Structure of this talk

- Some background about WFME
- What has worked, what has failed, and what should never have been tried?
  - (“The good, the bad and the ugly”)
  - What do I mean by this? - a series of propositions for discussion
- Quality enhancement activities of WFME
- A survey of a few other quality enhancement ideas
- WFME World Conference, Seoul, Korea, April 2019



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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-state actor representing medical education and medical schools worldwide
- Founded by the World Medical Association (WMA) and WHO (with others) 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 primarily concerned with the quality, management, organisation and support of medical education. Our primary concern is not the detail of education: of what is taught in the programme of medical education or what educational methods and approaches are used.**



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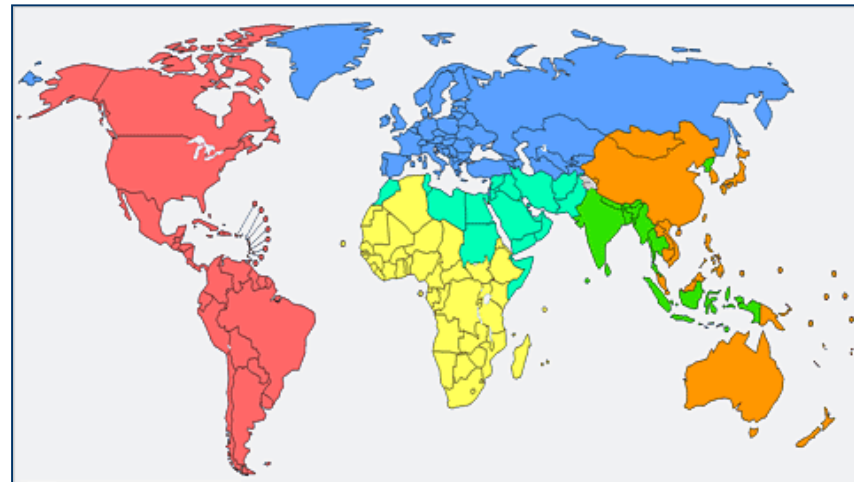
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# Regional members of WFME

Western Pacific Association  
for Medical Education



# Quality enhancement activities of WFME

- Statements and declarations
- Standards for medical education
- Databases, including the *World Directory of Medical Schools*
- Accreditation
- Recognition of accreditation








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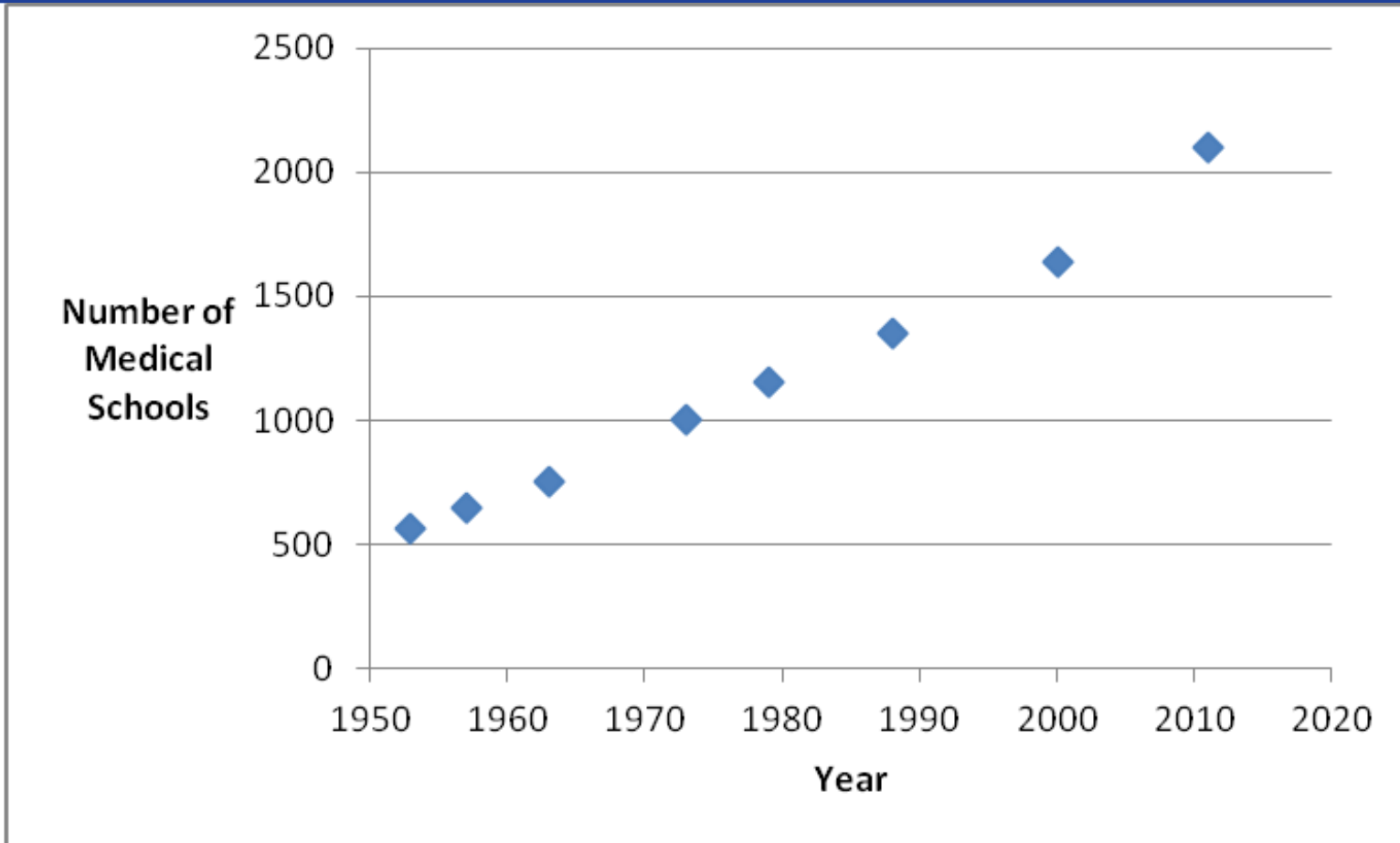


