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Are Global Standards for Medical Education of Interest in Europe?

Welche Bedeutung haben weltweite Standards für die medizinische Aus-, Weiter- und Fortbildung in Europa?

In 1997, The World Federation for Medical Education (WFME) launched its project on International Standards in Medical Education: Assessment and Accreditation of Medical Schools Educational Programmes [1]. The Project has now resulted in a Trilogy of Global Standards for Quality Improvement in: Basic Medical Education [2], Postgraduate Medical Education [3], and Continuing Professional Development (CPD) of Medical Doctors [4]. The set of standards (available at <http://www.wfme.org/>) received clear endorsement during the recent WFME World Conference on Medical Education convened in Copenhagen March 15–19, 2003.

The Standards represent the first attempt by a representative body to develop standards in response to the increasing internationalisation of medical education. A unique feature is to present standards at two levels. One is the basic level, considered as a „must“ to be met by all medical education institutions, whilst a developmental level provides a goal, which the medical schools or institutions „should“ strive to achieve to improve quality. Due to this concept, the WFME standards are not primarily delineating minimal requirements, but are rather offering to the institutions a toolbox, which can be used as a lever for change. In this respect, the WFME standards do differ radically from the EU Directives having only very general minimal requirements.

The WFME standards for all three phases of education are deeply rooted in the process of medical education. Content matters are outlined in generic terms. This is due to the fact that medical education can be conducted in innumerable ways depending on local manpower, other resources, and not least depending on local health needs, which are again reflecting local culture, socio-economic potential, local disease patterns and the system of health care delivery. The curriculum content therefore very

much is a matter of regional and national jurisdiction. Clearly, there is a close connection between process standards and content standards. Both types of standards can be measured, although content standards have a stronger tradition of being measured reliably and validly. Outcome of medical education is a combination of process and content, and outcome standards should not be defined without linkage to the process of education.

At this stage the WFME Basic Medical Education Standards have been officially evaluated through 21 pilot projects in different regions of the world (4 in Europe). The majority of the medical schools participating reported that they had met most of the basic standards as well as a large number of the „development“ standards. Perhaps the most gratifying point to emerge from the studies was that the Standards did not need significant changes. During the world conference no new standards were proposed, nor were any found to be redundant. In addition, various countries and regions have compared the WFME standards with their own systems of recognition/accreditation and have either adopted the WFME Global Standards or adapted their own systems to them. At this time the WFME Standards have been translated to more than 12 languages.

In view of increasing demands from regulatory bodies of education and health and from consumers to document quality assurance, the WFME Standards, developed within the collegial forum of WFME, ought to be looked closer as in Europe.

WFME is considering to develop a *database* in which medical schools having undergone accreditation or other significant evaluation according to the WFME Standards may be incorporated.

Institutsangaben

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Bibliografie

Med Ausbild 2003; 20: 55–56 © Georg Thieme Verlag Stuttgart · New York · ISSN 0176-4772

The main aim of medical education is the improvement of health for all people, and this is truly also for the WFME Global Standards. In addition, this aim requires improved interface with the health care services. Such interface could be the inclusion of specific educational standards which have priority for local health care authorities in the set of standards finally applied to medical schools or providers of postgraduate medical education or CPD for doctors.

WFME wants at this stage immediately after the World Conference to encourage pilot use of the standards in the Postgraduate and CPD phases of medical education. Providers interested can contact WFME at wfme@wfme.org.

Literature

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