Quality assurance and quality improvement in medical education:

What is old, what is new, and what may happen next?

NCEQE Conference, Tbilisi

December 2018

David Gordon

President, World Federation for Medical Education (WFME)

Structure of this talk

- A brief introduction to WFME
- What is old? A discussion of ideas that are thought to be new, but are not
- What is new?
  - The many activities that we hope will improve the quality of medical education
  - New schools springing up like mushrooms
- What may happen next? Things to enhance the role of medicine in the wider world

About WFME

- Enhancing the quality of medical education worldwide
- In official relation with the World Health Organization (WHO) as the non-state actor representing medical education and medical schools worldwide
- Founded by the World Medical Association (WMA) and WHO in 1972
- Promotes standards and sharing good practice

About WFME (2)

- Three main programmes (among many others)
  - Standards in medical education (BME, PG and CPD)
  - *World Directory of Medical Schools*
  - Promotion of accreditation and the Recognition of Accreditation Programme

- **WFME is not primarily concerned with the detail of education: of what is taught in the programme of medical education or what educational methods and approaches are used. Our concern is with the quality, management, organisation, support and delivery of medical education.**

ECFMG

World Health Organization

WMA

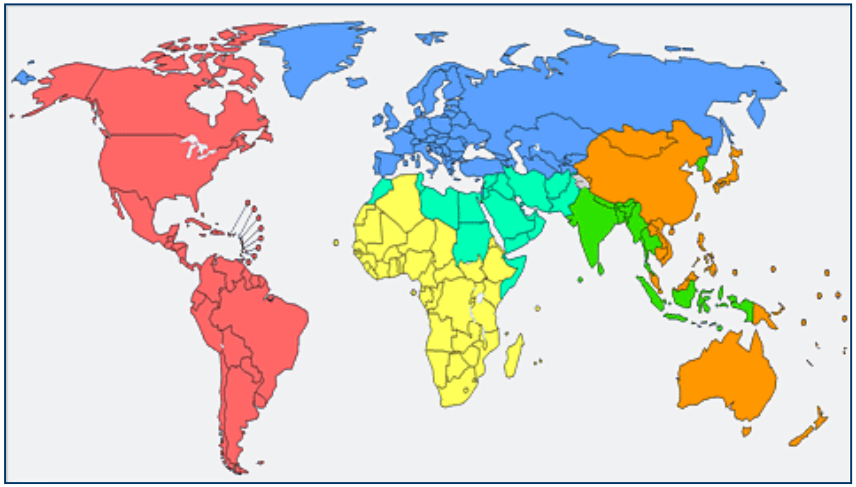
IFMSA
International Federation of Medical Students' Associations

FAIMER®

Regional members of WFME

Western Pacific Association for Medical Education

FEPAFEM PAFAMS



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AN INTERNATIONAL ASSOCIATION FOR MEDICAL EDUCATION

SEARAME

AMSA
AFRICAN MEDICAL SCHOOLS ASSOCIATION

ASSOCIATION FOR MEDICAL EDUCATION IN THE EASTERN MEDITERRANEAN REGION
AMEEMR

Economists have doubts

"Since the early writings of [the] 13th-century … what we call economics had been taught as a broad discipline covering politics, society, ethics, husbandry and moral philosophy.

But by the end of the 19th century, academics … had jettisoned humanistic thinking for their quantitative models based on equilibrium, efficiency and rationality. By co-opting methods from the physical sciences, a bewildering array of fancy-looking graphs and complex equations was soon spawned. …

Modern financial theory has been built on the conceit that complicated equations … can predict the human markets. …

We pursue a very human set of needs: food, shelter, status, community and wellbeing. Economics needs to be re-entered on human and societal conduct — however messy and irrational it actually is."

Aron Miodownik, FT 11 December 2017

~~Economists~~ We should have doubts too

Since the early writings of Hippocrates, Galen, Avicenna … what we call medicine had been taught as a broad discipline covering human biology, society, ethics, and moral philosophy.

