IMPROVING THE QUALITY OF MEDICAL EDUCATION: WFME STANDARDS FOR MEDICAL SCHOOLS AND CRITERIA FOR REGULATORY AGENCIES

Professor Janet Grant
Centre for Medical Education in Context (CenMEDIC) UK
Personal Adviser to the President of WFME
IMPROVING QUALITY

Accreditation agency

Standards

Regulatory processes

Medical school

Compliance with standards

Curriculum management
Begin with standards

Standards

Accreditation agency

Regulatory processes

Compliance with standards

Medical school

Curriculum management
The basis of regulation.
A generally agreed norm or requirement.
Describes what is regarded as good practice.
BUT WE LIVE IN AN ERA OF CONTRADICTIONS….

- Benchmarking
- Medical migration
- International recognition
- ? West is best

- Globalisation
- Local context

- Healthcare needs
- Employment conditions
- Regulation
- Learning and professional cultures
DIFFERENT STANDARD SETTERS SET DIFFERENT STANDARDS

Because contexts are different....

But they often want their standards to be world-class....
A STANDARD IS....

<table>
<thead>
<tr>
<th>an agreed way of doing something</th>
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<tbody>
<tr>
<td>No robust evidence base in education, standards must be agreed on the basis of local contextual analysis</td>
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<tr>
<td>We must think about standards in terms of:</td>
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<tr>
<td>✴️ Our purpose for writing them</td>
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<tr>
<td>✴️ Our expectations about how they will be used</td>
</tr>
<tr>
<td>✴️ The degree to which we wish to control or liberate.</td>
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This will make you world-class
Medical schools and regulators can use the WFME standards as a guiding framework.

WFME issues a clarification about use of standards in design of medical curricula

November 28, 2017

In response to recent enquiries about the WFME standards, we have decided that it would be helpful to address a common misconception about the use of the standards in a particular context. It has been understood by some, that the standards are prescriptive, and a medical curriculum should be developed in exact accordance with them, regardless of the local needs and requirements. We would like to clarify that this is untrue.
WFME STANDARDS

- Do not specify any particular practice, provision or outcome
- Are a guide to decision-making for local interpretation / versioning
- WFME standards recognise diversity and difference and the need for local and contextual relevance.
- They expect everyone to develop their own standards for their own context
WFME DOMAINS

- Students (involvement and support)
- Educational program
- Mission and objectives
- Assessment of students
- Academic staff / faculty
- Educational resources
- Programme evaluation
- Governance and administration
- Continuous renewal

National regulatory standards might address all these
WFME STANDARDS ARE...

A professionally agreed statement

A framework against which:

• National regulators can set their own locally appropriate standards for the schools they regulate

• Medical schools can judge their own performance
THERE ARE DIFFERENT TYPES OF STANDARD:

| Input standards | • Resources |
| Process standards | • Activities |
| Output standards | • What the system produces |
| Outcome standards | • How is a trainee likely to perform in practice? |

Regulators should decide what balance of these is appropriate to their own context.
AN EFFECTIVE SET OF STANDARDS

Sets baseline and encourages improvement e.g. WFME basic and quality development levels

Covers the entire relevant realm

Does not address trivial areas e.g. ‘kettle counting’

Manageable in number

Avoids bureaucratic response

Can be addressed in sections or entirety

Might include optimal standards for excellence
WHAT IS THE ROLE OF STANDARDS IN QUALITY PROCESSES?
PURPOSES OF STANDARDS IN REGULATION

- form the basis of the accrediting process
- be used for the prior self-review
- inform any external evaluation
- be the basis for recommendations
- structure the final decision on accreditation
STANDARDS

SELF-REVIEW

Modify existing programmes

Develop new programmes

EXTERNAL REVIEW

Non-compliance

Opportunity to correct deficiencies

Non-compliance

Compliance

RECOGNITION/ACCREDITATION

CLOSURE

Local planning

Programme evaluation

Compliance

Programme evaluation

Compliance
**IS QUALITY GUARANTEED?**

Regulation and accreditation are essential in the current era, but...

<table>
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<th>Quality in practice is contextual</th>
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The local context can only be expressed in the curriculum

- Regulators should ensure that their standards encourage curricula that are appropriate to the local context.
<table>
<thead>
<tr>
<th>THE REGULATORY STANDARDS CAN ENSURE THAT THE CURRICULUM:</th>
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</thead>
<tbody>
<tr>
<td>Reflects the stated vision and mission of the organisation</td>
</tr>
<tr>
<td>Takes into account the local and national context</td>
</tr>
<tr>
<td>Is continually renewed</td>
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</tbody>
</table>
STANDARDS SHOULD ADDRESS

HOW MEDICAL SCHOOLS:

Align the curriculum with the healthcare context

Work with the service to achieve that alignment

A contextual curriculum

The regulator must be aware of each of these factors.
Remember!

No curriculum design is more effective than any other.

Contextualising knowledge and skill is important.

The curriculum must be appropriate to the context.

Regulators should address curriculum management.

Curriculum management is a key to success.
CURRICULUM MANAGEMENT

Meet the standards set by the regulator

A curriculum that suits the health service and educational culture

Adequate human and physical resources

Ensure that quality support measures are in place:

Curriculum monitoring and evaluation

Well managed human and physical resources

Support for teachers and students

Teachers at the centre of educational development

Feedback from all interested groups

Well managed change
ROLE OF THE REGULATORY AGENCY IN QUALITY IMPROVEMENT

- Sets appropriate standards
- Seeks and verifies accurate, updated information
- Imposes requirements, restrictions and conditions
- Secures compliance
- Contextual, supportive, honest, non-threatening
- Allows local contextualisation
**So.....WHAT IS ACCREDITATION?**

A review of an educational programme conducted by a governmental organisation or a private entity accountable at a government level based on *publicised standards* and predetermined protocols.

van Zanten et al (2012)
HOW DO REGULATORS WORK?
# THE ACCREDITATION PROCESS

1. Agreeing and publicising pre-determined standards

2. Submission of self-review report by the institution

3. On-site visit of peer-review team for validation of the self-review report

4. Evaluation and outcome recommendations to the decision-making body

5. Decision on accreditation

6. Public announcement of decisions

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Transparency
HOW DO YOU KNOW THAT THE REGULATOR IS WORKING WELL?

