WORLD FEDERATION FOR MEDICAL EDUCATION

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MANUAL FOR WFME ADVISORS

WFME Office · University of Copenhagen · Denmark · 2005

WORLD FEDERATION FOR MEDICAL EDUCATION

WFME is the global organisation concerned with education and training of medical doctors.

WFME´s general objective is to strive for the highest scientific and ethical standards in medical education, taking initiatives with respect to new methods, new tools, and management of medical education.

WFME activities cover all stages of medical education, i.e. basic (undergraduate) medical education, postgraduate vocational and specialist training, continuing medical education (CME) and continuing professional development (CPD) of medical doctors.

WFME is an umbrella organisation for its six Regional Associations for Medical Education:

AMEE: Association for Medical Education in Europe
AMEEMR: Association for Medical Education in the Eastern Mediterranean Region
AMEWPR: Association for Medical Education in the Western Pacific Region
AMSA: Association of Medical Schools in Africa
PAFAMS: Panamerican Federation of Associations of Medical Schools
SEARAME: South East Asian Regional Association for Medical Education

WFME is a non-governmental organisation (NGO) in relation to the World Health Organization (WHO) and its Regional Offices, and has a similar relation to the United Nations Educational, Scientific and Cultural Organization (UNESCO).

WFME has a close collaboration with the World Medical Association (WMA) and with the International Federation of Medical Students' Associations (IFMSA).

WFME's Central Office has been located at the University of Copenhagen, Denmark, since 1996, hosted jointly by the Faculty of Health Sciences, University of Copenhagen, and the Faculty of Medicine, Lund University, Sweden. These faculties and WFME have established the Copenhagen-Lund University Centre for International Medical Education (CLUCIME).

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MANUAL FOR WFME ADVISORS

Developed by a

WFME International Task Force

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CONTENTS

INTRODUCTION **3**

THE WFME ADVISOR FUNCTION **4**

THE WFME GLOBAL STANDARDS PROGRAMME **7**
Objectives 7
Process 7
Stakeholders 8
Rationale 8
Concept 9
Purpose 9
Definitions 10

GUIDING PRINCIPLES FOR WFME ADVISORS **12**
1. Tasks and Key Responsibilities 12
2. Preparation 14
3. Site Functions 15
4. The Report 15
5. Administrative and Ethical Matters 16

SPECIFIC GUIDELINES **17**
1. Self-Evaluation 17
2. External Review including Site Visits 20
3. Consultancy 23
4. Accreditation in Medical Education 27

BIBLIOGRAPHY **33**

APPENDICES **37**
A: Members of the WFME Task Force on WFME Advisors **37**
B: Implementation of the WFME Standards Programme **43**

INTRODUCTION

In 1997, the Executive Council of the World Federation for Medical Education (WFME) launched its *Programme on International Standards for Quality Improvement of Medical Education* with the purpose of promoting change and innovation in medical education worldwide.

Development and Implementation of Global Standards

As a result of the Standards Programme, three sets of standards were presented at the WFME World Conference on Medical Education, *Global Standards in Medical Education for Better Health Care*, held in Copenhagen, Denmark, March 2003. This *Trilogy of WFME Global Standards for Quality Improvement*, which covers all three phases of medical education: (a) basic medical education; (b) postgraduate medical education; and (c) continuing professional development (CPD) of medical doctors, received broad endorsement at the World Conference, and WFME was given a mandate to implement the Standards Programme.

Pilot studies to determine the validity and value of the WFME Standards in Basic Medical Education have been conducted in medical schools around the world, including schools of different age, size, traditions and resource background. These pilot studies convincingly demonstrated that the Standards are realistic, and that institutional self-evaluation using these standards is a positive undertaking with immediate and lasting constructive consequences.

International Task Forces

During the process of developing these standards, members of the International Task Forces observed that there would be a need for the provision of a counselling function to assist institutions in using the Standards in their own reform processes. This was also one of the conclusions from a seminar held immediately after the WFME World Conference in 2003 to provide recommendations regarding further implementation of the Standards Programme.

In April 2004, a WFME Task Force Seminar on WFME Advisors, held in Barcelona, Spain, recommended that WFME and its network should establish a WFME Advisor function in all Regions.

The purpose of this *Manual* is to provide guidelines for WFME Advisors based on the analysis and recommendations produced by the Task Force Seminar.

THE WFME ADVISOR FUNCTION

The Link between Medical Education and Health Care

There is consensus among the medical education constituency that quality improvement of medical education will promote quality of health care. This interface between medical education and health care delivery systems was one of the main themes at the WFME 2003 World Conference on Medical Education. As a result, the World Health Organization (WHO) and WFME in 2004 decided to establish a joint policy on promotion of health systems performance through the improvement of health professions education and to form a *Strategic Partnership to Improve Medical Education*. This would be achieved by pursuing a long-term work plan designed to have a decisive impact on medical education in particular and ultimately on health professions education in general.

WHO – WFME Partnership

Projected activities of the WHO - WFME Strategic Partnership include:

- A shared database that will include up-to-date experience in implementing quality improvement processes in medical schools
- Access, via the database, to information on specific schools and, in particular, to a description of their approach to quality improvement
- Promoting twinning between schools and other institutions in processes to foster innovative education
- Means to assist medical schools update their management structures and approaches
- Identification and analysis by WHO regions of innovations in medical education in order to help define appropriate lines of work for each region
- Assistance to institutions or national/regional organisations and agencies in developing and implementing reform programmes or establishing recognition/accreditation systems
- A review of good practices in medical education that can serve as examples and as a source for further innovation.

