

Principles for the Proper Use by Medical Schools of the WFME Global Standards in Basic Medical Education

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Introduction

Late 2015, when the World Federation for Medical Education (WFME) published the revised version of its Global Standards for Quality Improvement in Basic Medical Education it was anticipated that there would be a need for more detailed guide on the practical use by medical schools of the standards. Feedback from the medical community has demonstrated the need to underline some principles in the standard setting and for recommendations regarding the proper use of the standards. This would be in continuation with the statements in the preamble of the standards document.

Although the WFME Global Standards for Quality Improvement are not a measurement tool for quality of specific medical educational programmes they are meant as a template for quality improvement and quality assurance of medical schools and their educational programmes.

Understanding the WFME standards

Medical education differs all over the world according to educational traditions, available resources, local health conditions, social needs and so on.

In understanding the WFME standards in basic medical education, it is at first fundamental that they are seen as non-prescriptive but as constituting a template. It is necessary to underline that the standards need institutional and/or national specifications as well as adaptations, modifications and supplementation to the local conditions. Some of the standards do not have any concrete meaning without being specified. Already from the pilot studies of the original 2003 version of the standards it was envisaged that such adaptations even could mean excluding a standard for not being relevant in the local context.

A second fundamental characteristic of the WFME standards is that they avoid laying stress on details but aspire to emphasise a general or comprehensive approach and understanding of the medical school and its educational program. This is reflected in less interest in quantification and sophisticated measurement but to attach greater importance to the qualitative aspects.

A third fundamental attribute of the standards in basic medical education is the clarification of the organization to which the standards are addressed, i.e. the medical school as described in the introduction and indicated in all the individual standards. This is important because it clearly identifies the intended primary user of the WFME standards. Hereby, also, the primary aim in using the WFME standards is defined.

The WFME standards are primarily intended as an instrument for medical schools in their activities with respect to quality improvement and quality assurance. Consequently, the internal evaluation or self-evaluation by the medical school is the central activity in use of the standards. Several recent studies have illustrated the usefulness of the standards as a framework for evaluations carried out by medical schools.

The external evaluation - whether part of an accreditation procedure or not - is based on the internal evaluation/self-study and will in most cases not involve collecting new information. In actual fact, the external evaluation is a simple control of the documentation and results of the internal evaluation/self-study and - especially if the external evaluation includes a site-visit - it is also to some extent a control of the agreement of the results with reality. The external evaluation is a validation of the internal evaluation/self-study.

Organisation of the self-evaluation study

The self-evaluation study (internal evaluation/self-study/self-audit) of the medical school and its programme comprises an overview of all components influencing the quality of the educational programme. To facilitate the analysis, the investigation must follow a well-defined plan. The WFME standards are intended to assist the medical school in this process by presenting the universe of elements which should be considered.

It is necessary to reflect over the organisation of the work involved in preparing and conducting the self-evaluation study. The organisation of the work should be as simple as possible to make it easily understandable for all involved partners (school leadership, staff, students and all other stakeholders), should be as efficient as possible and should of course secure a process and a result of high quality and based on involvement of all.

It is regarded as highly important for the success of a self-evaluation exercise that the senior leadership of the medical school (the rector/president, dean and board) support the work and that the basic information about evaluation activities is disseminated to the entire school population and to external partners.

It is recommended that medical schools appoint a fairly small coordination/management group primarily including persons with decision making authority and competent to allocate resources (vice dean, head of administration and – if they exist- the leader of the educational development office or centre and the leader of the quality assurance office). Members of this group are often supplemented by one or two outstanding and generally respected academic staff and one or two students being e.g. president of the local student union or in a similar position. This group has the task to decide on the number of working parties and their assignments, deadlines, etc. Frequently, the coordination/management group also acts as the editorial group putting the contributions of the working parties together into the final self-evaluation report.

The structure of the working parties, their number and assignments may vary and is of course depending on the type, size, educational programme, environment and traditions of the medical school in question. Medical schools are recommended to establish one or more working parties to describe and analyse each of the nine areas of the WFME global standards. Another possibility would be to have working parties defined according to stages of the

educational programme (e.g. the introductory year, the theoretical years and the clinical part). Sometimes more simple divisions could be used, e.g. first year, second year, third year, etc. Finally, some schools would prefer to use a more complex structure with one set of working parties in the initial phase and another set of working parties in the following phase (on issues crossing working parties in the first phase, e.g. teaching methods and resources, student support, etc).

It would be possible to rate the global standards one by one as either fulfilled or not fulfilled by the medical school. Such a procedure could be quantified. The WFME Office has not pursued this pathway, thinking that the results would not be meaningful globally speaking and could create unfair competition. Therefore, individual medical schools are recommended not to use the standards for quantitative rating but instead in the self-evaluation undertake a qualitative assessment like a SWOT analysis measuring the Strengths, Weaknesses, Opportunities and Threats of the institution and its programme. This can be done more generally by considering in detail the nine Areas and the 35 Sub-areas and both levels of attainment of the standards, i.e the 106 basic and the 90 quality development standards of the document.

The results of the SWOT analysis would provide the basis for preparing plans for quality improvement of the medical school and its educational programme, e.g. a short term plan for corrective actions (immediately to remedy serious and acute problems) and a long term plan for qualitative development.

The WFME Global Standards in Basic Medical Education cover:

- **Process**, including curriculum model, programme management, etc.
- **Structure**, including educational resources, student and faculty affairs, government, etc.
- **Content**, including scientific method, various disciplines, etc.
- **Outcomes/Competencies**, including knowledge, skills and attitudes, research relations, linkage with the health care sector, etc.
- **Assessment**, including methods, relation between assessment and learning, programme evaluation, etc. and
- **Learning environment**, including student counselling and student support.

