WFME
WORLD FEDERATION FOR MEDICAL EDUCATION
Quality Accreditation: Ethical Concerns

by

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OUTLINE OF PRESENTATION

- Needs for global standards
- WFME standards programme
- Accreditation systems
  - Global status
  - Proper accreditation
  - WHO/WFME Guidelines
- Limitations/weaknesses/ethical aspects of accreditation
- International quality assurance and recognition of medical education
ACTUAL TRENDS IN HIGHER EDUCATION

Frameworks
- Internationalisation
- Globalisation
- Cross-border education

Driving forces
- ICT: Virtualisation
- Mobility/Migration

Economic/managerial aspects
- Commercialisation (WTO-area)
- Privatisation (for-/not-for-profit)

Quality assurance
- Harmonisation
- Standardisation
- Accreditation
- Recognition of qualifications

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NEED FOR GLOBAL STANDARDS

- Implications of globalisation process
  - Migration of medical doctors
  - Cross-border medical education
  - Common curricular and management trends

- National problems/challenges
  - Changes in health care delivery services
  - Institutional conservatism/insufficient leadership

- Problems with new medical schools
  - Mission/foundation/resources
  - Clinical settings/research attainment
  - For-profit purposes

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WFME TRILOGY OF GLOBAL STANDARDS

A foundation for accreditation
TWO LEVELS OF ATTAINMENT

- Basic Standards or Minimum Requirements ("musts")
- Standards for Quality Development ("shoulds")
Institutional/Educational Programme Level

- Broad Categories of Medical Educational Institutions and Programmes:
  - Structure
  - Process
  - Content
  - Conditions/Environment
  - Outcome
**9 AREAS**, defined as broad components of structure and process of medical education.

**36-38 SUB-AREAS**, defined as specific aspects of an area, corresponding to performance indicators.
<table>
<thead>
<tr>
<th>Basic Medical Education</th>
<th>Postgraduate Medical Education</th>
<th>Continuing Professional Development (CPD)</th>
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<td>2. Educational Programme</td>
<td>2. Training Process</td>
<td>2. Learning Methods</td>
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<td>3. Assessment of Students</td>
<td>3. Assessment of Trainees</td>
<td>3. Planning and Documentation</td>
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<td>5. Academic Staff/Faculty</td>
<td>5. Staffing</td>
<td>5. CPD-Providers</td>
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MEDINE Task Force III on Quality Assurance Standards

Developing European Standards in Medical Education based on the WFME Global Standards
WFME Global Standards for Quality Improvement in Medical Education
European Specifications
STANDARDS FOR EUROPE

- No rationale for an intermediary level between global and national standards

- Sufficient to state European Specifications for the WFME Global Standards in Medical Education throughout its continuum
  - Basic Medical Education
  - Postgraduate Medical Education
  - Continuing Professional Development
TYPES OF EUROPEAN SPECIFICATIONS

- Changing the division lines between basic standards and standards for quality development
- Supplement necessitated by special European conditions
- Other relevant additions or modifications
USE OF STANDARDS

- Framework for institutional (voluntary) self-evaluation
- External evaluation and counselling from peer review committees, including site visits
- Combination of these procedures
- Recognition and accreditation of institutions/programmes
GLOBAL STATUS OF ACCREDITATION IN HIGHER EDUCATION

“Accreditation” – A terminological chaos

External quality assurance/accreditation systems in about 70 countries

Considerable national/intra-country variation
- Governmental versus non-governmental agencies
- Purposes, functions and methodologies
- Voluntary versus compulsory
- Higher education versus profession specific criteria
- Publicity versus closed system
- National versus cross-border provision

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ACCREDITATION – A QUALITY ASSURANCE TOOL

Elements:

● Counselling and guidance

● Review and control (elimination of “bad apples”)

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WHO/WFME Strategic Partnership to Improve Medical Education
Accreditation of medical education institutions

Report of a technical meeting
Schæffergården, Copenhagen, Denmark, 4–6 October 2004

WHO-WFME Task Force on Accreditation

World Health Organization
Geneva
WHO/WFME will generally not be accrediting bodies, but should:

- Promote and review Regional/National standards
- Promote institutional self-evaluation
- Define accreditation guidelines
- Promote and support accreditation systems
- Improve the WHO Directory of Medical Schools
Countries with one or few medical schools:

- Affiliation with an accreditation system in a neighbouring country
- Establishment of an accreditation system for the Region/Sub-Region
WHO/WFME Guidelines for Accreditation of Basic Medical Education

