



**BASIC MEDICAL EDUCATION
WFME GLOBAL STANDARDS FOR
QUALITY IMPROVEMENT**

The 2020 Revision

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FOREWORD

The World Federation for Medical Education (WFME) is pleased to publish this new, third, edition of the Standards for Basic Medical Education in the continuing programme of *Global Standards for Quality Improvement of Medical Education*. The first edition of these standards was published in 2003, and the second edition in 2012 with a revision in 2015.

Medical education does not stand still, and these revised standards have been written to keep the WFME standards at the forefront of current understanding of the variety of educational practices and ideas and their relationship to local contexts.

WFME has always emphasised that the standards are a guide to the development and evaluation of medical education in all settings. They are not prescriptive, and not a rule-book. They are intended to be used as a framework to be modified and customised for the local context. The new standards make this clear, and they ask users, whether they are medical education managers, designers, teachers, learners, or regulators, to consider and think through how every element of the work of the medical school should be developed best to meet the local need and context.

There are, world-wide, many sets of standards in use which were developed from the first and second editions of the WFME standards for basic medical education. If those local standards remain good and efficient, there is no need for them to be revised. WFME standards are for guidance. They are not a requirement or a directive. Therefore, there is no requirement that existing standards, if they work well, must be revised because of this third edition.

The programme of standards for medical education is part of the evolving work of WFME. The first edition of the standards led to the question: now we have standards, can we use them to evaluate the performance of medical schools? This led to the task force on accreditation, a joint venture of WHO and WFME in 2004, leading in turn to the WFME programme for the Recognition of Accreditation. With standards for education, and a strategy for accreditation, the need arose to know where all the medical schools are – eventually leading to the *World Directory of Medical Schools*. Now, with new standards for basic medical education, we will develop new editions of the standards for postgraduate education and for continuing professional development. There will also be new standards and guidelines for distant and distributed education in medicine.

Reasons for the new standards

With increasing recognition of the importance of context in medical education, the World Federation for Medical Education (WFME) took the decision to review its standards to ensure that they are applicable in all cultures and circumstances¹.

Added to this was our recognition that medical education is largely not an evidence-based discipline. Instead, its practices tend to follow socially constructed values and ideas. Educational practice, therefore, varies between social and geographical contexts. What is right for one medical school, or one part of the globe, might not be right for another.

WFME therefore decided to modify its standards, away from prescriptive, process-based requirements towards a principles-based approach² which allows each agency or institution to make its own version of the basic standards that is contextually appropriate. Those local standards would then address the design, delivery, management, and quality assurance of education and training, but in a manner tailored to context.

The new standards invite institutions or organisations that wish to use them, to interpret them for their own culture, resources, aspirations, and values, while still addressing the specified areas of performance. We would expect a variety of locally relevant standards to be derived within the broad framework that is set out in this publication.

As in previous versions of these standards, we have set out a framework of areas for defining and managing medical education, along with a statement of the importance of each. The principles-based standards in each area are presented along with guidance and key questions to consider when applying these to any given context. The key questions can also be used to inform enquiries into the quality of provision.

Global and local standards

Despite setting out principles rather than prescriptions, global standards cannot always be perfect for every context.

WFME acknowledges that in some countries, aspects of medical education, such as the admission and student selection policies and procedures, are controlled by the government or the local accrediting agency or both. Some functions are therefore not locally decided but are nationally prescribed. Sometimes schools are part of a university and governed by the university rather than being governed independently in their own right.

In such cases, the global standards which deal with decision-making at the level of the medical school cannot apply. WFME standards that address these areas are therefore

¹ Karle, H., Christensen, L., Gordon, D. and Nystrup, J. (2008) Neo-colonialism versus sound globalisation policy in medical education. *Medical Education*, 42, 956–958

² Black, J., Hopper, M. and Band, C. (2007) Making a success of principles-based regulation. *Law and Financial Markets Review*, May, 191-206.

relevant only to those medical schools which have autonomy in these areas, and to accrediting agencies and governments that might wish to review their own advice about those policies and processes.