But by the end of the 19th century, medical schools … had jettisoned humanistic thinking for their "scientific" models based on biochemistry, pharmacology and rationality. By co-opting methods from the physical sciences, a bewildering array of fancy-looking diagnostic and therapeutic methods was soon spawned. …

Modern medical theory has been built on the conceit that complicated molecular biology … can predict the human response to disease. …

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Something that is old, but pretends to be new – educational theory

- Education is not a "hard" science", it is developed and adapted by society
- Therefore we should not expect the evidence for anything in education to be as definite as evidence in (for example) physiology or molecular biology
- Therefore, any statement of ideas on instructional skills, learning theory, learning objectives, integrated learning, curriculum design, and so on and so on, should be examined thoroughly and with caution
- Anyone selling a new idea in education should be looked at with the same care as anyone selling a new drug

Curricula – pretending to be new

- New ideas on the curriculum, and on related methods of teaching, appear all the time, and pretend to be new
- There are many examples of attempts to create a curriculum of global applicability, and none has succeeded, because…
- …while many aspects of medical knowledge are universal, the needs of the medical student and of the newly-qualified doctor are specific to the context in which he or she is studying and working.
- This context is not just the profile of disease, the health-care system and the culture in which medicine is practised, but is also the social, economic and political circumstances for education and health-care, and the constraints of physical and human resources that are available.

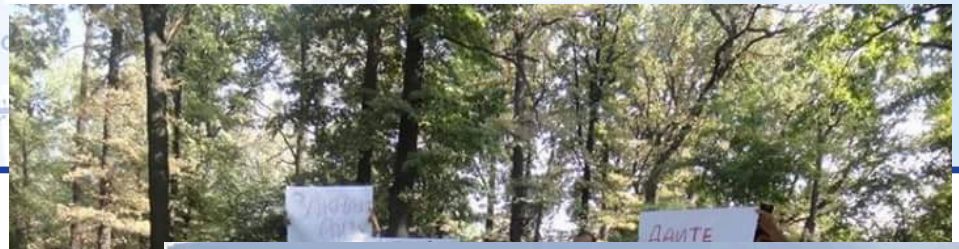
What is really new?

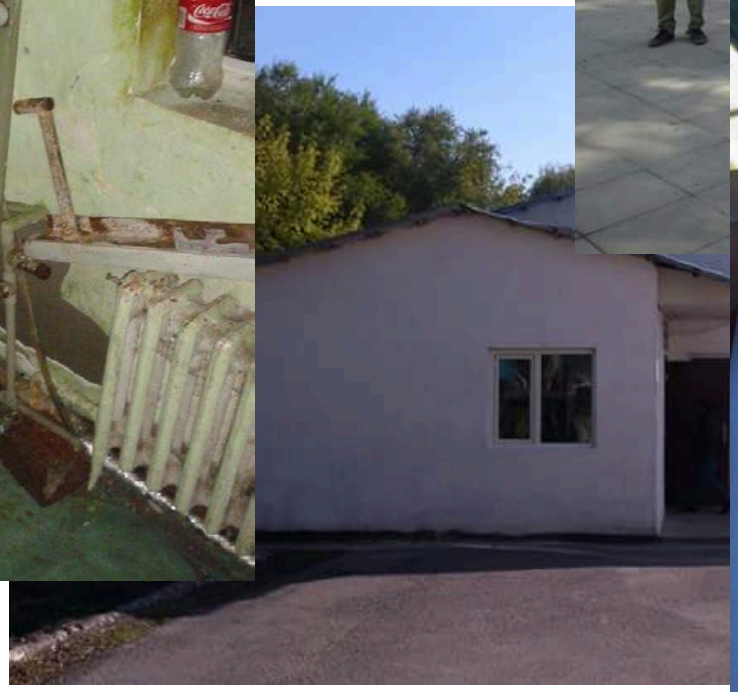
- An understanding that we cannot just go on teaching medicine the way it was taught 50 years ago
- We have to ensure that teaching is as good as it can be; quality improvement.
- Tools for quality improvement
  - Internal review
  - If not a common curriculum, common standards
  - Accreditation
  - Review of accreditation