The WFME Global Standards can also be used in the process of accreditation of medical schools, which is regarded the gold standard for assessment of quality in medical education. This can be done both in terms of the self-evaluation conducted by the individual medical school as part of the accreditation procedure, the external review through a site visit of the medical school, consultation and evaluation of the medical school by an accreditation team or the process of approval of accrediting agencies by a recognition team from the relevant authority.

Collection of information relevant to the standards

Most important for the use of the standards is a comprehensive investigation of the medical school through data collection of relevant documents and new elicited data and through inspections and focus interviews with leadership, faculty, students and health authorities, etc.

Data collection for the evaluation process should consider the aims of the school, the procedures and the transparency of the information received through available documents. The data collection and evaluation should cover all areas, including the outputs and outcomes, of the standards used by the educational programme, but not necessarily every standard.

The data collection, based on the Areas and Sub-areas in the global standards, should result in a document providing comprehensive answers to all the relevant topics. Answers should, if possible, be referenced to published documents, which could be appended to the report. Information on the processes by which decisions are made and the reasons for decisions may be just as important as the decisions themselves.

Medical schools normally possess all the necessary information and data on the school and its programme, but they might not always be aware of the location of the information needed and rarely gather the information in one office. On the contrary, statistics on staff and students, documentation of results of exams, course descriptions, overview of physical facilities and equipment will often be located in different administrative units, in the academic units, departments, centres, etc. and sometimes even in a personal archive in the office of individual staff members. Clearly, collecting the necessary information and bringing similar data and information on the same form will involve extensive work. On the other hand, for a medical school, having tried it before and possessing easily accessible updated information and databases, the work will be limited. Consequently, it is recommended that medical schools collect the basic information and data from the various sources, establish directories, registers and databases and conduct a regular update of the information. This will also provide the medical school with the basis for monitoring the educational programme in the period between self-evaluations.

Some examples of questions, relevant to the self-study, to be raised in relation to the nine Areas would be:

Mission and outcomes

- How is the statement on mission developed?
- How is social responsibility, research attainment, community involvement and readiness for postgraduate education reflected in the mission statement?
- What are the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of students at graduation?
- How do the competencies relate to existing and emerging needs of the society in which the students will practice?

Educational programme

- What are the principles guiding the design of the curriculum and the types of teaching and learning methods actually used to deliver it?
- How will curriculum and instructional methods encourage students to take active responsibility for their learning?
- Which components of the curriculum inculcate the principles of scientific method and evidence-based medicine and enable analytical and critical thinking?
- Which elements of the basic biomedical sciences, the behavioural and social sciences and medical ethics and the clinical sciences are included in the programme?

- What policies guide integration (horizontal/vertical and basic/clinical sciences) of the programme?
- What mechanisms exist to obtain and make use of feedback from the community and society and what are the results of such feedback?

Assessment of students

- Who is responsible for the assessment policy?
- How does the medical school monitor the reliability and validity of assessments?
- How are assessment practices made compatible with educational objectives and learning methods?
- To which extent is integrated assessment of various curricular elements obtained?
- Do assessment methods demonstrate that outcomes are met or not met?

Students

- What are the academic criteria for admission to the medical course?
- What body is responsible for the selection policy and what methods are used?
- How is the intake of students determined in relation to the capacity of the medical school?
- What counselling services are available for students in the medical school?
- What is the medical school's policy on student contribution to curriculum matters?

Academic staff/faculty

- What policies does the the medical school have for ensuring that the staffing profile matches the range and balance of teaching skills required to deliver the curriculum?
- What is the medical school's policy for ensuring that teaching, research and service contributions of staff members are appropriately recognised and rewarded?
- How are teacher-student ratios, relevant to the various curricular components, taken into consideration?
- What staff development programmes exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?

Educational resources

- How does the medical school review the adequacy of the educational resources and what is the result of this review?
- How does the medical school review the adequacy of the facilities and patients available for clinical teaching and what is the result of this review?
- What policy does the medical school have for the use of information and communication technology?
- Does the medical school have access to an expert medical education unit or other educational expertise?
- What policy does the medical school have for collaborating with other educational institutions?

- How does the medical school analyse performance of cohorts of students and graduates and what are the results of such analyses in relation to mission and intended outcomes?

Programme evaluation

- How does the medical school evaluate its programme?
- How does the medical school analyse and use the opinions of staff and students about its educational programme and what is the result of this analysis?
- How are the principle stakeholders within the medical school involved in programme evaluation?
- To what extent is a wider range of stakeholders involved in the evaluation and development of the programme?

Governance and administration

- How can the governance structure, its components and their functions, be described?
- How is the performance of the academic leadership of the medical school evaluated and appraised in relation to the mission and what is the result of such an evaluation?
- How is the appropriate resource allocation assured to achieve the mission of the medical school?
- What administrative support functions are provided by the staff of the medical school?
- How is the management of the medical programme reviewed?

Continuous renewal

- What procedures does the medical school use for regular reviewing and updating its mission, structure and activities?
- How does the medical school ensure that it remains responsive to its changing environment and requirements of the community it serves?

Concluding remarks

The overall background for the evaluation process should be the WFME Global Standards in Basic Medical Education. The newly edited and expanded set of annotations in the revised 2015 standards document would build an in-depth understanding of what could be studied.

Each medical school or regulator should review the relevant standards and develop a version of them that is appropriate to the local context.