



WORLD HEALTH ORGANIZATION



WHO/WFME Guidelines
for
Accreditation of Basic Medical
Education

Geneva/Copenhagen 2005

Preface

The need for reforms and quality improvement in medical education, the remarkable increase of the number of medical schools around the world over the last decades, many of which have been established under questionable conditions, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalisation and mobility of the medical workforce, have increased the awareness of accreditation as a quality assurance tool.

In 2004, the WHO-WFME Strategic Partnership to improve medical education set up an international task force on accreditation. Based on the results of this task force the strategic partnership has formulated this set of guidelines for accreditation of basic medical education institutions and programmes.

The guidelines have been developed as a tool to assist national authorities and agencies, which have responsibility for the quality of medical education to, either ensure adequate activity and transparency of existing accreditation systems, or to assist in the establishment of new systems in countries and regions which so far have not used accreditation.

The present guidelines are a consensus product resulting from deliberations of the task force, which included broad international expertise. The guidelines seem a reasonable contribution to the complicated issue of accreditation, which is now influencing higher education in general worldwide. It is the hope that the guidelines will have significant impact on quality improvement of medical education. At a later stage, depending on the accumulated experiences, a revision of the document might be necessary.

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WHO

WFME

Preamble

The World Health Organization (WHO) and the World Federation for Medical Education (WFME) share a commitment to improving the quality of medical education for better health care. Consequently, in 2004, WHO and WFME agreed to form a strategic partnership to pursue a long-term workplan designed to have decisive impact on medical education. One of the main elements of this workplan is assistance to institutions and national or regional organizations and agencies to develop and implement reform programmes or to introduce systems for recognition and accreditation.

In 2004, WHO and WFME established the international Task Force on Accreditation. In October 2004, 26 members of the task force from 23 countries covering all six WHO–WFME regions assembled for three days at a seminar in Copenhagen, Denmark, to discuss how WHO and WFME could contribute to establishing sustainable accreditation systems. The need for guidelines was stressed at the seminar and the present document is based on the discussions at the seminar.

The WHO-WFME guidelines are recommendations or non-binding guidelines. Like other international organizations such as the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Organisation for Economic Co-operation and Development (OECD), WHO and WFME acknowledge that countries attach great importance to national sovereignty over education and that policy-making and regulation in education, higher education and medical education are largely the responsibility of national and regional governments. The role of WHO–WFME is to facilitate accreditation of medical education by providing non-binding guidelines based on best practices and, if requested, to assist countries and regions in setting up accreditation systems.

The WHO–WFME guidelines are global, but flexible. WHO and WFME acknowledge the differences between countries and regions regarding governance of medical education, socioeconomic conditions and resources, health care delivery systems, etc. Consequently, the global WHO–WFME guidelines for accreditation are flexible and take into account the context in which they are to be used.

The WHO–WFME guidelines and international cooperation. WHO and WFME strongly advocate international cooperation in accreditation of medical education, comprising exchange of information, including best practices; cooperation in the implementation and running of accreditation systems, including exchange of experts; and mutual recognition of accreditation systems. The accreditation agencies should be willing to submit themselves to international review.

WHO–WFME assistance in setting up and developing accreditation systems based on the guidelines will primarily be targeted at the countries or regions in need of a well-functioning accreditation system. Countries and regions with a long tradition of accreditation, with established and recognized accreditation systems, will not be in the focus of WHO–WFME activities, but the experience of these countries and regions will be used in creating accreditation systems in other countries.

Also, solving the particular problems of establishing accreditation in accordance with the guidelines in a country with only one or two medical schools (entailing difficulties regarding the independence and externality of experts, evaluations and decisions) will be attempted

through international cooperation, such as by affiliating the medical school of the country with an accreditation system in a neighbouring country or by establishing regional or subregional accreditation systems.

Coverage of the WHO–WFME guidelines

The guidelines for basic medical education could also be used in accrediting postgraduate medical education and continuing professional development (CPD) of physicians.