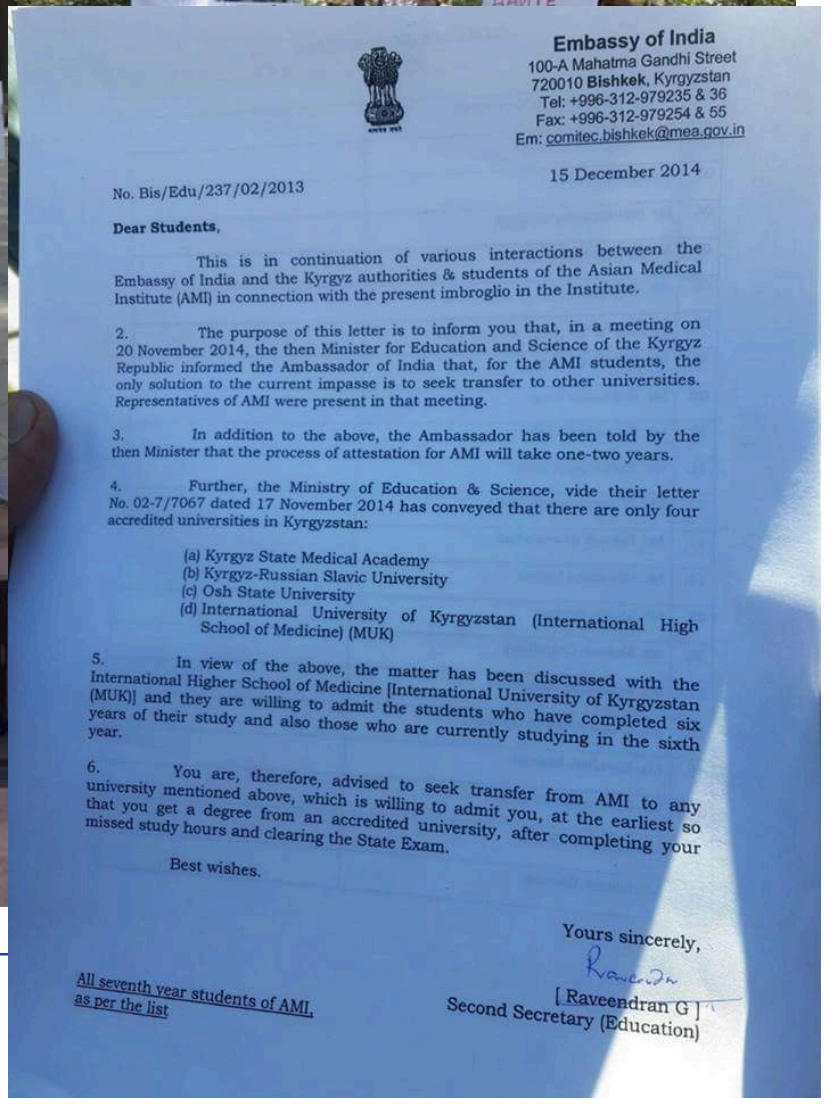
WFME Standards for med
Origin, outcome and future

- "The purpose [of the standards programme] quality improvement in medical education, ir applied by institutions, organisations and na for medical education"
- - thus, not what should be taught and learn standard should it be taught, and to what sta
- Outcomes? – many, but in particular, help to
- Future? – an emphasis on practicality, and c development

y new, and not good?







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No. Bis/Edu/237/02/2013

15 December 2014

Dear Students,

This is in continuation of various interactions between the Embassy of India and the Kyrgyz authorities & students of the Asian Medical Institute (AMI) in connection with the present imbroglio in the Institute.

2. The purpose of this letter is to inform you that, in a meeting on 20 November 2014, the then Minister for Education and Science of the Kyrgyz Republic informed the Ambassador of India that, for the AMI students, the only solution to the current impasse is to seek transfer to other universities. Representatives of AMI were present in that meeting.

3. In addition to the above, the Ambassador has been told by the then Minister that the process of attestation for AMI will take one-two years.

4. Further, the Ministry of Education & Science, vide their letter No. 02-7/7067 dated 17 November 2014 has conveyed that there are only four accredited universities in Kyrgyzstan:

(a) Kyrgyz State Medical Academy
(b) Kyrgyz-Russian Slavic University
(c) Osh State University
(d) International University of Kyrgyzstan (International High School of Medicine) (MUK)

5. In view of the above, the matter has been discussed with the International Higher School of Medicine [International University of Kyrgyzstan (MUK)] and they are willing to admit the students who have completed six years of their study and also those who are currently studying in the sixth year.

6. You are, therefore, advised to seek transfer from AMI to any university mentioned above, which is willing to admit you, at the earliest so that you get a degree from an accredited university, after completing your missed study hours and clearing the State Exam.

Best wishes.