The Action Plan 2004 - 2006 for the WHO - WFME Partnership prioritises the promotion of exchange of information among different stakeholders about the use of quality standards in the health and educational sectors and the assistance and support of institutions.

WFME Advisor Role

The role of the WFME Advisors should accord with the objectives of the Federation, which are to enhance the quality of medical education worldwide with the purpose of providing competent personnel in all regions of the world. The basis for the counselling of medical schools will be the WFME Global Standards for Quality Improvement.

It is desirable that the group of WFME Advisors should be able to advise on all three phases of medical education. This would be especially relevant when visiting medical schools dealing with all phases.

Advisor Tasks

On the basis of the WFME Standards, the group of advisors should be able to assist as consultants within four areas: (a) planning and carrying out self-evaluations; (b) undertaking external evaluations, including site visits; (c) planning and implementing a quality improvement process; and (d) planning and implementing or reviewing an accreditation system and process.

For WFME, for the WFME Advisors, and for the prospective clients, it is essential to define the area of activity for the advisors, its scope and its limitations.

Advisor Qualifications

For the success of the advisor programme, advisors must be highly esteemed and respected within the profession. Basic requirements would be that the individual advisor is familiar with the WFME Global Standards and is able to document qualifications and prior experience of one or more roles and tasks as outlined above. The required types of qualifications and experiences and the number of advisors involved in the process of advising an institution depend on the specific task.

The group of advisors should cover core areas of medical training and educational experience. They should generally include representatives of both basic and clinical disciplines. The majority of advisors should have an educational background and career within medicine, but other health professionals as well as professional educational experts can be utilised as WFME Advisors.

Regional Foundation

The overall group of WFME Advisors should include representatives able to give relevant coverage to all regions and countries taking into account different socio-economic conditions and cultural traditions.

The size of the group of WFME Advisors in each region should be adapted to the local needs, with the proviso that the advisors should be able to act both individually and in teams.

Advisor Training

In some subject areas and in some countries, it would be advantageous for advisors, acting as members of site-visit teams, etc., to undergo a training course, workshop or seminar. However, such courses are not always a solution to the challenge of securing adequate quality of the functions of WFME Advisors, nor does it concur with the spirit of the Global Standards, which do not present prefabricated solutions. The WFME Advisors should primarily be characterized by the firm basis for their assistance and advice, i.e. the Global Standards, and by their ability to fully understand the unique situation and circumstances in which they are operating.

The possible tasks as well as their context are expected to be very varied, making it extremely difficult to formulate useful stipulations for the work as an advisor, at least at the present stage.

There are practical and economic aspects of organizing courses for advisors from all over the world. Consequently, a general requirement to participate in a course should not be imposed on the WFME Advisors. Safeguarding the WFME Advisor Programme will be handled by strict requirements in the selection of the advisors and in the establishment of an advisor team. Recruitment of new members will be undertaken by including candidates in advisor teams conducting site visits or undertaking consultancies, thereby learning by working with experienced colleagues.

Furthermore, training and preparation for the work of a WFME Advisor will be handled in other ways by using ICT. WFME intends to produce background material, which will be updated and expanded to become a register and a description of best practices when acting as a WFME Advisor.

The foundation for consulting activities by the advisors is contained in the WFME Global Standards.

Tool for Reforms

The WFME Global Standards Programme is an extension of the WFME International Collaborative Programme for the Reorientation of Medical Education, initiated in 1984, cornerstones of which were the Edinburgh Declaration (1988) and the World Summit Recommendations (1993). Whereas the WFME Reform Programme of 1984 produced several important general recommendations for medical education, the aim of the WFME Global Standards Programme of 1997 was explicitly to create an instrument for reforms at the institutional and educational programme level and to safeguard the practice of the medical profession in view of its increasing internationalisation.

Objectives. The concrete objectives of the programme are:

- To stimulate authorities, organisations and institutions responsible for medical education to formulate their own plans for change and reforms and for quality improvement in keeping with international recommendations.
- To establish a system of national and/or international evaluation and recognition of medical educational institutions and programmes to assure minimum quality standards for the programmes.
- To safeguard practice in medicine and medical manpower utilisation, under conditions of increasing internationalisation, by specifying well-defined international standards in medical education.

Process. WFME launched this ambitious programme as a *Position Paper of the WFME Executive Council*, published in 1998. The project was a response to the increasing globalisation, and it was also a way of responding to concerns about the risk of compromising quality as a result of the swift growth of the number of medical schools worldwide, the majority of which had never been evaluated.

Three International Task Forces

The working process used by WFME in developing standards for medical education consisted of three international task forces with experts from all six regions: (a) in 1999, for Basic Medical Education; (b) in 2001, for Postgraduate Medical Education; and (c) in 2002, for Continuing Professional Development (CPD) of Medical Doctors. Expertise and geographical coverage were important considerations in selecting members of the task forces.

Different Target Groups

Stakeholders. The three documents address different main stakeholders: (a) Standards in Basic Medical Education are essential for medical schools/medical faculties/medical colleges and deans; (b) Standards in Postgraduate Medical Education should impact on the activities of authorities, agencies, institutions and organisations involved in vocational and specialist training; and (c) Standards in CPD address the needs of individual doctors, the professional organisations and CPD providers.