If medical schools do not have control over issues set out in these standards, we would not expect those standards to be applied.

Organisation of the revised standards

The standards are presented in eight areas:

1. Mission and values
2. Curriculum
3. Assessment
4. Students
5. Academic staff
6. Educational resources
7. Quality assurance
8. Governance and administration

The standards address the elements of the educational programme which encompasses:

The totality of all processes and activities that the medical school offers or enables, to facilitate student learning, wellbeing, and achievement.

What are principles-based standards?

Principles-based standards are not prescriptive and detailed, but are stated at a broad level of generality². They address the components of the educational programme, such as student support, or a curriculum model, or an assessment system. But they do not say how support should be offered, nor what curriculum model should be adopted, nor what assessment methods should be used. They ask that the medical school states its mission and values, but they do not say what that mission or those values should be. Those are contextual decisions for local agencies and schools. In this way, principles-based standards can meet the different needs of regulatory agencies and medical schools around the world, whatever their resources, contexts, purposes, and stages of development.

Using principles-based standards

This principles-based approach is designed to guide agencies and institutions in any and every context. They might be used for new medical schools, for established medical schools, and for new or established regulatory systems.

The revised standards offer flexibility for local decision-making about the specific qualities and characteristics that are required and are culturally and contextually appropriate. The standards are intended to be elegant, streamlined, and straightforward. They require thought

and discussion, but in that, they deter a shallow or instrumental compliance response and, it is hoped, might trigger a deep analysis of the educational process.

These revised standards can be applied as they are, or can be used as the basis of a more specific set of locally defined requirements that are developed for the context in question. Each standard offers associated guidance and key questions, to help local discussion and definition of the level of specificity that is fit for purpose. That purpose might range from local institutional development to national regulation.

WFME recognises that some agencies and institutions might feel in need of more guidance before they can set their own standards. WFME is therefore developing various pathways whereby such guidance will be made available. Bodies might also consult with WFME Regional Associations or local qualified medical educationists. The standards might also be a topic for regional meetings and discussions.

We hope that the revised standards will liberate productive analysis, thought, conversation, and decision-making, whether they are applied as presented here, or are supplemented with more specific requirements.

Should agencies and schools replace their current standards?

WFME is clear that our standards have always been purely voluntary and for guidance only. The appearance of this new and revised version does **not** imply that existing national or local standards should be changed. If agencies are content with the standards they are using, those standards can and should remain.

In addition, we should clarify that there is no direct link between the previous or current WFME standards and existing WFME recognition criteria for agencies accrediting medical schools. The choice to map local standards on WFME global standards is purely voluntary. Agencies can define their standards in any way that is fit for their purpose.

Please note: The standards stated refer to either 'the school' or 'the medical school'. Both terms mean the same thing: the institution or organisation that offers basic medical education. In different places this might be called a 'medical college', or 'medical faculty' or a variety of other titles. For simplicity, the WFME standards use only 'medical school' or 'school'. These terms can be changed to suit the local choice.

1. MISSION AND VALUES

Importance of this area

This area concerns the purpose and values of the medical school. It provides the frame of reference against which all other activities can be judged. The mission statement reflects the medical school's distinct qualities.

1.1 STATING THE MISSION

The school has a public statement that sets out its values, priorities, and goals.

Guidance:

Consider the role, audiences, and uses of the mission statement.

Briefly and concisely describe the school's purpose, values, educational goals, research functions, and relationships with the healthcare service and communities.

Indicate the extent to which the statement has been developed in consultation with stakeholders.

Describe how the mission statement guides the curriculum and quality assurance.

Key questions:

How is the mission statement specially tailored to the school?

Which interested groups were involved in its development and why?

How does mission statement address the role of the medical school in the community?

How is it used for planning, quality assurance, and management in the school?