Geneva/Copenhagen 2005
ELEMENTS OF PROPER ACCREDITATION

- Authoritative mandate
- Independence from governments and providers
- Transparency
- Predefined general and specific criteria
- Use of external review
- Procedure using combination of self-evaluation and site visits
- Authoritative decision
- Publication of report and decision
WHO/WFME GUIDELINES: PROCESS OF ACCREDITATION

The process must include:

- A self-evaluation

- An external evaluation based on the report of the self-evaluation and including a site visit

- A final report by the review or site-visit team after the external evaluation containing recommendations

- The decision on accreditation
The standards or criteria to be used as the basis for the accreditation process

- Must be predetermined, agreed upon and made public
- Must be the WFME global standards with the necessary national and/or regional specifications or a comparable set of standards
WHO/WFME GUIDELINES: DECISIONS ON ACCREDITATION

- Must be based solely on compliance with the standards or criteria

- Must be valid for a fixed period of time

- The duration of full accreditation (5 – 10 years) must be decided in general
WHO/WFME GUIDELINES: CATEGORIES OF ACCREDITATION DECISIONS I

Full accreditation for the maximum period must be conferred if all standards or criteria are fulfilled.

Conditional accreditation must be conferred if a few or eventually more criteria are not fulfilled. The seriousness of the problems should be reflected in specification of conditions.

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Denial or withdrawal of accreditation must be the decision if many standards or criteria are not fulfilled signifying severe deficit in the quality of the programme.
The decisions on accreditation of medical programmes must be made public.

It should be considered also to publish the reports providing the basis for the decisions or a summary of the reports.
The accreditation will be internationally recognized

- The system of accreditation will be mentioned in the WHO Directory – in the general introduction to the country in question

- The accreditation status of the individual medical school will be noted in the WHO Directory
SUMMARY OF THE WHO/WFME GUIDELINES

Need for independency from the educational providers

Need for flexible frameworks

Need for non-bureaucratic systems without exorbitant resource demands

Need for pre-defined, medical education - specific standards

Need for a procedure based on institutional self-evaluation and external review

Need for transparency
WFME PACKAGE FOR PROMOTION OF ACCREDITATION

- National specification of the WFME Global Standards
- 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
INTERNATIONAL RECOGNITION OF MEDICAL EDUCATION PROGRAMMES

**Advantages:**

- Beneficial to medical students
- Beneficial to medical teachers
- Beneficial to medical schools
- Beneficial to health care authorities
- Safe-guarding the interest of the public
PROMOTION OF INTERNATIONAL QUALITY ASSURANCE AND RECOGNITION

- Establishment of National/Regional accreditation systems in medical education
- WFME project on promotion
- International partnerships and collaboration
- International agreements/directives
- Database of accredited/recognised programmes
- Meta-recognition: “Accrediting the accreditors“
Expected results:

- Comprehensive coverage:
  Medicine, dentistry, public health, pharmacy, nursing, midwifery, physiotherapy

- Improved contents:
  Numbers of admissions and graduates, attrition rate;
  Ownership, management and funding sources;
  Accreditation status:
  agencies operating, criteria used, type of procedure

- Improved usability:
  Web-based with easy-access and easy-to-update
MODEL FOR THE GDHPEI

National/Regional Authorities - Quality Assurance Agencies

Data collection by WHO Network

Data collection by WFME Network

Administrator of the GDHPEI
University of Copenhagen

Publication of Database

WFME

International Advisory Committee
Resources/expenses

- Internal academic – self-evaluation studies
- Time consumption of assessors
- Costs of site visits
Independence of accreditation councils
Objectivity and proficiency of assessors
Outside political pressure
Conflicts of interest
Reliability of information
Selectivity at site visits
ALTERNATIVE QUALITY ASSURANCE MEANS

- Selection procedures
- Entrance examinations
- Centrally regulated curricula
- Self-evaluations
- Inspections and counselling
- Use of external examiners
- National examinations before licensing
Global Directories of Health Professions Education Institutions (GDHPEI):

A tool to “accredit the accreditors”
CONCLUSIONS

- Need for quality assurance
- The role of the WFME Global Standards
- The role of accreditation
  - Quality assurance instrument
  - Limitations/weaknesses
  - Ethical aspects
  - Alternatives
- Promotion of international recognition
- GDHPEI as World Register of accredited/recognised medical schools ("meta-recognition")
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Web-site: http://www.wfme.org