Underlying Principles

Rationale. The First International Task Force dealing with Standards in Basic Medical Education thoroughly discussed advantages and reservations of the concept of global standards; in balancing the "pros and cons" of formulating such standards, and being mindful of the clear and significant need for reforms in medical education, the Task Force came out with a number of recommendations. The following premises were adopted in formulating the Standards:

- only general aspects of medical schools and medical education should be covered
- standards should be concerned with the structure, content, process and educational environment of educational institutions and outcome of medical education
- standards must be formulated in such a way as to acknowledge regional and national differences of the educational programme, as well as allowing for different profiles and developments of the individual medical schools, respecting reasonable autonomy of the institutions. This means that uniformity should be avoided, and that the use of a common set of global standards does not imply or require complete equivalence of programme content and products of medical schools
- compliance with standards must be a matter for each country or community, and the WFME Standards should be considered a "template" for regional, national and institutional standards
- standards should function as a lever for change and reform, and standards should be formulated as a tool which medical schools can use as a basis and as a model for their own institutional and programme development
- global standards should ensure avoidance of levelling at a lower level. Standards are intended not only to set minimum requirements but also to encourage quality development beyond the minimum levels specified; the standards are not an "either/or" matter, but a matter of specific conduct and intentional planning
- standards should not be used in order to rank medical schools
- standards should respect the dynamic nature of programme development

Lever for Change

Concept. In the early stages of development of the initial document of the Trilogy of Global Standards, it became clear that specifying global standards in any restricted sense would exert insufficient impact, and indeed would have the potential to lower the quality of medical education. The criticism has become commonplace that medical education has adjusted inadequately, both to changing conditions in the health care delivery system, and to the needs and expectations of societies. Thus, a lever for change and reforms essentially had to be incorporated. This led to the concept of the WFME Standards being framed to specify attainment at two levels: (a) basic standards or minimum requirements, and (b) standards for quality development.

Global Standards in Medical Education could be defined at various levels. The categories covered by the WFME project aim for definition at the institutional and educational programme level. Consequently, the WFME Standards deal with the overall structure, process, content, conditions/environment and outcome as the universe of medical education.

General Aspects of Quality Improvement

Purpose. Several recent reports have described the necessity for radical changes and innovations in the structure and process of medical education at all levels. Such reforms are essential to:

- prepare doctors for the needs and expectations of society
- cope with the explosion in medical scientific knowledge and technology
- inculcate physicians' ability for lifelong learning
- ensure training in the new information technologies
- adjust medical education to changing conditions in the health care delivery system

Challenges to Quality

In a global perspective, actual qualitative problems in medical education are mainly due to:

- political, socio-economic and cultural realities
- institutional conservatism
- faculty staff inertia
- lack of educational budgets
- insufficient supervision of programmes
- lack of incentives
- insufficient leadership

Quantitative problems in medical education worldwide are mainly determined by:

- explosion in number of medical schools
- inadequate planning of the educational system
- inadequate capacity building
- external and internal brain drain

The rapid increase in the number of new medical schools is a paramount problem worldwide. Over the last ten years, there has been a growth of about 100 new schools per year. Many of the new schools have been established with inadequate academic, institutional and financial resources, their establishment often being driven by political and personal ambitions. A new trend has been the rise of commercialised medical education in the form of "for profit" medical schools, the main goal of which is the easy and convenient production of graduates. These schools particularly attract students who are academically less qualified to enter well-established schools, but who are affluent. One specific problem with many new medical schools is the lack of facilities for clinical training. The problem of the explosion of new educational institutions is compounded by the fact that in many regions there is a lack of effective accreditation procedures.

Areas and Sub-areas

Definitions. The WFME Global Standards are structured according to Areas and Sub-areas, defined as broad components in the structure and process of medical education and as specific aspects of an area, corresponding to performance indicators, respectively. The total number of Sub-areas used in the WFME Global Standards are 36 for Basic Medical Education, 38 for Postgraduate Medical Education and 36 for CPD.

Table 1. Areas covered by the WFME Trilogy of Global Standards in Medical Education

Basic Medical Education	Postgraduate Medical Education	Continuing Professional Development (CPD)
1. Mission and Objectives	1. Mission and Outcomes	1. Mission and Outcomes
2. Educational Programme	2. Training Process	2. Learning Methods
3. Assessment of Students	3. Assessment of Trainees	3. Planning and Documentation
4. Students	4. Trainees	4. The Individual Doctor
5. Academic Staff/Faculty	5. Staffing	5. CPD-Providers
6. Educational Resources	6. Training Settings and Educational Resources	6. Educational Context and Resources
7. Programme Evaluation	7. Evaluation of Training Process	7. Evaluation of Methods and Competencies
8. Governance and Administration	8. Governance and Administration	8. Organisation
9. Continuous Renewal	9. Continuous Renewal	9. Continuous Renewal

Levels of Attainment

Standards are specified for each Sub-area using the two levels of attainment:

- **Basic standard.** This means that the standard must be met from the outset and fulfilment demonstrated during evaluation.

  *Basic standards are expressed by a **"must"**.*

- **Standard for quality development.** This means that the standard is in accordance with international consensus about best practice. Fulfilment of or initiatives to fulfil some or all of such standards should be demonstrated.

  *Standards for quality development are expressed by a **"should"**.*

Annotations are used to clarify, amplify or exemplify expressions in the standards.

1. TASKS AND KEY RESPONSIBILITIES

It is envisaged that WFME Advisors will undertake specific tasks or provide assistance mainly within the following broad categories:

Four Main Tasks

- **Self-evaluation.** The primary intention of the WFME Standards Programme is to provide a framework against which medical schools/educational institutions can measure themselves in a voluntary institutional self-evaluation and in self-improvement processes.

