

International recognition of basic medical education programmes

Hans Karle on behalf of the Executive Council, World Federation for Medical Education

OBJECTIVE This document aims to formulate a World Federation for Medical Education (WFME) policy and to open debate on the subject on international recognition of basic medical education institutions and programmes.

METHODS We carried out a systematic review of international quality assurance of medical education and recognition methodology, including accreditation procedures and alternative quality assurance methods, with a focus on the role of the WFME in international recognition of basic medical education programmes.

RESULTS In order to further the intentions of the WFME, the Federation will: continue its activity to establish new Global Directories of Health Professions Education Institutions (GDHPEI); set up a planning working group to prepare the work of the international advisory committee for GDHPEI; develop a database of relevant accrediting and recognising agencies; continue its project on the promotion of proper national accreditation; establish a working group to develop principles to be used in the evaluation of medical schools and other health professions education institutions and their programmes for the purpose of international recognition, especially when proper accreditation is not feasible, and work with partners on training programmes for advisors and assessors.

CONCLUSIONS The new directory for medical schools, which will include qualitative information about basic medical education programmes, will provide a basis for the meta-recognition of medical schools' programmes by stimulating the establish-

ment of national accreditation systems and other quality assurance instruments.

KEYWORDS education, medical/*standards; *international cooperation; quality control; credentialing/*organisation & administration; world health.

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INTRODUCTION

The World Federation for Medical Education (WFME), in a Position Paper,¹ envisaged that global standards for the quality improvement of medical education would be an essential tool for quality development of medical education programmes, and would also be used in international recognition of medical schools by establishment of a world register of accredited medical schools.

The Trilogy of WFME Standards^{2–4} was published in 2003. Comments following their implementation and the endorsement of the programme at the WFME 2003 World Conference^{5,6} required changes to the plan. An international team established in 2004 by the Strategic Partnership between the World Health Organization (WHO) and WFME to Improve Medical Education⁷ clarified these changes. The Task Force that defined the WHO/WFME Guidelines for Accreditation in Basic Medical Education⁸ considered that organisations such as the WHO or the WFME should not assume an accrediting agency role. It was therefore recommended that accreditation should be a national responsibility. However, countries with only 1 or a few medical schools could use an accrediting agency in a neighbouring country or a regional or sub-regional system.

Apart from quality assurance of medical education through national accreditation, other mechanisms

World Federation for Medical Education Office, Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark

Correspondence. Dr Hans Karle, WFME President, Faculty of Health Sciences, Panum Institute, University of Copenhagen, Blegdamsvej 3b, DK-2200 Copenhagen N, Denmark. Tel: 00 45 3532 7103; Fax: 00 45 3532 7070; E-mail: wfme@wfme.org

Overview

What is already known on this subject

The increasing migration of medical doctors and the growth of cross-border education raise questions about the safeguarding of the practice of medicine. Proper accreditation is used insufficiently to ensure the quality of medical schools programmes.

What this study adds

This paper recommends that national accreditation systems are strengthened and alternative quality assurance methods defined.

Suggestions for further research

The new project Global Directories of Health Professions Education Institutions, developed according to an agreement between the World Health Organization, the University of Copenhagen and the World Federation for Medical Education, will be an important instrument in international recognition of basic medical education programmes.

for international recognition of medical education programmes are needed. This will be beneficial to medical students, medical teachers, medical schools and colleges and health care authorities, at local, national and international levels, and will safeguard the interests of the public.

Further debate is needed on how to achieve reliable and valid international recognition of medical education institutions and programmes. What do we understand by international recognition? Which criteria should be used? How can trustworthy information be achieved? Which requirements should be defined for inclusion in an international database and to fulfil recognition status? What will be the effect of developing such a database?

GLOBALISATION AND INTERNATIONAL QUALITY ASSURANCE

Globalisation in medicine and medical education is evident in the migration of medical doctors and in the growth of cross-border education, as seen in the movement of students and teachers, the development

of programmes and campuses abroad, and in distance learning using different technologies. It is supported by common trends in curricular and management development of medical education that facilitate defining common standards. Globalisation of the medical profession raises questions about safeguarding the practice of medicine and the use of the medical workforce.

The need to define global standards in medical education arose from the implications of globalisation and the need to meet national problems and challenges. It is estimated that medical schools number around 2000 worldwide. An increasing number of new medical schools, often with a 'for-profit' purpose, have emerged over the last 10 years, with serious consequences for medical education quality. Such schools frequently lack clear missions and programme objectives, and often have insufficient resources, inadequate settings for clinical training and poor research attainment. Many countries lack rigorous quality assurance procedures.

INTERNATIONAL RECOGNITION

There are increasing pressures for international quality assurance of medical education. However, there are no mechanisms in place at present for the 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 the publication of global databases allowing meta-recognition of accredited institutions and programmes.