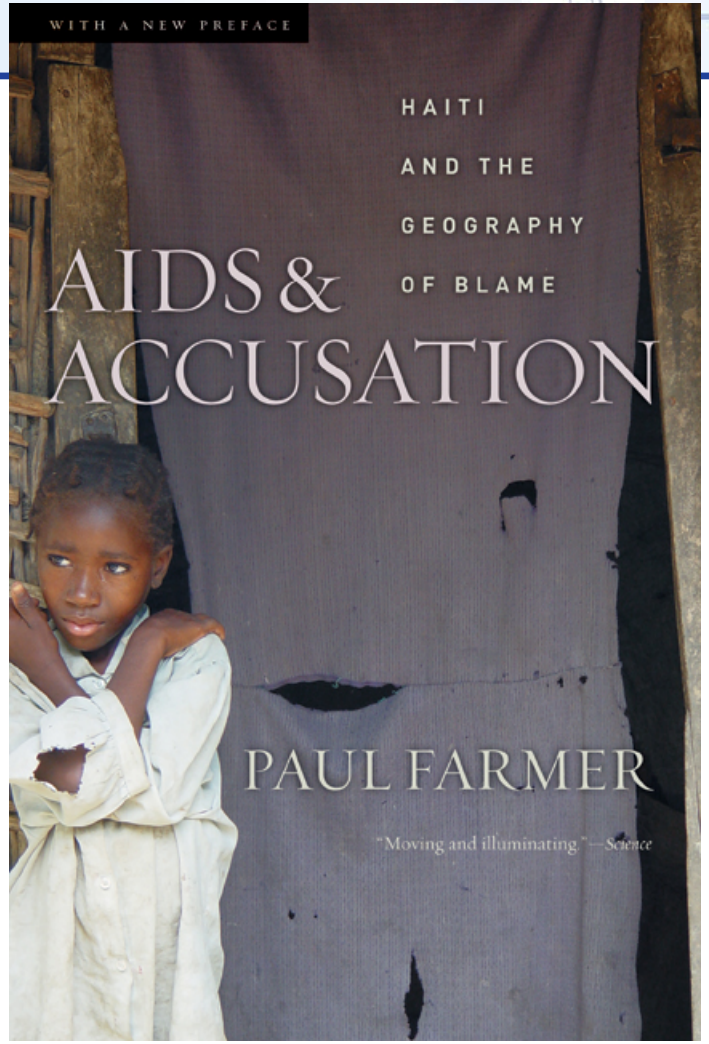
Yours sincerely,

[Raveendran G]
Second Secretary (Education)

All seventh year students of AMI, as per the list

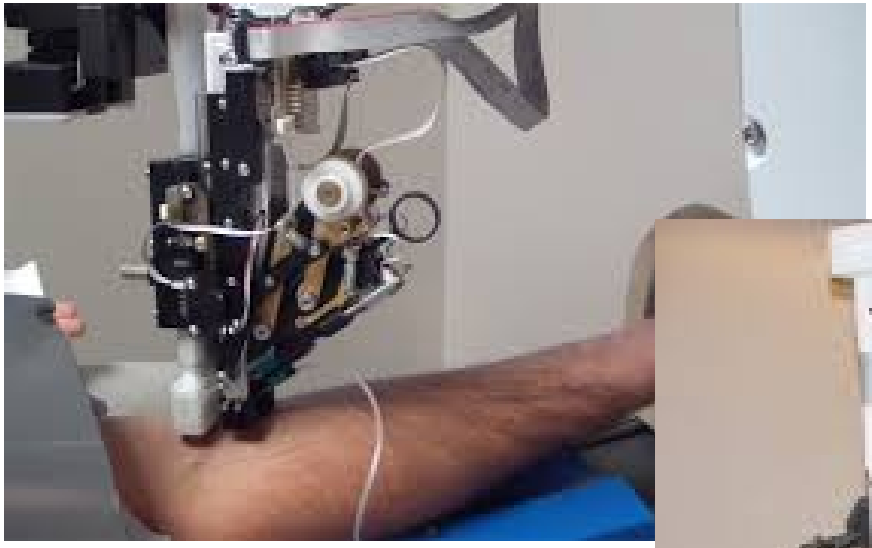
"Medicine needs to be re-entered on human and societal conduct — however messy and irrational it actually is"

- or, what may happen next?



"… in this dissertation, ethnographic, historical and epidemiologic data are brought to bear on the subject of the Acquired Immune Deficiency Syndrome (AIDS) in Haiti"

Health Care in Danger (HCiD, ICRC)




INTUITIVE
SURGICAL

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Global Consensus for
Social Accountability
OF MEDICAL SCHOOLS

Global Consensus for Social Accountability of Medical Schools

The beginning of the 20th century presented medical schools with unprecedented challenges to become more scientific and effective in the training of physicians. This was captured in the Flexner report of 1910. The 21st century presents medical schools with a different set of challenges: improving quality, equity, relevance and effectiveness in health care delivery; reducing the mismatch with societal priorities; redefining roles of health professionals; and providing evidence of the impact on people's health status.

To address those challenges, 130 organizations and individuals from around the world with responsibility for health education, professional regulation and policy-making participated for eight months in a three-round Delphi process leading to a three-day facilitated consensus development conference.