# WFME Standards for medical education: Origin, outcome and future

- “The purpose [of the standards programme] is to improve the quality of medical education, in a global context, through the cooperation of educational organisations and national authorities responsible for medical education
- - thus, not what should be taught and learned, but how it should be taught, and to what standard it should be learned
- Outcomes? – many, but in particular, help to develop a common language for medical education
- Future? – an emphasis on practicality, and on contextual relevance
- First edition?   
- Second edition?   ?

## “Explanatory note to guide the use of standards”

- The standards are based on our current understanding of fundamental principles and best practices in designing, maintaining, and enhancing medical education programmes
- Standards are intended to guide medical education programme development and evaluation, facilitate diagnosis of strengths and weaknesses relating to the medical education programme, and to stimulate quality improvement
- Each institution or regulator should review the relevant standards and develop a version of them that is appropriate to the local context. It would be helpful if those local, contextual standards are mapped on to the original WFME standards
- Not all standards will have application in every setting
- It is possible for a medical school to receive a satisfactory overall evaluation and maintain accreditation (where appropriate) without necessarily meeting every standard and sub-standard



# *World Directory of Medical Schools (1)*



[www.wdoms.org](http://www.wdoms.org)

The *World Directory* aims to include all medical schools:

- Offering a complete programme of instruction
- Awarding basic medical qualification
- Recognised by the government of their host country
- Existing and historical
- A joint venture of WFME and FAIMER

## *World Directory of Medical Schools (2)*

The *World Directory* is **NOT**:

- Accredited schools only
- An indicator of quality or endorsement, by WFME, FAIMER, WHO or anyone
- Therefore, your school may be very bad: but still included in *WDoMS*
-   [why not three? – (1) incompleteness (2) misunderstanding]

# 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? (2)

- 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



## STATEMENT Accreditation of Medical Education Programs

### 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 Schools<sup>1</sup> lists medical education programs worldwide. Currently, there are nearly 3000 medical schools<sup>2</sup>, with the number of new medical schools increasing at a rate of approximately 5-10% per year.

<sup>1</sup> The World Directory of Medical Schools has been developed through a partnership between the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). The World Directory of Medical Schools is available at [www.wfme.org/dms](http://www.wfme.org/dms) and [www.faimer.org](http://www.faimer.org).

<sup>2</sup> The World Directory of Medical Schools does not list schools of dental education or the dental education of medical education in Africa, Asia, Europe, or elsewhere by the World Federation of Medical Schools or by its partner organizations leading to a diploma, the World Federation of Medical Schools (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER).



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?

- Evidence....
- Do not ignore history
- 

# 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

# 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 2018



## Agencies recognised, agencies in progress, very large countries

- 10 agencies recognised and on the website
- 34 others on the list
  - 14 with site visit completed, or SV in progress, or SV date certain, or SV date agreed in principle
  - 8 close to agreeing SV date
  - 11 at earlier stages
  - 1 may not happen
- **Includes -**
- 13 very large countries (> ~70 medical schools)
  - 3 recognised
  - 8 in progress
- only 2 with no progress



## Other (not WFME) quality enhancement ideas

- “Growth”
- Assessment against peer group
- Selection for excellence

## “Growth”

- “We do not have enough doctors, to maintain the quality of medical care let us open new medical schools so that we have more doctors”