Bilateral and multilateral agreements

A convention regarding mutual recognition of medical doctors in the European Union (EU) was developed in 1975. Recently restructured, the EU Directive⁹ defines minimum medical education requirements for undergraduates, general practitioners and medical specialists for mutual recognition and free movement of medical doctors in the EU. However, these requirements have not been revised for 30 years and the EU expansion to 27 countries (2007) creates problems as a result of the different education traditions in Eastern and Western Europe.

Other examples include the long-standing collaborations between USA and Canada in the Liaison Committee on Medical Education (LCME), and between Australia and New Zealand in the Australian

Medical Council (AMC). Organisations such as Mercosur in South America and links between some countries in Africa and in South East Asia are attempting to define common educational standards and mutual recognition of medical doctors. In the Arabian Gulf region, a common accreditation system based on a modification of the WFME standards was established in 2001. The Central Asian Republics have recently decided to co-ordinate their accreditation systems by using the WFME Standards. In the Western Pacific region, a set of regional standards was formulated in 2001¹⁰ in concordance with the WFME Standards, which are also used as a template for national standards in Australia, New Zealand, China, Malaysia, Korea, the Philippines and Vietnam.

Accreditation

Quality assurance of higher education institutions and programmes is increasingly based on accreditation processes. Systems based on external review have been adopted in more than 70 countries around the world. These vary from country to country and sometimes within countries. Both governmental and non-governmental agencies are in operation, 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, whereas others cover public as well as private institutions. Most countries have a single system for all types of higher education, whereas others base evaluation on a combination of criteria for general higher education and of subject area or profession-specific education. The publication of accreditation outcomes also varies. A further problem is that most systems cover only national providers without any control of cross-border education providers. External providers are sometimes allowed to establish a campus and produce graduates, but their graduates are not allowed to work in that country.

The WHO/WFME Guidelines for Accreditation define a number of essential elements (Table 1).

A programme for promotion of accreditation was formulated within the WHO/WFME strategic partnership¹¹ (Table 2). Essential to this development was the definition of a WFME advisor function and the development of a manual for WFME advisors.¹²

The WFME, the Copenhagen-Lund University Centre for International Medical Education (CLUCIME) and the Open University Centre for Education in Medicine

Table 1 Elements of proper accreditation

Authoritative mandate Independence from governments and providers Transparency Pre-defined 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 World Federation for Medical Education 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 = World Federation for Medical Education.

(OUCEM) in the UK are now working together on training programmes for advisors and assessors.

Experiences from well established accreditation systems, which combine counselling and guidance with review and control, have proved accreditation to be an effective quality assurance tool. The introduction of institutional self-evaluation at regular intervals is of utmost importance. Furthermore, review of self-evaluation reports and site visits by teams of trained and experienced experts ensures that programme development follows nationally adopted criteria and is consistent with international standards. Using international standards as a template for national criteria guarantees a foundation for international recognition, while allowing for institutional self-determination.

Accreditation as a means of quality assurance is considered the gold standard but has its limitations. The costs of administration, the funding of travel and accommodation, the time spent on preparing and

conducting visits and producing reports, and the internal academic and secretarial resources involved in the performance of self-evaluation studies can be considerable. The direct costs of a fully fledged accreditation procedure for a medical school programme are estimated to be about \$20 000–30 000. Expenses need to be covered by governments or by the institutions, often through membership fees to the organisation responsible for accreditation.

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 as the accreditation of all programmes is usually conducted every 5–10 years.

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 may be exposed to outside political pressure or individual experts may 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 the hiding of weaknesses.

ALTERNATIVE QUALITY ASSURANCE METHODS

The policy of WFME is to strengthen the development of proper national accreditation systems. However, it is unrealistic to expect worldwide accreditation to be established in the foreseeable future. Therefore, other mechanisms to ensure international recognition are required. In some countries accreditation of education is not an accepted concept and other means of quality assurance are used, such as governmental evaluation based on comparison of programmes with general regulations without use of institutional self-evaluation or site visits. Other means of assuring the quality of a medical education programme may be use of only some elements of a full accreditation process or by methods of rigorous student selection procedures, entrance examinations, self-evaluation including the use of external examiners without formal accreditation and by national examinations before licensure. Some consider the existence of internal quality management systems an acceptable alternative to external review and accreditation.

INTERNATIONAL DATABASES

A database which included information on 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.¹

Three major databases with global coverage list a different number of medical schools. These are: the WHO World Directory of Medical Schools¹³ (about 1700 schools in 162 countries); the Foundation for the Advancement of International Medical Education and Research (FAIMER) International Medical Education Directory (IMED)¹⁴ (1935 schools in 173 countries), and the Institute for International Medical Education (IIME) Database¹⁵ (1848 schools in 166 countries).