WFME criteria for regulatory bodies

WFME recognition process
WFME SETS OUT CRITERIA FOR ACCREDITATION AGENCIES

THE WFME PROGRAMME FOR RECOGNITION OF ACCREDITING AGENCIES FOR MEDICAL EDUCATION

Recognition criteria for agencies accrediting medical schools
August 2012
OUTLINE OF THE PROCESS

1. Determine eligibility to apply
2. Complete application
3. WFME appoints Recognition Team
4. Site visit dates agreed
5. Team observes agency working
6. Draft recognition report
7. Factual errors reviewed by agency
8. Recognition status given
9. Process evaluation
10. Status reports submitted
How does WFME recognition work?
TIMELINE FOR RECOGNITION ASSESSMENT PROCESS

8-12 months before the assessment

2-8 months before the assessment

2-5 months before the assessment

Preliminary discussions
Initial review

Recognition submission

Team members appointed

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WORLD FEDERATION FOR MEDICAL EDUCATION

>>>>>>continues
TIMELINE FOR RECOGNITION ASSESSMENT PROCESS

1-2 months before the assessment
- Submit completed application forms

1-2 months before the assessment
- Finalise practical arrangements

The assessment
- Site visit

>>>>continues
TIMELINE FOR RECOGNITION ASSESSMENT PROCESS

- 0-2 months after the assessment: Recognition report drafted
- 2-6 months after the assessment: Recognition decision
- Ongoing: Status reports every 2 years

>>> continues
WHAT ACTUALLY HAPPENS?
PRELIMINARY DISCUSSIONS
INITIAL REVIEW:
8-12 months before the assessment

- Notify WFME of intention to apply
- Indicate preferred timing, considering observation of site visit and accreditation decision
- WFME reviews eligibility (government agency, or agency recognised by government or professional body)
RECOGNITION SUBMISSION: 2-8 months before the assessment

- Prepare the submission using WFME templates
- = self-review against WFME recognition criteria
- Includes schedule
- WFME will clarify any issues

http://wfme.org/accreditation/recognition-criteria/

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TEAM MEMBERS APPOINTED:
2-5 months before the assessment

✦ Three qualified members
✦ No conflict of interest
✦ Agency has opportunity to comment
SUBMIT COMPLETED APPLICATION
FORMS:
1-2 months before the assessment

- In English
- Electronic, searchable PDF
- With supporting evidence
- WFME checks for completeness
FINALISE PRACTICAL ARRANGEMENTS: 1-2 months before the assessment

- Agency makes local travel, accommodation and meeting arrangements
- Agency produces agenda and itinerary of meetings and site observations
- WFME arranges international travel.
THE ASSESSMENT:
Site visit

- Observe one agency site visit to a medical school and clinical sites
- Observe one agency decision-making meeting
<table>
<thead>
<tr>
<th>Full critical account of the agency’s work</th>
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<tr>
<td>Quality improvement recommendations</td>
</tr>
<tr>
<td>Agency comments on factual accuracy.</td>
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RECOGNITION DECISION:
2-6 months after the assessment

- Recognition Committee makes a decision based on the report:
  - Recognition for 10 years outright
  - Recognition for 10 years with requirements and follow-up actions
  - Recognition pending further review
  - Deny or withdraw recognition.
STATUS REPORTS EVERY 2 YEARS: Ongoing

- Status report every year or if agency policies or processes change

http://wfme.org/?s=status+report

8. WFME Recognition Programme – Specimen Status Report Form

January 1, 2012

8. WFME Recognition Programme - Specimen Status Report Form

Published: January 1, 2012

Status report for WFME Recognised accrediting agencies.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Initial review of eligibility</td>
<td>$1000</td>
</tr>
<tr>
<td>Recognition submission</td>
<td>$29,000</td>
</tr>
<tr>
<td>Final arrangements</td>
<td>$30,000</td>
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</table>

Plus costs of local arrangements and international travel

Appeal on grounds of hardship is possible
<table>
<thead>
<tr>
<th>WFME RECOGNISED AGENCIES</th>
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<tbody>
<tr>
<td>✨ CAAM-HP (Regional Caribbean)</td>
</tr>
<tr>
<td>✨ TEPDAD (Turkey)</td>
</tr>
<tr>
<td>✨ LCME/CACMS (United States and Canada)</td>
</tr>
<tr>
<td>✨ ACCM (Caribbean countries)</td>
</tr>
<tr>
<td>✨ KIMEE (South Korea)</td>
</tr>
<tr>
<td>✨ JACME (Japan)</td>
</tr>
<tr>
<td>✨ Two agencies pending:</td>
</tr>
<tr>
<td>o IAAR (Kazakhstan)</td>
</tr>
<tr>
<td>o AMC (Australia)</td>
</tr>
<tr>
<td>✨ 9 agencies at various stages in the programme</td>
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Well-run, relevant, transparent national regulatory system

Well-run local quality system

Contextual curriculum

Inspection

Standards

Self-review

Health service links

Monitoring

Self-review

Support

Your Quality

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