- **External Evaluation or Peer review.** The process of reform through self-evaluation is enhanced by external evaluation, including site visits and counselling by peer review teams. The combination of institutional self-evaluation and external peer review is considered the most valuable method.

- **Consultancy in Medical Education.** Evaluating an existing medical programme or planning a new medical programme, or part of a programme, may require a medical school to acquire specific expertise in some aspect of medical education.

- **Recognition and Accreditation.** Depending on local needs and traditions, the WFME Global Standards can also be used by national or regional agencies dealing with recognition and accreditation of medical schools/educational institutions and programmes.

Responsibilities

Whatever the specific task, the WFME Advisors have some key responsibilities. First, they are required to always execute the work on the basis of the WFME Global Standards for Quality Improvement of Medical Education and other relevant WFME guidelines. Secondly, they are obliged to get acquainted with the country and its educational and health care system and especially to study the information material of the institution or organisation seeking advice. Thirdly, the WFME Advisors are responsible for developing a review program in consultation with the institution, organisation or country seeking advice and for reporting to the client institution, organisation or country and to WFME.

The WFME Advisor is expected to apply high standards of practice to the task they undertake and be willing to contribute to the development of the role of WFME Advisor.

Self-evaluation

The role of a WFME Advisor in connection with *self-evaluations* will normally be to assist the medical school in designing a project plan. This could encompass advice concerning specifying the purpose of the self-evaluation, specifying criteria (WFME Standards with local adaptations), or advice during considerations and decisions about data collection and methods. Besides participating in planning a self-evaluation, the assistance could include participation in one or more phases of the project, especially in the preparation of conclusions and recommendations for change.

External Evaluation

The role in external evaluation could primarily be to act as a WFME visitor and peer reviewer. This could be as participant in a fully-fledged *external evaluation*. Alternatively, it could be in response to a request for an external opinion to be included in an internal, more limited, and less costly, planning of reform and quality improvement.

Consultancy

The tasks and demands when acting in the role of change agent or *consultant* in quality improvement will probably be more varied and less predictable. An attempt to describe the possible activities should always be made in advance. Generally, the WFME Standards suggest a number of tasks that could be undertaken, both in evaluating an existing medical programme and in planning a new programme. The task could vary from assistance in planning and the implementation of a comprehensive reform of a full medical programme to assistance in changing a part of the curriculum or a single module or course.

Consequently, the duration of assignments for a WFME Advisor as consultant could vary from a few days to months and could comprise a single period or several visits.

Accreditation

The role of WFME Advisors in setting up an *accreditation* system could be to advice regarding the criteria (standards) for accreditation or the procedure and/or organisation to handle the accreditation in accordance with the WFME guidelines. WFME Advisors might also have a role in reviewing an existing accreditation system.

The role in relation to planning and implementing accreditation will most likely be at the national or regional level, whereas the other roles are envisaged primarily at the institutional level concerning the entirety or parts of a medical programme.

2. PREPARATION

Basic Information

Experience suggests that advisors need information on:

- WFME, the organisation that they will be representing
- tasks they are to complete
- background information from the institution under review
- process to be followed
- support available to them
- administrative matters
- practices that assist in establishing a collegial, interactive and constructive process.

Basic information on WFME and its Global Standards Programme is found on pages 7 – 11 and in Appendix B in this manual, as well as in the WFME Trilogy on Global Standards. The Trilogy is available in a printed version in English and in several other languages on the WFME website, www.wfme.org. Information on the task to be completed will appear from the terms of reference agreed upon by the client, the advisor and WFME. Information from the institution, organisation or country seeking assistance should ideally include a brief country profile and specific information on the client. The country profile should provide the most important general information, more detailed information on the educational system and on the health care system. The detailed information on the client could be provided by a database or access to a database and/or other submissions by the client. The content of a database and submission will depend on the actual task. Details appear in Specific Guidelines, page 17, e.g. regarding the elements that constitute a good self-evaluation document or a good submission for external evaluation.

Process to be Completed

The key elements and best practice in the process to be completed by the advisor include the following preparatory activities:

- reading the database/submission/information
- formulating some key questions for the institution
- developing a site-visit and interview program
- negotiating outcomes and time frame

3. SITE FUNCTIONS

Local Activities

The key elements and best practice in the process to be completed by the advisor on location include the following activities:

- working in a team
- conducting the site visit and interviews
- giving feedback
- ensuring consistency with the WFME Global Standards Programme

The advisor is expected to be able to establish a collegial, interactive and constructive process during the site visit. The advisor is expected to have previous experience and knowledge about peer review, information gathering techniques, e.g. sampling, drilling down and triangulation, and conducting interviews and site visits.

4. THE REPORT

Completion of the process includes reporting to the client or host and reporting to WFME. The best practice in reporting to the client should include considerations of the purpose of the report, structure of the report, as well as content and style of the report. Reporting to WFME will consist of the report to the client and a supplement containing a brief evaluation of the planning and implementation of the task with emphasis on lessons learned and ideas for future work.

Structure and Contents of the Report

Details of content and structure of the report will of course depend on the specific task. However, some general guidelines for WFME advisors on report writing are:

- reflecting the WFME Standards
- balance between the client's database or submission of information and policy documents and material from meetings and interviews
- outlining the organisation's policies and procedures
- outlining the strengths and weaknesses
- balance between description and analysis of data and the conclusions and recommendations
- a clear connection between results of the analysis and the conclusions and recommendations

A *conflict of interest*, a personal, professional or ideological conflict could appear between the client and the advisor. In case of a potential conflict of interest, the advisor is obliged to declare the conflict of interest as soon as possible and inform both the client and WFME.