How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?

How is it publicised?

2. CURRICULUM

Definitions: This section mentions four aspects of the educational work of the institution:

Curriculum: 'A curriculum might be defined as a managerial, ideological and planning document that should:

- tell the learner exactly what to expect including entry requirements, length and organisation of the programme and its flexibilities, the assessment system and methods of student support,
- advise the teacher what to do to deliver the content and support the learners in their task of personal and professional development,
- help the institution to set appropriate assessments of student learning and implement relevant evaluations of the educational provision,
- tell society how the school is executing its responsibility to produce the next generation of doctors appropriately.³

Course: All the planned teaching and learning from commencement to graduation, which may be divided into different parts (for example, disciplines, topics, modules, stages, semesters, phases), depending on the structure of the curriculum.

Assessment: Measurement or judgement of student attainment.

Evaluation: Review of the conduct of the course.

Importance of this area

This area addresses the central educational functions of the institution, which are defined by the curriculum. There are many choices available in relation to the design of the curriculum.

The structure, content, and educational methods chosen are related to the school's mission, intended outcomes, and resources.

³ Grant, J. (2019) Principles of contextual curriculum design. Chapter 5, pp 71-88. In: Swanwick, T., Forrest, K. and O'Brien, B.C. (eds) *Understanding Medical Education. Evidence, Theory and Practice*. Third edition. Wiley Blackwell, Oxford.

2.1 INTENDED CURRICULUM OUTCOMES

The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

Guidance:

Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor.

Consider whether the defined outcomes align with the medical school mission.

Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements.

Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment).

Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

Key questions:

How were the intended outcomes for the course as a whole and for each part of the course designed and developed?

Which stakeholders were involved in their development?

How do they relate to the intended career roles of graduates in society?

What makes the chosen outcomes appropriate to the social context of the school?

2.2 CURRICULUM ORGANISATION AND STRUCTURE

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

Guidance:

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. Choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

Key questions:

What are the principles behind the school's curriculum design?

What is the relationship between the different disciplines of study which the curriculum encompasses?

How was the model of curriculum organisation chosen? To what extent was the model constrained by local regulatory requirements?

How does the curriculum design support the mission of the school?

2.3 CURRICULUM CONTENT

- a) The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.
- b) Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences.

Guidance:

Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation.

Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included:

Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science.

Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation.

Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics.

Content of other types may also be included:

Health systems science which includes population health and local healthcare delivery systems.

Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

Key questions:

Who is responsible for determining the content of the curriculum?

How is curriculum content determined?

What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?

What elements of clinical sciences and skills are included in the curriculum?

- In which clinical disciplines are all students required to gain practical experience?
- How are students taught to make clinical judgements in line with the best available evidence?
- How are the choices made and time allocated for these elements?
- What is the basis for the school's allocation of student time to different clinical practice settings?

What elements of behavioural and social sciences are included in the curriculum? How are the choices made and time allocated for these elements?

What elements (if any) of health systems science are included in the curriculum? How are the choices made and time allocated for these elements?

What elements (if any) of humanities and arts are included in the curriculum? How are the choices made and time allocated for these elements?

How do students gain familiarity with fields receiving little or no coverage?

How does the school modify curriculum content related to advances in knowledge?

How are principles of scientific method and medical research addressed in the curriculum?

Which fields (if any) are elective? How are elective fields decided?

How is student learning assured in disciplines in which they do not get specific experience?

2.4 EDUCATIONAL METHODS AND EXPERIENCES

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

Guidance:

Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes, and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the medical school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources.

Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

Key questions:

What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?

According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?

In what ways are the educational methods and experiences provided for students appropriate to the local context, resources, and culture?

3. ASSESSMENT

Importance of this area

Assessment assures, drives, guides, creates, and optimises learning while providing feedback. In the context of a medical school, a system of assessment must exist, which incorporates multiple assessments that achieve the purposes of the school and its stakeholders.