The guidelines for accreditation of basic medical education apply to all basic medical education, regardless of the type of institution or provider (public, private not-for-profit and private, for-profit institutions) and regardless of the form of delivery of the programme (traditional or by means of distance learning).

The guidelines encompass:

- fundamental requirements of an accreditation system
- the legal framework
- organizational structure
- standards and criteria
- the process of accreditation
- main elements in the process of accreditation
- decisions on accreditation
- public announcement of decisions
- benefits of accreditation.

1. Fundamental requirements of an accreditation system

The basic requirement is that the accreditation system must be trustworthy and recognized by all: by the medical schools, students, the profession, the health care system and the public. Trust must be based on the academic competence, efficiency and fairness of the system. These characteristics of the system must be known by the users and consequently the system must possess a high degree of transparency.

2. The legal framework

The accreditation system must operate within a legal framework. The system must be pursuant to either a governmental law or decree; the statutory instrument will most probably be rules and regulations approved by government. The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession.

The legal framework must authorize the accrediting body to set standards, conduct periodic evaluations and confer, deny and withdraw accreditation of medical schools and their programme in medical education. The framework must lay down the size and composition of the accreditation committee or council and must allow the committee or council to decide on the by-laws specifying the procedure for accreditation, including the appointment of review

or site-visit teams. Furthermore, the legal framework should include rules regarding declaration of conflict of interest and regarding the handling of complaints.

3. Organizational structure

The accreditation body or agency must have an accreditation board, committee or council, and an administrative staff or unit. For specified tasks, such as external evaluations, a review or site-visit team must be appointed by the accreditation committee or council.

The accreditation committee or council should have a limited number of members (e.g. 9–15 members). The members must be highly esteemed and respected within the profession, and preferably of international standing. A large majority of the members must have an educational background in medicine.

All main groups of stakeholders must be represented in the accreditation committee or council. It is suggested that about one third of the members of the accreditation committee or council should be drawn from the academic staff, the management and full-time senior staff of the medical schools and could be nominated by the medical schools; about one third of the members should be drawn from the medical profession, including physicians in hospitals, community clinics and general practice, and could be nominated by professional associations; about one third of the members should be drawn from other main stakeholders, including governmental authorities in charge of medical education or of the health care system, regulatory bodies, students, related health professions, the public, etc.

A review or site-visit team should have 3–5 members, most members with a background in medicine or medical education. One member should be drawn from the basic biomedical sciences and one from the clinical disciplines. If possible, at least one member should have knowledge of the country or region and its language. Preferably, at least one member should be an expert from another country.

4. Standards or criteria

The standards or criteria must be predetermined, agreed upon and made public. The criteria to be used as the basis for the accrediting process – for the self-evaluation, external evaluation, recommendations and final decision on accreditation – must be the WFME global standards for quality improvement in basic medical education, with the necessary national and/or regional specifications or a comparable set of standards.

5. The process of accreditation

The process of accreditation must include the following stages:

- a self-evaluation;
- an external evaluation based on the report of the self-evaluation and a site visit;
- a final report by the review or site-visit team after the external evaluation, containing recommendations regarding the decision on accreditation;
- the decision on accreditation.

The medical school should be informed about the proposed members of the review or site-visit team and should be given the opportunity to draw attention to potential conflicts of interest.

The accrediting process should also allow the administrative unit of the accreditation agency and the appointed review or site-visit team to request clarification of and supplementary information to the self-evaluation report before the site visit.

Furthermore, the medical school should be provided with the external review or site-visit team's written draft report, including the recommendations, in order to correct errors of fact before the report and recommendations are submitted to the accreditation committee.

6. Main elements in the process of accreditation

Self-evaluation. The purpose of the self-evaluation is to elicit the institution's description and analysis of itself and its programme in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognized as an important planning instrument to enable the institution to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its programme.