Conduct of Business

Special agreements on the *confidentiality of information* provided by the institution or organisation and its staff, students, etc., and of the advisor's report to the client should be included in the terms of reference. Otherwise, the principal rules are: information from individuals will be treated by the advisor as confidential information and used in the analysis and the report in a way that protect the anonymity of the individual; the report will be expected to be made public within the institution or organisation as part of a process of reform and improvement.

Arrangements in advance, e.g. travel and accommodation, will be negotiated individually. Normally, the advisor will be expected to organise the travel arrangements, and the host or advisor will take care of accommodation. WFME will assist in practical matters if necessary and will approve and file the terms of reference.

Assistance from WFME to the advisor will primarily consist of this manual for advisors, which will be updated and supplemented with ideas, experience and best practice from former work by WFME advisors. Furthermore, new advisors will be introduced to the work and the requirements by participating in teams with experienced WFME advisors. The WFME office will also support the new advisors by establishing contact with more experienced advisors, assist in clarification of the process and provide administrative support.

Advisors will not be remunerated by WFME. Expenses are expected to be covered by the institutions requesting assistance and/or by funding.

SPECIFIC GUIDELINES

This includes guidelines to assist in self-evaluation, conducting site visits, functioning as a consultant in educational reform processes and for accreditation of medical education.

1. SELF-EVALUATION

Importance of Self-evaluation

Self-evaluation is the most important component in the evaluation and accreditation of medical education institutions and programmes. Properly conducted and supported in the local environment, it is an important change agent as it challenges the local staff to reflect on their own business and their own facilities. Often it stimulates a desire to improve and modernise within the organisation. The focus can be either primarily on the programme, examination systems or on the general conduct and management of medical education.

Serious self-evaluation cannot be done without providing the necessary manpower and financial resources. A secretariat is necessary and assistance from consultants, without aiming at external evaluation, may be helpful in order to systematise the data gathering and write-up.

The tables below recommend the following procedures related to self-evaluation:

Start of Process
• Appoint local group/committee with relevant stakeholders represented • Ensure sufficient financial support • Ensure staffing support • Clarify the task, including which standards should be particularly addressed

Plan Data Collection Methods

- Use existing data wherever possible
- Use same set of data for more than one purpose, if possible
- Data collection methods might include:
  - o Analysis of existing documents
  - o Questionnaires
  - o Check lists
  - o Evaluation reports
  - o Interviews
  - o Observations

Plan to Overcome Barriers to Data Collection

- Lack or inaccessibility of documentation
- Low response rates
- Scattered information
- Limited access to data

Plan Data Analysis and Presentation of Results

- Should be done at the same time as planning data-collection methods to avoid collection of inappropriate data
- Medical teachers might need help with analysing qualitative data
- Presentation should be kept simple
- What tables, charts, narrative and figures should be used?

Plan Self-evaluation Report Structure

- The self-evaluation report should suit its audiences. Who are they?
- How long?
- How much detail?
- Should the report contain details of method?
- What information in the body and what in appendices?
- Will there be a summary for wide dissemination?
- Should there be recommendations or should these arise from consultations?

Plan Report Dissemination

- A review of standards is worrying for everyone. Awareness of this is important when planning dissemination
- Will interim and partial reports be produced?
- Will findings be reported at meetings or by written communications?
- To whom will partial and full findings be made available?
- How will the reports be used?
- Will reports be placed in a public forum?
- How will dissemination be made constructive?

Follow-up

- The review committee should plan how the report will be acted on, to ensure full benefit
- Will follow-up be handed to another committee or group?
- How will the change process be managed from here on?

2. EXTERNAL REVIEW INCLUDING SITE VISITS

The External Review Team

An external review team should be independent and academically balanced. An external international member should preferably be included to broaden the perspective of the panel and to encourage transparency of the process. It is preferable that amongst the team there is an understanding of the local language and prior knowledge of the local context. The advisors should all be well acquainted with the WFME Standards and the Manual for WFME Advisors.

The tables below recommend the following procedures in connection with external review and site visits:

Basic Information
• A site-visit team should receive the self-evaluation report or key pieces of evidence based on self-evaluation well in advance. • This basic information should be delivered according to guidelines, be centred on the relevant standards and the institutional context • The basic information should be factual and contain description, analysis and appraisal, preferably in an integrated manner. • If necessary, advisors should request supplementary documents on location – but the material should not be too extensive or too time-consuming to read

Preparation for the Site Visit
• Since the presence of a self-evaluation report would constitute a key target for a visiting team, the content of the self-evaluation report should be thoroughly checked with emphasis on: o Actuality (updating) o Analysis and appraisal rather than description o Focused and reflective description o Coherence o Centred on institutional goals and objectives o Local dissemination of self-evaluation report

Planning the Site Visit

- The programme for the site visit should be planned together with the host institution well in advance
- The team should immediately prior to the site visit have a half-day meeting (usually on–site) to brainstorm and to reach consensus on the procedures to be followed during the visit
- The visiting team should examine the geographical dispersion and quality of teaching facilities, including clinics, hospitals and public-health community clinics
- The team should pay particular attention to ill-defined institutional objectives, goals and missions, ill-defined profiles of the graduate, and major changes in the medical school and its programme having taken place between the self-evaluation and the external review