3.1 ASSESSMENT POLICY AND SYSTEM

- a) The school has a policy that describes its assessment practices.
- b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.
- c) The policy is shared with all stakeholders.

Guidance:

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

Key questions:

Which assessments does the school use for each of the specified educational outcomes?

How are decisions made about the number of assessments and their timing?

How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?

3.2 ASSESSMENT IN SUPPORT OF LEARNING

- a) The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.
- b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Guidance:

Feedback is one of the biggest drivers of educational achievement⁴. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

Key questions:

How are students assessed to support their learning?

How are students assessed to determine those who need additional help?

What systems of support are offered to those students with identified needs?

⁴ Hattie, J., and Timperley, H. (2007) The power of feedback. *Review of Educational Research*, 77, 1, 81-112.

3.3 ASSESSMENT IN SUPPORT OF DECISION-MAKING

- a) The school has in place a system of assessment that informs decisions on progression and graduation.
- b) These summative assessments are appropriate to measuring course outcomes.
- c) Assessments are well-designed, producing reliable and valid scores.

Guidance:

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

Key questions:

How are blueprints (plans for content) developed for examinations?

How are standards (pass marks) set on summative assessments?

What appeals mechanisms regarding assessment results are in place for students?

What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?

How are assessments used to guide and determine student progression between successive stages of the course?

3.4 QUALITY CONTROL

- a) The school has mechanisms in place to assure the quality of its assessments.
- b) Assessment data are used to improve the performance of academic staff, courses, and the institution.

Guidance:

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course, and the institution.

Key questions:

Who is responsible for planning and implementing a quality assurance system for assessment?

What quality assurance steps are planned and implemented?

How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?

How are individual assessments analysed to ensure their quality?

How are data from assessments used to evaluate teaching and the curriculum in practice?

How are the assessment system and individual assessments regularly reviewed and revised?

4. STUDENTS

Importance of this area

Appropriate admission and selection policies, and systems for support of students are important for educational quality, management and outcomes, and for the wellbeing of students.

4.1 SELECTION AND ADMISSION POLICY

The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Guidance:

Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally.

Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context.

The following admissions issues are important in developing the policy:

- the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately,
- equality and diversity issues,
- policies for re-application, deferred entry, and transfer from other schools or courses.

Consider the following issues for the selection process:

- requirements for selection,
- stages in the process of selection,
- mechanisms for making offers,
- mechanisms for making and accepting complaints.

Key questions:

How is alignment determined between the selection and admission policy, and the mission of the school?

How does the selection and admission policy fit with regulatory (accreditation) or government requirements?

How is the selection and admission policy tailored to the school?

How is the selection and admission policy tailored to local and national workforce requirements?

How is the selection and admission policy designed to be fair and equitable, within the local context?

How is the selection and admission policy publicised?

How is the selection and admission system regularly reviewed and revised?

4.2 STUDENT COUNSELLING AND SUPPORT

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Guidance:

Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning.

Consider what emergency support services are available in the event of personal trauma or crisis.

Specify a process to identify students in need of academic or personal counselling and support.

Consider how such services will be publicised, offered, and accessed in a confidential manner.

Consider how to develop support services in consultation with students' representatives.

Key questions:

In what ways are the academic and personal support and counselling services consistent with the needs of students?

How are these services recommended and communicated to students and staff?

How do student organisations collaborate with the medical school management to develop and implement these services?

How appropriate are these services procedurally and culturally?

How is feasibility of the services judged, in terms of human, financial, and physical resources?

How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?

5. ACADEMIC STAFF

Importance of this area

Adequate numbers of well-trained and committed academic staff (also referred to as faculty or teachers), supported by technical and administrative staff, are critical to the effective delivery of the curriculum.

5.1 ACADEMIC STAFF ESTABLISHMENT POLICY

The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Guidance:

Determining academic staff establishment policy involves considering:

- a) the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
- b) the distribution of academic staff by grade and experience.