The self-evaluation must be comprehensive and cover all areas included in the WFME standards:

- mission and objectives
- educational programme
- assessment of students
- students (issues other than assessment, including selection, number, etc.)
- academic staff/faculty
- educational resources
- programme evaluation
- governance and administration
- continuous renewal.

The self-evaluation must be precise and based on evidence. All types of material or data can be used, existing as well as new.

The institution must decide how the work should be organized. Producing the self-evaluation report could be organized by an existing committee or an appointed working group.

However, representatives of all disciplines/departments, of the different types of academic and administrative staff and of the different groups of students must be involved.

The accreditation agency should support the medical schools by issuing instructions regarding the structure and content of the self-evaluation report.

Site visit. The purposes of the site visit are to provide an external validation of the conclusions of the self-evaluation regarding fulfilment of the standards and, if necessary, to acquire supplementary information.

The duration of site visits is normally two to five days and must be at least two days. Information is gathered during the site visit by means of a variety of methods: collection of documents and statistics (e.g. study guide, reading lists and statistical material on pass/failure at exams); individual interviews (with dean, department heads, etc.) and group interviews (at meetings with the committee or group responsible for the self-evaluation, curriculum committee, students, etc.); and by direct observation (at visits to facilities, departments and classrooms).

The site-visit should end with feedback from the review or site-visit team to the medical school. The members of the team should briefly present their preliminary findings and impressions to an audience, including the leadership, decided by the institution. The accreditation agency should support the medical schools by issuing directions for setting up the programme for a site visit.

The final report. The review or site-visit team must clearly in its final report state the fulfilment or lack of fulfilment of the specific standards or criteria and must briefly give an account of the evidence supporting the evaluations. The report must conclude with recommendations concerning the accreditation committee or council regarding the decision on accreditation.

Rarely, specific circumstances of a medical school may render it impossible to meet one or more standards. For example, the school may have no jurisdiction over student admissions. In such cases, the external evaluators must be provided with adequate explanations in order to understand and if appropriate, to “condone” such matters.

7. Decisions on accreditation

Decisions on accreditation must be based solely on the fulfilment or lack of fulfilment of the criteria or standards. Accreditation must be valid for a fixed period of time. The duration of full accreditation (e.g. 5–12 years) must be decided in general.

Categories of accreditation decisions:

- Full accreditation for the maximum period must be conferred if all criteria or standards are fulfilled.
- Conditional accreditation, meaning that accreditation is conferred for the entire period stated but with conditions, to be reviewed after a shorter period to check fulfilment of the conditions.

Conditional accreditation can be used in cases where a few criteria or standards are only partly fulfilled or in cases where more criteria or standards are not fulfilled. The seriousness of the problem is to be reflected in the specification of conditions.

- Denial or withdrawal of accreditation must be the decision, if many criteria or standards are not fulfilled, signifying severe deficiency in the quality of the programme that cannot be remedied within a few years.

8. Public announcement of decisions on accreditation

The decisions on accreditation of medical programmes must be made public. Publication of the reports providing the basis for the decisions, or a summary of the reports, should also be considered.

9. Benefits of accreditation according to the WHO–WFME guidelines

WHO and WFME do not accredit medical schools.

International information about accreditation will be provided. The system of accreditation will be noted in the new World Wide Web-based WHO “Health Academic Institution Database” – in the general introduction to the country in question – and the accreditation status of the individual medical school will be stated.

APPENDIX:

Members of the WHO-WFME JOINT Task Force on Accreditation

Dr. Ghanim Mustafa Alsheikh RA/HRD
World Health Organization (WHO)
Regional Office for the Eastern Mediterranean
Abdul Razzak El Sanhoury Street
Nasr City 11371
Cairo
Egypt
alsheikhg@emro.who.int

Professor Arjuna P. R. Aluwihare, Acting President
South East Asian Regional Association for Medical Education (SEARAME)
University of Peradenya, Medical Faculty
Peradenya, Sri Lanka
aluwihare@mail.pdn.ac.lk