Gathering Information

- Information should be gathered during the site visit using a variety of methods:
  - o Collection of documents and statistics (the study guide, reading lists, statistical material on pass/fail at exams)
  - o Different types of interviews, individual interviews (with dean, departmental heads, etc.) and group interviews (at meetings with the committee or group responsible for the self-evaluation, the curriculum committee, students, etc.)
  - o Direct observation (at visits to facilities, departments, classrooms, etc.)
- Information gathered should be checked against the information provided in the self-evaluation report

Participants in Interviews, Meetings and Selective Hearings

- The leadership or management of the medical school. Besides rector, dean, heads of departments, directors of teaching hospitals, etc., also members of faculty council, curriculum committee, the self-evaluation group or similar working parties
- Academic staff, teaching and research staff. In terms of teaching staff, special consideration should be given to scepticism based on uninformed positions and a differential approach to teaching. The team should ask for a range of perspectives including teaching versus research functions, the diversity of clinical teaching activities among clinical units, and senior and junior staff. The team should seek to reflect well-informed views in its report
- Administrative staff
- Students. The team should be aware of the difficulties in choosing truly representative student bodies for these interviews
- Alumni/recent graduates. The purpose of having hearings with alumni and recent graduates whenever possible is to reveal whether or not the profile of the graduates meets the current health care demands

Reporting

- Advisors should report to the institution about their observations and tour of facilities
- Advisors should clearly state the fulfilment or lack of fulfilment of all relevant standards and specify strengths and weaknesses of the institution and its programme
- Ambiguity in the interpretation and use of guidelines/standards can not be accepted
- The report should refer to the organisation's self-evaluation report and other evidence as well as observations from the site visit
- Only relevant data on specific issues and evidence-based information should be accepted
- Local consensus should be sought
- Written minority opinions should be included in the report. In case of major disagreements, a parallel report on the whole process could be considered

3. CONSULTANCY

Using the WFME Standards in Consultancy

Acting as a WFME Advisor in the role of a consultant for reform, it would be natural to make one or more of the nine areas of the WFME Global Standards the backbone of the consultancy.

Advisors may not necessarily become personally responsible for addressing specific areas of weakness. The work may be limited to assist in accessing the required human or other resources. The following tables recommend procedures for advisors regarding each of the nine WFME Subject Areas:

Mission and Objectives
• Provide assistance in drafting objectives for o Graduation competencies o Component objectives o Course and clerkship objectives • Conduct Delphi or other exercises to select or finalise consensual decisions

Educational Programme

- Develop an educational rationale for the current curricular model
- Provide examples, demonstrations or workshops on different curricular models
- Provide workshops on curriculum planning
- Provide workshops on self-directed methods, i.e. problem-based learning (PBL), team learning, and IT projects
- Provide staff-development workshops for the development of essential teaching skills
- Provide workshops and presentations on teaching evidence-based medicine
- Provide workshops on preparing PBL cases that promote use of the literature and model evidence-based practices
- Provide examples of independent scholarship projects in which students might engage
- Provide assistance in all aspects of the curricular planning process from course objectives to evaluation tools for the basic biomedical courses.
- Provide examples of ways in which these topics are being taught in other schools
- Provide assistance in all aspects of the curricular planning process for such courses or the integration of these topics into other courses
- Provide workshops on selecting, training, and using standardised patients for teaching psychosocial dimensions of care
- Assist in a process to identify essential contexts and needs of the community, e.g. common psychosocial problems, cultural competencies needed, etc.
- Provide presentations and information on clinical teaching models appropriate to different levels of trainees, i.e. clerkships, preceptorships, etc.
- Develop a clinical course guidebook for directing a clinical course, e.g. setting up new clinical sites, training teachers, and evaluating students
- Provide workshops and assistance in methods of evaluating clinical skills
- Provide workshops on the curriculum planning process
- Assist in the preparation of curricular schematics and materials for interested students
- Assist in setting up and/or training a curriculum committee in methods for course review, programme evaluation, and curricular planning

Assessment of Students

- Assist in the preparation of an overall assessment plan with attention to integration, timing and internal/external components
- Provide workshops on various assessment methods, e.g. OSCEs
- Assist in the construction and pilot testing of new methods
- Provide statistical assistance in conducting item analysis, reliability testing, and validation of new measures

Students
• Conduct an evaluation of the admission data for purposes of providing feedback to the admissions committee, i.e. academic success, clinical skills, professionalism, alumni activities, etc. • Assist in the development and training of academic counselling and support staff

Academic Staff/Faculty
• Assist in the design of a faculty development programme, including basic teaching skills as well as more extensive programs for educational leadership and scholarship • Provide faculty development workshops on teaching and evaluation skills • Develop a "Train the Trainers" model for a region to establish ongoing resources for staff development • Develop an institutional system for evaluating and rewarding teaching for purposes of promotion and quality improvement

Educational Resources
• Conduct a needs assessment for teaching space • Advise on types and amount of space needed for innovative programs, including technology support and simulation tools • Assist in the development of clinical skills training facilities, including recommendations for layout, equipment, and technology support • Provide presentations on the use of technology in support learning • Assist in the instructional design, development, and implementation of technological tools for learning • Recommend technological resources available to support medical student and resident education, particularly those available for free use and translation • Provide workshops on teaching with technology in the lecture hall, PBL tutorials or clinical settings • Provide training in designing and conducting educational research and evaluation for faculty members with major responsibilities for the curriculum • Assist in the planning of an office for medical education, e.g. needs assessment, goals, staffing, activities, budget, space, etc. • Develop mechanisms for showcasing educational innovations and scholarship by the faculty and students