Key questions:

How did the school arrive at the required number and characteristics of their academic staff?

How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?

5.2 ACADEMIC STAFF PERFORMANCE AND CONDUCT

The school has specified and communicated its expectations for the performance and conduct of academic staff.

Guidance:

Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service.

Develop a code of academic conduct in relation to these responsibilities.

Key questions:

What information does the school provide for new and existing academic staff and how is this provided?

What induction training does the school provide for academic staff?

How does the school prepare academic staff, and teachers, and supervisors in clinical settings to enact the proposed curriculum?

Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?

5.3 CONTINUING PROFESSIONAL DEVELOPMENT FOR ACADEMIC STAFF

The school implements a stated policy on the continuing professional development of its academic staff.

Guidance:

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key questions:

What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?

How does the school take administrative responsibility for implementation of the staff continuing professional development policy?

What protected funds and time does the school provide to support its academic staff in their continuing professional development?

6. EDUCATIONAL RESOURCES

Definitions: This section uses two terms that refer to methods of teaching and learning that can be used when students are distributed across different geographical locations.

Distance learning implies that there is a central institution from which the students are distant.

Distributed learning implies that both the students and the institution, including academic and administrative or support staff, are distributed.

Importance of this area

Sufficient educationally and contextually appropriate physical, clinical, and information resources are critical to delivery of a medical curriculum.

6.1 PHYSICAL FACILITIES FOR TEACHING AND LEARNING

The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

Guidance:

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

Key questions:

How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?

Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?

6.2 CLINICAL TRAINING RESOURCES

The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

Guidance:

Consider the facilities that are required to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

Key questions:

What range of opportunities is required and provided for students to learn clinical skills?

What use is made of skills laboratories and simulated patients, and of actual patients in this regard? What is the basis of the policy on use of simulated and actual patients?

How does the school ensure that students have adequate access to clinical facilities offering care in the required range of generalist and specialist practice settings?

What is the basis for the school's mix of community-based and hospital-based training placements?

How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?

How does the school ensure consistency of curriculum delivery in clinical settings?

6.3 INFORMATION RESOURCES

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

Guidance:

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching, and research.

Key questions:

What information sources and resources are required by students, academics, and researchers?

How are these provided?

How is their adequacy evaluated?

How does the school ensure that all students and academic staff have access to the needed information?

7. QUALITY ASSURANCE

Importance of this area

Regular review of the activities of the medical school, supported by a system of school-level quality assurance, will ensure that they are appropriate, and compliant with the mission statement and curriculum.

7.1 THE QUALITY ASSURANCE SYSTEM

The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

Guidance:

Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices.

Design and apply a decision-making and change management structure and process, as part of quality assurance.

Prepare a written document that sets out the quality assurance system.

Key questions:

How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?

How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?

How are resources allocated to quality assurance?

How has the school involved external stakeholders?

How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?

8. GOVERNANCE AND ADMINISTRATION

Importance of this area

Effective implementation of the educational, research, and quality assurance activities of a school requires management, administration, budget allocation, and accountability which should involve all interested parties.

8.1 GOVERNANCE

The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures stability of the institution.

Guidance:

Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines.

Ensure that the school has a risk management procedure.

Key questions:

How and by which bodies are decisions made about the functioning of the institution?

By what processes and committee structures are teaching, learning, and research governed in the institution?

How is budget allocation aligned with the mission of the school?

What governance arrangements are there to review the performance of the school?

How are risks identified and mitigated?

8.2 STUDENT AND ACADEMIC STAFF REPRESENTATION

The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

Guidance:

Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them.

Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

Key questions:

To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?

What, if any, social or cultural limitations are there on student involvement in school governance?

8.3 ADMINISTRATION

The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

Guidance:

Develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

Key questions:

How does the administrative structure support the functioning of the institution?

How does the decision-making process support the functioning of the institution?

What is the reporting structure for administration in relation to teaching, learning, and research?