Dr. James Appleyard, President
The World Medical Association (WMA)
13, ch. du Levant
CIB - Bâtiment A
01210 Ferney-Voltaire
France
Jimappleyard2510@aol.com

Dr. Carol A. Aschenbrener
LCME Secretary 2004-05
The Liaison Committee on Medical Education
2450 N Street NW
Washington, DC 20037
USA
caschenbrener@aamc.org

Professor Ibrahim H. Banihani, President,
Association for Medical Education in the Eastern Mediterranean Region (AMEEMR)
Dean of Faculty of Medicine, Jordan University of Science & Technology, P. O. Box 3030,
Irbid-22100, Jordan
banihani@just.edu.jo
omayabanihani@yahoo.com

Professor Abdelmajid Belmahi
President, Conférence Internationale des Doyens et des Facultés des Médecine
d'Expression Française, (CIDMEF)
Dean of Faculty of Medicine of Rabat
Marocco
belmahi@hotmail.com or abelmahi@medramo.ac.ma

Professor Cheng Boji, President
Association for Medical Education in the Western Pacific Region (AMEWPR)
Office of International Cooperation, Peking University Health Science Center, 38 Xueyuan
Road Haidian District, Beijing 100083, P.R. China
chengbj@tree.bjmu.edu.cn

Dr. Francisco Campos
Department of Human Resources for Health
WHO Headquarters, Geneva Avenue Appia
1211 Geneva 27, Switzerland
camposfr@hotmail.com

Professor, Sir Graeme Catto, President
General Medical Council,
178 Great Portland Street,
London W1W 5JE.
UK
opce@gmc-uk.org
graeme.catto@kcl.ac.uk

Professor Leif Christensen, Senior Advisor
World Federation for Medical Education (WFME)
Faculty of Health Sciences, University of Copenhagen
The Panum Institute
Blegdamsvej 3, DK-2200 Copenhagen N
lec@adm.ku.dk or wfme@wfme.org

Ms. Janet Clevestine
Department of Human Resources for Health
WHO Headquarters, Geneva Avenue Appia
1211 Geneva 27, Switzerland
clevestinej@who.int

Dr. Kendall Crookston
Fulbright visiting professor
World Federation for Medical Education (WFME)
Faculty of Health Sciences, University of Copenhagen
The Panum Institute
Blegdamsvej 3, DK-2200 Copenhagen N
wfme@wfme.org

Professor Eva Egron-Polak, Secretary General
International Association of Universities (IAU)
UNESCO House
1, rue Miollis
F-75732 Paris Cedex 15
France
eegron.iau@unesco.org

Professor Michael J. Field
Professor of Medicine, University of Sydney
Associate Dean and Head, Northern Clinical School
Royal North Shore Hospital
St Leonards NSW 2065 Australia
michaelf@medicine.usyd.edu.au

Dr. Akpa Gbary
World Health Organization (WHO)
Regional Office for Africa
Cite du Djoue
P.O. Box 6
Brazzaville
Congo
gbarya@afro.who.int

Dr. Charles Godue
Pan American Health Organization
525 Twenty-third Street, N.W.
20037-2895 Washington DC
USA
goduecha@paho.org

Professor Janet Grant
Director
Open University Centre for Education in Medicine
27 Church Street
Hampton, Middlesex
TW 12 2EB
UK
j.r.grant@open.ac.uk

Dr. P. T. Jayawickramarajah
World Health Organization (WHO)
Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatama Gandhi Marg
110 002 New Delhi
India
jayawickramarajahp@whosea.org

Dr. Hans Karle, President
World Federation for Medical Education (WFME)
University of Copenhagen, Faculty of Health Sciences
The Panum Institute
Blegdamsvej 3, DK-2200, Copenhagen N.
wfme@wfme.org

Professor Stefan Lindgren
Institutionen för medicin
Universitetssjukhuset MAS
20502 Malmö
Stefan.Lindgren@Medforsk.MAS.lu.se