Programme Evaluation
• Assist in the development of an overall program evaluation plan linked to graduation competencies • Assist in the development of specific evaluation tools, e.g. tracking systems for career choice, alumni surveys, etc. • Provide statistical consultation for data collection and analysis • Review existing data and prepare reports to relevant bodies • Provide workshops on survey development. • Assist in the development of a system for continuous quality improvement of the teaching program including design of forms, criteria for use, technology delivery tools, etc. • Develop specific surveys for students and faculty to use in evaluating the teaching program and the teachers • Assist in the development of a database for student performance data from admissions to graduation and beyond • Assist in the design and conduct of educational outcome and prediction studies

Governance and Administration
• Assist in the development of a leadership evaluation system for periodic review of performance • Develop a regional system for preparing curriculum leaders for their responsibilities • Assist in the development of a budget for education that is consistent with institutional needs and resources • Provide presentations on “mission-based management” • Provide cost analyses for innovations being considered for adoption and discuss educational implications of various budget decisions

Continuous Renewal
• Participate as a “mock site visitor” to assist an institution in determining strengths and weaknesses in meeting the standards or quality improvement indicators • Assist the school in developing a long-term quality improvement plan • Analyse the self-study database to identify specific areas needing quality improvement.

4. ACCREDITATION IN MEDICAL EDUCATION

The Advisor as Facilitator

The role of the WFME Advisor is to facilitate accreditation of medical education by assisting countries and regions in setting up accreditation systems in accordance with guidelines or to review an existing accreditation system. The guidelines are being developed by the WHO - WFME Strategic Partnership for Improvement of Medical Education.

The WFME Advisor should be aware of the differences between countries and regions regarding governance of medical education, socio-economic conditions and resources, health care delivery systems, etc. Consequently, the WHO - WFME guidelines for accreditation are flexible and the advisors will take into account the context in which they are to be used.

The tables below recommend procedures according to the guidelines:

Fundamental Requirements
• The accreditation system must be trustworthy and recognised by all (i.e. the medical schools, students, the profession, the health care system and the public at the national as well as at the international level) • Recognition of the accreditation system must be based on the academic competence, efficiency and fairness of the system • These characteristics - competence, efficiency and fairness - must be known by all users • The accreditation system must necessarily possess a high degree of transparency

The Legal Framework
• The accreditation system must operate within a legal framework - a governmental law or decree or 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, from the medical schools and the profession • The legal framework must authorize the accreditation body to set standards, to conduct periodic evaluations and to make decisions on accreditation, to confer, deny and withdraw accreditation • The framework must lay down the size and composition of the accreditation committee or council • It 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 • The legal framework should include rules regarding anonymity, declaration of conflict of interest and regarding the handling of complaints

Organisational Structure

- The organisation in charge of accreditation, the accreditation body or agency, must have a board, an accreditation committee or council
- The accreditation agency must have an administrative staff or unit
- The agency must appoint review or site-visit teams for specified tasks, e.g. one or more external evaluations

The Accreditation Committee or Council

- The accreditation committee or council should have a limited number of members (e.g. 9-15)
- All members of the committee or council must be highly esteemed and respected within the profession, preferable of international standing
- A large majority of 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 medical doctors in hospitals, community clinics and general practice; these 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 and/or the health care system, regulatory bodies, students, related health professions and the public

The Review or Site-visit Team

- A site-visit team should have 3 – 5 members
- Most members of the team must have an educational background in medicine or medical education
- At least one member should be drawn from the basic biomedical sciences and at least 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
- 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

Standards or Criteria

- The standards or criteria to be used as the basis for all stages of the accreditation process must be predetermined, agreed upon and made public
- The standards or criteria must be the WFME Global Standards with the necessary national and/or regional specifications or a comparable set of standards

The Process of Accreditation

- The process of accreditation must include the following stages
  - o A self-evaluation
  - o An external evaluation based on the report of the self-evaluation and a site visit
  - o A final report, containing recommendations, by the review or site-visit team after the external evaluation
  - o The decision on accreditation

The Self-evaluation

- The purpose of the self-evaluation is to provide the institution's own description and analysis of the institution and its programme in relation to the predetermined standards and criteria and to provide insight into its strengths and weaknesses and identify areas for quality improvement.
- The self-evaluation must be comprehensive and cover all areas
- It must be precise and based on evidence
- The institution must decide how the work should be organised
- The self-evaluation must involve representatives of all disciplines/departments, of the different types of academic and administrative staff and of different groups of students
- The accreditation agency should support the medical schools by issuing instructions regarding the structure and content of the self-evaluation

The Site Visit

- The purpose of the site visit is to provide an external validation of the conclusions of the self-evaluation and if necessary to acquire supplementary information
- The duration of site visits are normally 2 – 5 days and must be at least 2 days
- The accreditation process should 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
- Information should be gathered during the site visit using a variety of methods: collection of documents and statistics (the study guide, reading lists, statistical material on pass/fail exams), different types of interviews, individual interviews (with dean, departmental heads, etc.) and group interviews (at meetings with the committee or group responsible for the self-evaluation, the curriculum committee, students, etc.) and by direct observation (during visits to facilities, departments, classrooms, etc.)
- The site visit should end with feedback from the review or site-visit team to the medical school. The members should briefly present their preliminary findings and impressions to an audience, including the leadership, decided by the institution
- The accreditation agency should assist the medical schools by issuing directions for setting up the programme for a site visit

The Final Report

- The final report by the review or site visit team must clearly state the fulfilment or lack of fulfilment of the standards or criteria
- The final report must briefly give an account of the evidence supporting the evaluations
- The report must conclude with recommendations to the accreditation committee or council regarding the decision on accreditation
- The medical school must be provided with the external review committee's written draft report, including the recommendations, in order to give the school an opportunity to correct errors before the report and recommendations are submitted to the accreditation committee

The Decision on Accreditation

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

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.

