Commentary

World Federation for Medical Education Policy on International Recognition of Medical Schools' Programme

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Abstract

The increasing globalisation of medicine, as manifested in the migration rate of medical doctors and in the growth of cross-border education providers, has inflicted a wave of quality assurance efforts in medical education, and underlined the need for definition of standards and for introduction of effective and transparent accreditation systems. In 2004, reflecting the importance of the interface between medical education and the healthcare delivery sector, a World Health Organization (WHO)/World Federation for Medical Education (WFME) Strategic Partnership to improve medical education was formed. In 2005, the partnership published Guidelines for Accreditation of Basic Medical Education. The WHO/WFME Guidelines recommend the establishment of proper accreditation systems that are effective, independent, transparent and based on medical education-specific criteria. An important prerequisite for this development was the WFME Global Standards programme, initiated in 1997 and widely endorsed. The standards are now being used in all 6 WHO/WFME regions as a basis for quality improvement of medical education throughout its continuum and as a template for national and regional accreditation standards. Promotion of national accreditation systems will have a pivotal influence on future international appraisal of medical education. Information about accreditation status – the agencies involved and the criteria and procedure used – will be an essential component of new Global Directories of Health Professions Educational Institutions. According to an agreement between the WHO and the University of Copenhagen (UC), these Directories (the Avicenna Directories) will be developed and published by the UC with the assistance of the WFME, starting with renewal of the WHO World Directory of Medical Schools, and sequentially expanding to cover educational institutions for other health professions. The Directories will be a foundation for international meta-recognition ("accrediting the accreditors") of educational institutions and their programmes.

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The Globalisation Process and International Recognition

There is an increasing need for international quality assurance of medical education. However, there are no present mechanisms for international recognition of medical educational institutions and programmes. Initiatives to address this issue include international collaboration and partnerships, international conventions, promotion of national accreditation systems, and publication of global databases allowing meta-recognition of accredited institutions and programmes.[1]

Globalisation in medicine and medical education is evident in the migration of medical doctors and in the growth of cross-border education. It is supported by common trends in curricular and management development of medical education that facilitate the use of common standards.

The need for definition of global standards in medical education arises not only from the implications of globalisation but also to meet national problems and challenges. Some new medical schools, often with a "for-profit" purpose, do not have clear missions and objectives of programmes, and often have insufficient resources, inadequate settings for clinical training and poor research attainment.

In 1997, the World Federation for Medical Education

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Table 1. The WHO/WFME Guidelines for Accreditation Define a Number of Essential Elements

Elements of proper accreditation
• Authoritative mandate·
• Independence from governments and providers
• Transparency
• Predefined general and specific criteria
• Use of external review
• Procedure using combination of self-evaluation and site visits
• Authoritative decision
• Publication of report and decision

Table 2. A Programme for Promotion of Accreditation was Formulated within the Framework of WHO/WFME Strategic Partnership[9]

WFME package for promotion of accreditation
• National specification of the WFME Global Standards for basic medical education
• Assistance in the institutional self-evaluation
• External review by WFME Advisors of the institutional self-evaluation report
• Site visit to the medical school by a WFME external review team
• Formulation of the final evaluation report
• Development of an accreditation organisation and accreditation council and procedure for accreditation

(WFME) launched its global standards programme.[2] Based on the work of 3 international task forces, the Trilogy of WFME Standards for Quality Improvement in Medical Education, covering basic medical education (BME), postgraduate medical education (PME) and continuing professional development (CPD) of medical doctors, could be published in 2003.[3-5] The 3 documents should be seen as an entity, underlining the need for coordination of the three phases of medical education.

The 3 sets of standards are built on the same principles, using 9 areas and 33-38 sub-areas corresponding to performance indicators. The standards use 2 levels of attainment: basic standards ("musts") for accreditation purposes and standards for quality development ("shoulds") for reform processes. The standards cover all aspects of medical education, i.e. organisation, structure, process, content, environment and outcome. The standards have already influenced medical education significantly worldwide.