Prof. Thanyani J. Mariba, President
International Association of Medical Regulatory Authorities
Health Professions Council of South Africa
Dean: Faculty of Health Sciences
University of Pretoria
PO Box 667
Arcadia, Pretoria
South Africa
Thanyani.Mariba@up.ac.za

Fred Martineau
Medical Student
Moorland
Box End Road
Bromham, Bedford
MK43 8LU
UK
fredmart@hotmail.com

Professor Hugo Mercer
Evidence and Information for Policy/HRH/ Human Resources for Health
World Health Organization
Rue Appia 20
1211-Genève 21
Switzerland
mercerh@who.int

Dr. Nadia Z. Mikhael
Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa, Ontario
Canada, K1S 5N8
nmikhael@rcpsc.edu

Dr. Azim Mirzazadeh, Director
Evaluation & Accreditation, Division of Secretariat
Secretariat of Iranian Council for Graduate Medical Education (ICGME)
P.O. Box 14155-6476
Tehran
Iran
mirzazad@sina.tums.ac.ir

Professor J.P. deV van Niekerk, President
Association of Medical Schools in Africa (AMSA)
Private Bag X1, Pinelands 7430, Cape Town, South Africa
jpvann@samedical.org

Dr. Ezekiel Nukuro
World Health Organization (WHO)
Regional Office for the Western Pacific
United Nations Avenue, P.O. Box 2932
1000 Manila
Philippines
nukuroe@wpro.who.int

Dr. Jørgen Nystrup, Senior Advisor, Past President
Association for Medical Education in Europe (AMEE)
Roskilde Amtssygehus
Smedegade 10-16
4000 Roskilde
Denmark
rfjn@ra.dk

Özgür Onur
Director on Medical Education
International Federation of Medical Students' Associations (IFMSA)
Gringelsbach 61
52080 Aachen
Germany
E-mail: lwfme@ifmsa.org

Professor Albert Oriol-Bosch
Autonomous University of Barcelona
Spain
aoriolb@terra.es

Professor Mikhail A. Paltsev, Rector
I.M. Sechenov Moscow Medical Academy
Trubetskaia ul. 8, bld.2
119881, Moscow, Russia
mma-sechenov@mtu-net.ru

Dr. Galina Perfilieva, SCS-HRP
World Health Organization (WHO)
Regional Office for Europe
Scherfigsvej 8
2100 København Ø
Denmark
gpe@euro.who.int

Dr. Pablo Pulido, Executive Director
Panamerican Federation of Association of Medical Schools (PAFAMS), FEPAFEM
Apartado Postal 60411, Caracas, 1080-A, Venezuela
FEPAFEMPAFAMS@CCS.INTERNET.VE

Professor Peter C. Rubin, Dean,
Faculty of Medicine and Health Sciences
University of Nottingham,
Queen's Medical Centre
Nottingham NG7 2UH
UK
peter.rubin@nottingham.ac.uk

Professor, Dr. Sharifah H. Shahabudin
Director, Quality Assurance Division
Department of Higher Education
Ministry of Education
Damansara Town Centre
Kuala Lumpur, Malaysia
sharifa@pop.jaring.my or drsharifah@moe.gov.my

Professor Emery A. Wilson
Past Chair of LCME
University of Kentucky Medical Center
800 Rose Street
Lexington, KY 40536-0084
USA
ewilson@uky.edu
lmashe2@email.uky.edu

Dr. Ichiro Yoshida
Chairman of International Relations Committee
Japan Society for Medical Education
Professor of Medical Education
Kurume University School of Medicine
67 Asahimachi
Kurume, Japan
iyoshida@med.kurume-u.ac.jp

Dr. phil. nat., Karl Zbinden-Baertschi
Swiss Accreditation Agency
Wissenschaftlicher Mitarbeiter
Organ fuer Akkreditierung und Qualitaetssicherung
der Schweizerischen Hochschulen oaq
Effingerstrasse 58
CH-3008 Bern
Schweiz
karl.zbinden@oaq.ch