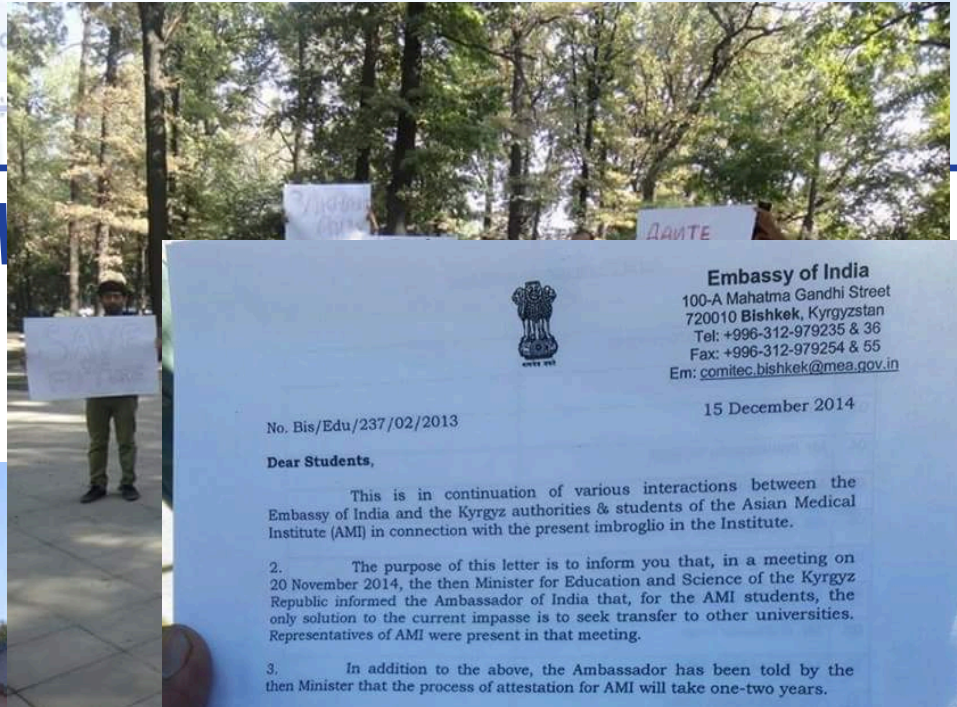
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# Schools that are in



**Embassy of India**  
100-A Mahatma Gandhi Street  
720010 Bishkek, Kyrgyzstan  
Tel: +996-312-979235 & 36  
Fax: +996-312-979254 & 55  
Em: [comitec.bishkek@mea.gov.in](mailto:comitec.bishkek@mea.gov.in)

15 December 2014

No. Bis/Edu/237/02/2013

**Dear Students,**

This is in continuation of various interactions between the Embassy of India and the Kyrgyz authorities & students of the Asian Medical Institute (AMI) in connection with the present imbroglio in the Institute.

- The purpose of this letter is to inform you that, in a meeting on 20 November 2014, the then Minister for Education and Science of the Kyrgyz Republic informed the Ambassador of India that, for the AMI students, the only solution to the current impasse is to seek transfer to other universities. Representatives of AMI were present in that meeting.
- In addition to the above, the Ambassador has been told by the then Minister that the process of attestation for AMI will take one-two years.
- Further, the Ministry of Education & Science, vide their letter No. 02-7/7067 dated 17 November 2014 has conveyed that there are only four accredited universities in Kyrgyzstan:
  - Kyrgyz State Medical Academy
  - Kyrgyz-Russian Slavic University
  - Osh State University
  - International University of Kyrgyzstan (International High School of Medicine) (MUK)
- In view of the above, the matter has been discussed with the International Higher School of Medicine [International University of Kyrgyzstan (MUK)] and they are willing to admit the students who have completed six years of their study and also those who are currently studying in the sixth year.
- You are, therefore, advised to seek transfer from AMI to any university mentioned above, which is willing to admit you, at the earliest so that you get a degree from an accredited university, after completing your missed study hours and clearing the State Exam.

Best wishes.

Yours sincerely,  
*Raveendran G*  
[ Raveendran G ]  
Second Secretary (Education)

All seventh year students of AMI,  
as per the list




# “Assessment against peer group”

- When accrediting medical schools, do you measure the programme of instruction against
  - Medical schools that are considered the peers of the school being assessed, or
  - Medical schools generally?
- (recent LCME practice)



# Selection for excellence

- Is it more important to pick out schools that are particularly good, or is it more important to ensure that all schools meet the (necessarily high) “good enough” standard?
- 





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- When looking at “the good, the bad and the ugly”, we must always consider if we are doing good for the quality of medical education as a whole

*“Quality Assurance in Medical Education  
in the 21<sup>st</sup> Century”*

# 2019 World Federation for Medical Education World Conference WFME 2019

**April 7(Sunday) ~ 10(Wednesday), 2019**  
**Grand Walkerhill Seoul • Seoul, Korea**

Co-hosted by : Korea University College of Medicine & Korean Council on Medical Education

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 SEOUL METROPOLITAN  
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...knowledge is a very  
special commodity: the  
more you give, the more  
you have.

**Bengali, traditional, reported by  
Amartya Sen**