The consensus consists of 10 strategic directions for medical schools to become socially accountable, highlighting required improvements to:

- Respond to current and future health needs and challenges in society
- Reorient their education, research and service priorities accordingly
- Strengthen governance and partnerships with other stakeholders
- Use evaluation and accreditation to assess performance and impact

It recommends synergy among existing networks and organizations in order to move the consensus into action at the global level, with a number of tasks:

- Advocacy to recognize the value of the global consensus
- Consultancy to adapt and implement it in different contexts
- Research to design standards reflecting social accountability
- Global coordination to share experiences and support

A century after Flexner's report, the global consensus on social accountability of medical schools is a charted landmark for future medical education worldwide.

December 2010

Disclaimer

- WFME is a member and strong supporter of the Global Consensus for Social Accountability of Medical Schools **BUT**
- I am going to sound very negative

Social accountability or social responsibility or social responsiveness?

- Accountability or responsibility or responsiveness?
- Accountability sounds (in British English) to be highly prescriptive: a command!!
- Society cannot just tell doctors what to do: medicine is a profession and professional knowledge and expertise must work with society to achieve the best result
- Social accountability alone has the risk of de-professionalising medicine

- What is the best way of getting more doctors to work in primary care?
- When is psychiatric care best delivered in the community, and best in hospital?

- In every case, medicine and the other health care professions and society must work together with the available evidence to produce the best health care

- Examples where the ideas of "society" have done measurable harm
  - From USA society: how can you justify support of a health care system which is grossly inequitable with bad health care for many and poor life expectancy?
  - From three national governments: why did you hide the Ebola epidemic?

- "[We] aspire[s] toward the development of practical wisdom … which, when embodied in the physician, links the knowledge and skills of the biomedical and clinical sciences with a moral orientation and call to action that addresses human interests in the practice of medicine"

- A Kumagai, 2014

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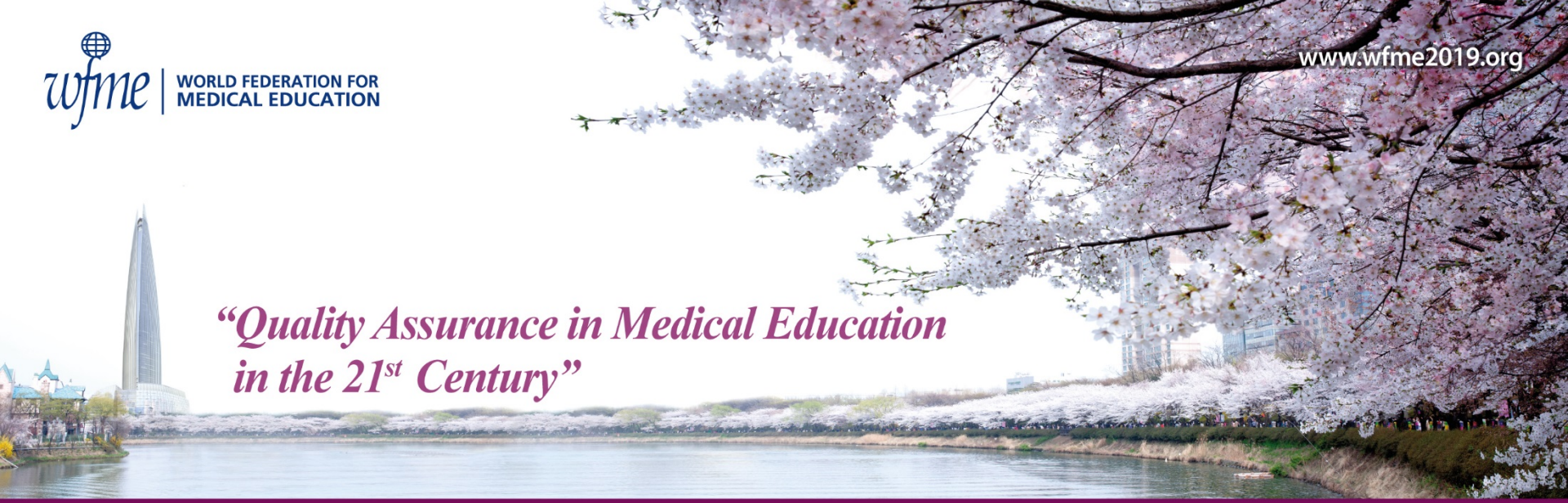
www.wfme2019.org



"Quality Assurance in Medical Education in the 21st Century"

2019 World Federation for Medical Education World Conference

WFME 2019

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