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Criteria for establishment of a new medical school: Guidance for governments, regulators and universities

Purpose

This paper presents guidelines for decision-making when considering the establishment of a new medical school. It is directed at relevant authorities in the country in question such as the Ministry of Health, Ministry of Education, regulatory bodies and universities. These guidelines will be helpful in avoiding the establishment of unnecessary or low-quality new medical schools.

There are two aspects in establishing a new medical school:

- Aspect 1 addresses the need for a new medical school - or rather, for the output of medical doctors from a medical school with the proposed location and size
- Aspect 2 addresses the feasibility of implementing the plans for the medical school.

Timescale

Whatever the intended model of medical school and medical programme, the development of a new medical school is a significant undertaking. Institutions that do not undertake appropriate and detailed planning well in advance of programme commencement may struggle to establish a successful medical programme.

This paper gives guidance on the key questions to be addressed in planning a medical programme. The response to many of these questions will require detailed planning, risk assessment and action beginning some months, or even years, before the programme commences. The development process should always be accompanied by a realistic timetabled project plan with work packages and decision points clearly identified against agreed deadlines.

ASPECT 1: THE NEED FOR A MEDICAL SCHOOL

The rationale for the new medical school should primarily be based on available information about the need for medical doctors in the relevant community and nation, on the supply of medical doctors from other medical schools, on the career patterns of medical graduates, and on the possible impact of national and international patterns of mobility of doctors.

Criterion 1. Establishing the need

- What is the best available estimate of the need for medical doctors?
- What is the quantitative and qualitative demand for medical doctors in different fields of medical practice?
- What is the estimated actual and expected future demand for medical graduates in different parts of the healthcare sector (hospitals, clinics, primary care etc.) and in different geographical and political or cultural areas (local, national and regional)?
- Has an analysis been conducted to show that the healthcare system is able to absorb the new graduates?

Supplementary criterion 1a: Is the purpose of the medical school to serve special groups, for example, culturally defined or geographically deprived groups? Are there any imbalances in the availability of medical doctors? Are the groups that the medical school intends to serve clearly defined?

Supplementary criterion 1b: In what ways will the school be involved in the advancement of knowledge through research?

Supplementary criterion 1c: Does the plan for establishment of the medical school have local political and popular support and commitment?

ASPECT 2: THE FEASIBILITY OF IMPLEMENTING THE PLANS FOR THE MEDICAL SCHOOL

Criterion 2. Programme outline

In establishing the need for provision of different types of educational and clinical resources, a description of the planned institution and its educational programme is necessary. This description should include information on:

- the type of proposed institution (public or private, for-profit or not-for-profit, part of a university or an independent institution)
- the planned number of students (intake of new students in the first 6 – 8 years)
- the main characteristics of the educational programme including the duration in years, the division between basic science and clinical training, the main disciplines and subjects, core and optional courses and the types of learning methods, including the balance of different types of large and small group teaching, practical classes, laboratory work, skills training, clinical learning, and research projects
- the planned assessment system, including derivation of passing scores and progress criteria.

Supplementary criterion 2a: If the curriculum is modelled on that of another institution the rationale and local versioning and appropriateness of that must be described

Criterion 3. Clinical facilities

Essential for agreeing the establishment of a new medical school is the certainty of providing appropriate clinical settings in primary and secondary care and a sufficient number of patients for the clinical part of the educational programme. Ideally this would include a general teaching hospital owned by, affiliated to or managed by the medical school or the university, along with primary care practices. If this is not the case, the proposed school must document the existence of the necessary clinical facilities independent of the school and university and must demonstrate that the students are assured, by formal agreements, of access to those clinical facilities.

Supplementary criterion 3a: The medical school must demonstrate from the outset that it can offer the entire programme leading to its final degree.

Criterion 4. Economic resources and business plan

The necessary economic resources for the medical school based on a robust business plan are essential prior to opening for each year of the course. The finance available should cover all expected costs, both the initial costs of establishment of the institution and programme, as well as the running costs. The financial resources should be enough to cover all types of expenses: for buildings, equipment, salaries and benefits for staff and for all types of student support.

Supplementary criterion 4a: An economic risk analysis should be presented, including failsafe plans for all students to complete the course in the event of financial failure of the school.

Criterion 5. Physical facilities

There must be a costed and funded plan for provision of physical facilities appropriate to the educational strategy. This includes the buildings, running and maintenance of all facilities, including different types of teaching rooms, laboratories, offices, study areas, computers with internet access and libraries.

Supplementary criterion 5a: There must be plans for the provision of specialised facilities such as science laboratories for education and research, clinical skills laboratories, and library and IT facilities.

Supplementary criterion 5b: Is the existing local infrastructure (such as roads and transport) sufficient, and is it possible to connect the new medical school to existing systems (for water supply, power and electricity supply, telecommunications, a public sewerage system and public transportation)?

Criterion 6. Academic and clinical staff

The plan must include appointment, training and continuing support and development of staff. This must be accompanied by a financial and business plan covering these and all other expected staff costs including salary and benefits for all academic, teaching, research and administrative staff.

Supplementary criterion 6a: What are the opportunities for recruitment and retention of qualified staff locally, nationwide and internationally?

Supplementary criterion 6b: Is there a competent and experienced academic leader of the proposed medical school in place, supported by an appropriately staffed and qualified management and administrative structure?

Criterion 7. Student numbers and support

What is the plan, including costing and available funds, for the proposed student numbers, and the wide range of required student support such as student housing, dining and catering facilities, sports and social facilities, and academic and social counselling? Availability should be in accordance with local traditions and cultures.

Supplementary criterion 7a: Are qualified student applicants likely to exist in the number expected, from the local area or from other national and international areas? Is it the intention to recruit students from special groups? The student plan should describe student target groups and mix.

Note: In 2017 the document design was updated. The content remains unchanged.