

The Concept, Application and Relevance of Minimum Standards for Medical Education

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Minimum Standards for Medical Education are a set of criteria and requirements to guide how the medical education could be delivered in line with the global standards and health needs of the country.

The need to determine global minimum standards for medical education was due to the rapid increase in the number of new medical schools in the last decades, many established on unacceptable grounds (e.g. some private schools "for profit").

Minimum standards for undergraduate medical education have been used for many years in national systems of evaluation and accreditation of medical education. They are a necessary tool when external evaluation, recognition and accreditation of medical schools are carried out. The main purpose is to establish a system of national and/or international evaluation and accreditation of medical schools to assure minimum quality standards for medical school programmes. To achieve this purpose, standards must be clearly defined, meaningful, appropriate, relevant, measurable, and achievable accepted by the users.

History of the process of development global minimum standards in Medical Education

- In 1988, Edinburgh Declaration which was adopted by the World Health Assembly, WHA Resolution 42.38, 1989, and the Recommendations of the World Summit on Medical Education was held at 1993.
- World Federation of Medical Education (WFME) Position Paper (1998).
- WFME project on International Standards in Medical Education (5), approved by the World Health Organisation (WHO) and the World Medical Association (WMA).
- Executive Council of WFME in December 1998 appointed an International Task Force consisting of a Working Party.
- The final document on WFME guidelines on Basic Medical Education was adopted by the WFME Executive Council June 2001.

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Therefore, the WFME guidelines on Basic Medical Education are a global expert consensus on the standards for medical schools.

The main domains (areas) included in the WFME guidelines are;

1. Mission and Objectives
2. Educational Programme
3. Assessment of Students

The standards are used as a basis for improving medical education throughout its range and as a model for national and regional accreditation standards. A recent development of adapting the WFME global standards to the precise needs in the South-East Asian region implies that only a scarce specifications and supplements were necessary. A comparable process is recommended to be achieved for the South East Asian region.

The WHO/WFME guidelines on accreditation in basic medical education, the first practical result of the World Health Organization (WHO)/World Federation for Medical Education (WFME) strategic partnership to improve medical education, recommend the establishment of effective, independent and transparent accreditation systems based on criteria specific to medical education (WFMA, 2015).

The WHO Regional Office for South-East Asia and the Network of Medical Councils in SEAR countries share a commitment of improving the quality of medical education in countries of the SEA Region. The need for reforms and quality improvement in medical education, the remarkable increase in the number of medical schools in the Region over the past decades, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalization and mobility of the medical workforce, have increased consciousness for the need of accreditation as a quality assurance tool.

4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal

The standards under each domain are divided into basic standards (minimum requirements) and quality improvement standards, accompanied by annotations and definitions.

In August 1999, the South East Asian Regional office of WHO summoned a Task Force meeting on accreditation of institutions of higher education of health personnel.

Coverage of the WHO–SEAR guidelines:

The guidelines can be used in the route of accreditation of both new and existing medical schools. Referring to the WHO/WFME Guidelines for Accreditation of Basic Medical Education, Geneva/Copenhagen, May 2005, the guidelines encompass:

1. Fundamental requirements of accreditation systems
2. Legal framework
3. Organizational structure
4. Standards and criteria
5. Process of accreditation
6. Main elements in the process of accreditation
7. Decisions on accreditation
8. Public announcement of decisions
9. Benefits of accreditation

These guidelines were a consensus product resulting from the 2nd Meeting of the Network of Medical Councils in SEAR Countries, held in Chiang Mai, Thailand, from 10-12 November, 2008 (WHO, 2009).

Current Situation

The current situation in SEAR in relation to accreditation, quality assurance and implementation of minimum standards is very complex and vary widely.

India has legally enacted minimum standards in medical education since late 1990s. Medical Councils in India and Bangladesh play a crucial role in regulating medical education in their respective countries. Indonesia has set an example for the region by establishing a mechanism for accreditation covering all health professional degree programmes. Thailand too has established a strong quality assurance programme. In Sri Lanka, Minimum standards in medical education have been in practice since 2006. Nepal too is facing challenges in maintaining quality and standards in medical education.

South East Asian situation is further complicated by facts such as commodification of medical education, malpractices and political manipulations. Therefore it is timely to learn from each other and develop mechanisms to apply the concepts of accreditation and minimum standards according to country specific situation.

References

WFMA (2015) Global Standards for Quality Improvement. Basic Medical Education.

WHO (2009) Guidelines for Accreditation of Medical School in Countries of the South – East Asia Region.