None of these databases contain reliable information about the quality of the medical programmes listed. The information is often out of date and in some cases can be misleading.

A new database on health professions education institutions

In response to requests from member states, the WHO has decided to develop new Global Directories of Health Professions Education Institutions (GDHPEI) with the objectives of:

- 1 strengthening the capacity to provide information and monitoring of the health workforce educational background;
- 2 establishing an instrument for the regulation of educational capacity and for investment policies, and
- 3 establishing and strengthening national accreditation.

It intends to cover educational institutions for all academic health professions, and to increase the amount of information provided about institutions and programmes, including number of admissions and graduates, attrition rates, ownership, management and funding sources. More importantly, quality-related information will be added, such as accreditation status (operating agency, the criteria used, type of procedure, etc.). The database of the Directories will be web-based and will be regularly updated. A model for collecting and processing data primarily collected from governments in this new database is being developed. The WFME and its

network are envisaged to assist the database administrator with information concerning accreditation and alternative types of evaluation and recognition. An agreement was recently signed by the WHO and the University of Copenhagen about taking over responsibility of the administrator function of the Directories.

Suggested aims include: helping students in their choice of institution; assisting academics in applying for jobs; facilitating credit transfer and the recognition of prior learning for students moving between institutions, and providing licensing authorities with information relevant to their registration requirements.

The future Directory for Educational Institutions in Medicine should include all medical schools recognised at country level. The entry for each medical school will include available information on the school's institutional background, medical programme, accreditation and/or recognition status, and the quality assurance system in use in the country. Information given about each school will vary according to the data achievable and the validity of information as estimated by the administrator of the Directory and WFME.

This plan will provide a process of 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 carried out by existing reliable accreditation agencies, and avoid unnecessary bureaucracy. The result will be the creation of a global network of recognised accrediting agencies within medical education.

ROLE OF WFME IN INTERNATIONAL RECOGNITION

As a continuation of its current work with quality assurance of medical education, WFME, together with its network of regional and national associations for medical education, will, within the framework of the WHO/WFME Strategic Partnership, focus its work regarding basic medical education as follows.

Development of the database for GDHPEI

The development of the new GDHPEI requires detailed planning to address the following:

- 1 organisation matters, including setting up a steering group;
- 2 principles for data collection;

- 3 plan for extension of the database to cover health professions education institutions other than medical schools;
- 4 principles for evaluation of data, including definitions of quality indicators;
- 5 establishment of an international advisory committee, and
- 6 financial matters.

The WFME will therefore set up a planning working group to establish the GDHPEI, which will include representatives of the WHO, WFME, FAIMER and the University of Copenhagen and its Faculty of Health Sciences as the Administrator of the GDHPEI.

The task of the planning working group will be to prepare the work of the International Advisory Committee of the new GDHPEI.

It will be essential to reach agreement on matters such as the mechanics of the database structure, the format of the information to be stored, compulsory information and optional additional information, who is able to update information, and who is able to access information.

Promoting accreditation and other forms of quality assurance

The establishment of new accreditation systems in countries without quality assurance instruments and the modification of existing accreditation systems to meet the WHO/WFME Guidelines is a high priority. The WFME already has contact in this regard with several countries which include, for example, some countries in the Caribbean region, the Central Asian Republics and the Commonwealth of Independent States in Eastern Europe and China, Ecuador, Egypt, Iran, Ireland, Mexico, Korea, Sudan, Switzerland and Venezuela. Such collaboration will continue and new initiatives will be undertaken in other parts of the world in collaboration with regional WHO offices and medical education associations. The WFME will also continue its long-standing liaison with well established accreditation systems like those in North America (LCME), Australia and New Zealand (AMC) and the UK (General Medical Council).

A method of 'accrediting the accrediting agencies' based on WHO/WFME Guidelines will stimulate the establishment of national accreditation systems. In this connection, an overview of accrediting agencies

would be valuable. FAIMER is already collecting data on existing agencies.

The WFME will, therefore, together with FAIMER and other partners, develop a database of accrediting and/or recognising agencies.

The WFME will continue its project on the promotion of proper accreditation and, together with its partners, will work on developing training programmes for advisors and assessors.

Alternative forms of recognition

Alternative forms of recognition of medical schools that have not undergone accreditation are needed. These must include spot-checking and recognition of information received from governments and institutions about student intake, number of teachers and other staff and basic information about the medical programme, educational resources, etc. Other existing alternatives, such as quality assurance instruments in France or Scandinavia, should be described although in some cases they function only as control instruments.

The WFME will therefore establish a working group to include representatives of the WHO, ECFMG/FAIMER, and existing accrediting agencies, to develop the principles to be used in the evaluation of medical schools and their programmes for the purpose of international recognition. These should be used when proper accreditation is not feasible.

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