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.

Benefits of Accreditation According to the Guidelines

- The accreditation will be internationally recognised
- The system of accreditation will be mentioned in the *WHO Directory of Medical Schools* – in the general introduction to the country in question
- The accreditation status of the individual medical school will be noted in the directory

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B. IMPLEMENTATION OF THE WFME STANDARDS PROGRAMME

Progress

The development of the WFME Global Standards for Quality Improvement of Medical Education can be viewed as consisting of three overlapping phases.

Phase I: The formulation of the Standards at a time when there were no comprehensive globally recognised standards.

Phase II: Validation by pilot studies and evaluation of the WFME Standards in a number of medical schools and other educational institutions worldwide. The 2003 WFME World Conference was a part of the validation process.

Phase III: Implementation of the Standards Programme through which more institutions, countries and regions will become familiar with the Standards and further application and refinement will take place as feedback is received.

1. ONGOING DEBATE

A number of important themes, debated at the 2003 WFME World Conference, formed an important basis for the implementation process:

Themes

Linkage between medical education and health care delivery. A recurring theme was the need for linkage between medical education and the health care sector in order to attain the overall goal of promoting public health. There was a firm belief that improved standards of medical education would result in improved health care. As part of this theme, the social responsibility of medical schools was emphasised. The establishment in 2004 of the *WHO - WFME Strategic Partnership* to improve medical education is a concrete result of this discussion.

Adjustment of global standards to local needs. The definition of international standards of medical education and their utilisation in assessment enables medical schools to establish benchmarks and compare their programmes with others. However, while aspiring to international standards, sensitivity to local needs or cultures should be ensured. Therefore, the Standards should ideally be specified and supplemented according to local needs.

Brain Drain. Fears were expressed that the Standards could lead to increasing migration of doctors. This has serious implications for developing countries. Although mobility of medical students and doctors would be facilitated by the application of global standards, it is clearly not the intention to encourage brain drain from developing countries. It was, however, recognised that migration is inevitable and that it is due to socio-political influences and many other issues rather than as a result of medical education.

It should be emphasised that medical educators and physicians from the developing countries have no wish to be exempted from generally adopted international standards. They have clearly protested against the idea, proposed by some national health politicians, that brain drain should be prevented by operating with second-rank standards for the developing world. The ethical dimension of such discrimination is obvious.

Process or outcome standards. It is considered important that the medical profession should define those competencies that all doctors in the world must possess. However, outcome and the process of education must always be linked in a comprehensive approach to formulation of standards, and outcome of medical education needs to be defined at the national level.

Accreditation of medical schools/programmes. There is significant support for WFME to play an increasing role in accreditation of medical schools and medical education programmes. However, allowing any agency to be a global accrediting body is also seen as a danger. In general, accreditation should therefore be done by national agencies, which could choose to use the WFME Standards as a template. The use of the Standards could help national accreditation bodies, which in turn could lead to mutual recognition globally through evaluation and recognition by WFME. WFME should support existing accrediting agencies, assist initiatives to establish recognising/accrediting systems where needed, and develop guidelines for the composition and function of such bodies. This issue was the theme of the WHO - WFME International Task Force on Accreditation of Medical Education Institutions and Programmes established in 2004.

World Register of Medical schools. A further implication is the recommendation that recording of medical schools, which has achieved approved accreditation of some kind or another, be done in a World Register of Medical Schools. Development and expansion of the *WHO Directory of Medical Schools* based on quality indicators is part of the WHO - WFME Strategic Partnership.

2. CURRENT IMPLEMENTATION WORK

The actual implementation process, planned by the WFME Executive Council in collaboration with the World Health Organization, includes:

Components

Further information about the WFME Global Standards Programme. The Standards Programme has been presented and discussed at numerous international conferences and meetings in all six regions.

Translation of the Global Standards into various languages in order to facilitate the use of the Standards at the national and institutional level. At the moment, a number of translations are available (see the WFME website, www.wfme.org).

Further validation of the WFME Standards in pilot studies. The report of the first set of pilot studies in medical schools was published in 2004. All together, 36 medical schools around the world have now been included in the piloting process.

At the moment, WFME, in collaboration with the Open University Centre for Education in Medicine, UK, is conducting similar piloting studies regarding Standards in Postgraduate Medical Education and CPD.

Encouraging the development of regional and national standards or to incorporate the WFME Standards in existing standards. Regional Standards based on the WFME Standards have been formulated in the Western Pacific Region. In all regions, the WFME Standards are influencing national standards setting and accreditation procedures and a number of countries have used the WFME Standards as a model.

Encouragement to conduct institutional self-evaluation and peer review studies.
Self-evaluations of medical schools followed by site visits have been conducted successfully in some cases before the establishment of the WFME Advisor function.

Establishment of the WFME Advisor Function.

Formulation of guidelines for accreditation systems and assistance in setting up such systems.

Documentation of the quality of medical education through a World Register of Medical Schools.

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Institut d'Estudis de la Salut, Barcelona, Spain

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Sweden

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Denmark

Pfizer Danmark
Copenhagen
Denmark

University of Copenhagen
Denmark

WHO European Centre for Integrated Health Care Services, Barcelona, Spain

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Members:

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