Global standards should be used as a template for national and regional standards. In 2007, a task force under the Thematic Network on Medical Education in Europe (MEDINE), developed a proposal for European Specifications to the WFME Trilogy.[6] In formulating specifications relevant for Europe, the task force foremost lifted a number of quality standards in the WFME documents to a basic requirement.

Systems for international recognition will be beneficial to medical students, medical teachers, medical schools/colleges and healthcare authorities, at local, national and international levels, and safeguard the interests of the public.

Accreditation

Quality assurance of higher education institutions and programmes is increasingly based on accreditation processes and systems based on external review have been adopted in more than 80 countries around the world. Considerable variations are seen from country to country and sometimes within countries; governmental as well as non-governmental agencies operate, sometimes with unclear lines between those responsible for provision of education and those for quality assurance; purposes, functions and methodologies differ; some systems are voluntary, others obligatory. Some systems cover only public institutions. Most countries have only one system for all types of higher education, whereas others use a combination of criteria for general higher education and profession-specific education. Publication of accreditation outcomes is not used everywhere. Most systems cover only national providers.

In 2004, the Strategic Partnership between the World Health Organization (WHO) and WFME to Improve Medical Education[7] formulated a WHO/WFME policy on accreditation and defined the WHO/WFME Guidelines for Accreditation in Basic Medical Education.[8] It was recommended that neither the WHO nor the WFME should assume an accrediting agency role, but that accreditation should be a national responsibility. However, countries with only one or a few medical schools could use an accrediting agency in a neighbouring country or a regional or sub-regional system (Tables 1 and 2).

Accreditation as a means of quality assurance is considered the gold standard but has its limitations. Costs of administration, funding of travel and accommodation, the time spent preparing and conducting visits and producing the reports, and the internal academic and secretarial resources involved in performance of self-evaluation studies can be considerable.

The independence of the accreditation council and the objectivity and proficiency of the assessors may be questioned, especially if it is for international recognition. Judgements may be too positive or too negative compared with the realities of the programme. The system could also be exposed to outside political pressure or individual experts could have conflicts of interests. Reliability of the

information provided to the assessors or in the selection of departments at site visits may be biased by a focus on the strengths of the institution and programme and hiding of weaknesses.

Proper accreditation is concerned with both quality development and control of quality. If accreditation is used solely for quality control purposes, the cost of excluding the few "bad apples" will be exorbitantly high, especially since accreditation of all programmes is usually conducted every 5 to 10 years.

This shows that international recognition of medical education programmes should not only be based on national accreditation.

Other means of assuring the quality of a medical education programme include rigorous student selection procedures, entrance examinations, self-evaluation including the use of external examiners without formal accreditation and by national examinations before licensure.

The Avicenna Directories

A database, including information about the accreditation status of medical schools, would have a great impact on quality assurance and quality improvement of medical education, because institutions would strive to be included.[2]

In response to requests from member states, the WHO has recently decided to develop new *Global Directories of Educational Institutions for Health Professions*. In August 2007, an agreement was signed between the WHO and the University of Copenhagen (UC) to develop and maintain such Directories (called *the Avicenna Directories*)[10] with the assistance of WFME. It is planned to start with renewal of the WHO World Directory of Medical Schools,[11] and sequentially expanding to cover educational institutions for other health professions.

The Directories will be a foundation for international meta-recognition ("accrediting the accreditors") of educational institutions and their programmes. This project has the following objectives: (i) strengthening the capacity to provide information and monitoring of the health workforce educational background; (ii) establishing an instrument for regulation of educational capacity and for investment policies; and (iii) establishing and strengthening national accreditation. It intends to increase the amount of information provided about institutions and programmes, including number of admissions and graduates, attrition rate, ownership, management and funding sources. More important, quality related information will be added, e.g. about accreditation status (operating agency, the criteria used, type of procedure) and other quality assurance mechanisms in use. The database of the Directories will be web-based and will be regularly updated.

This plan will provide a potential for meta-recognition of medical schools programmes. Such an approach of "accrediting the accreditors" will stimulate establishment of national accreditation systems and respect the work already being done by existing reliable accreditation agencies.

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