

**GERMAN RECTORS CONFERENCE  
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**Potentials and Limits of the European Reform Process for  
Medicine and Health Sciences in Germany**

**Europe and Beyond –  
Global Perspectives of Health Sciences**

by

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## OUTLINE OF PRESENTATION



- ⌘ Global trends in higher education
- ⌘ Global trends in medical education
- ⌘ Global challenges in medical education
- ⌘ Needs for global standards
- ⌘ WFME global standards programme
- ⌘ WHO/WFME strategic partnership
- ⌘ WHO/WFME guidelines for accreditation
- ⌘ European standards?
- ⌘ The Bologna process and medical education
- ⌘ International views on European medical education

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## 10 ACTUAL TRENDS IN HIGHER EDUCATION



- ⌘ Internationalisation
- ⌘ Globalisation
- ⌘ ICT industrialisation
- ⌘ Virtualisation
- ⌘ Commercialisation
- ⌘ Privatisation
- ⌘ Harmonisation
- ⌘ Standardisation
- ⌘ Quality Assurance
- ⌘ Accreditation

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## ACTUAL HIGHER EDUCATION QUALITY ASSURANCE INITIATIVES



### UNESCO:

*“Global Forum for International Quality Assurance, Accreditation and the Recognition of Qualifications in Higher Education”*

### UNESCO-OECD:

*“Quality Provision in Cross-border Higher Education”*

### International Association of University Presidents (IAUP):

*“Quality Register for Quality Assurance and Accreditation Agencies”*

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## MAJOR EUROPEAN INITIATIVES



- ⌘ European Commission  
*“Medical Directive 93/16/EEC”*
- ⌘ Advisory Committee on Medical Training (ACMT) *“Report and Recommendations on Undergraduate Medical Education”*
- ⌘ The Bologna Process  
*“European Dimension in Quality Assurance”*
- ⌘ European Association for Quality Assurance in Higher Education (ENQA)  
*“Transnational European Evaluation Project II”*

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## **GLOBAL DIFFERENCES IN MEDICAL EDUCATION**



**Explained by:**

- ⌘ teaching tradition**
- ⌘ cultural background**
- ⌘ socio-economic conditions**
- ⌘ health and disease spectrum (decreasing)**
- ⌘ organisation of health care delivery system**
- ⌘ composition of the health workforce**

## **GLOBAL DIFFERENCES IN ORGANISATION OF MEDICAL EDUCATION**



**With respect to:**

- ⌘ ministerial responsibility**
- ⌘ institutional organisation**
- ⌘ relationship to other health educations**
- ⌘ tailored medical schools**
- ⌘ health care priorities**
- ⌘ overall higher education scheme**

## NEW CURRICULUM MODELS IN MEDICAL EDUCATION I



*Defined by organisation of content*

- ⌘ integrated, organ-based curriculum
- ⌘ integrated, clinical presentations/task-based curriculum
- ⌘ age-based developmental curriculum

*Defined by teaching/learning methods*

- ⌘ problem-based curriculum
- ⌘ case-based curriculum

## NEW CURRICULUM MODELS IN MEDICAL EDUCATION II



*Defined by teaching/learning approach*

- ⌘ core and option model

*Defined by learning objectives*

- ⌘ competency/outcome-based curriculum

*Defined by social responsibility*

- ⌘ community-oriented curriculum

## **INNOVATIVE TRENDS IN MEDICAL EDUCATION**



- ⌘ **student-activating instructional methods  
(PBL; case-based; task-based learning)**
- ⌘ **integration of basic sciences and clinical  
disciplines in teaching and assessment**
- ⌘ **emphasis on clinical and communication skills**
- ⌘ **broadening of clinical training settings  
(community-based teaching; skills laboratories)**
- ⌘ **increasing validity and reliability of assessment  
systems (standardised patients; OSCEs)**

## **DEVELOPMENTS IN MANAGEMENT OF MEDICAL EDUCATION**



- ⌘ **higher social responsibility of educational institutions**
- ⌘ **awareness of health care needs of societies**
- ⌘ **higher influence of curriculum committees  
(de-departmentalisation)**
- ⌘ **increasing student influence on programme  
development**
- ⌘ **clearer educational budgetary responsibility**
- ⌘ **strengthening of educational leadership**

## **FUTURITY OF MEDICAL EDUCATION?**



- ⌘ **adaptive curricular planning**  
(tailored to the individual student)
- ⌘ **virtual university approach**
- ⌘ **multi-professional concept of training**
- ⌘ **integration of basic and postgraduate medical education (early specialisation)**

## **SCIENTIFIC APPROACH TO MEDICAL EDUCATION**



Concept of “best evidence medical education”:

- ⌘ **narrowing the gap between**  
“opinion-based” and “evidence-based”  
teaching and learning

## **QUALITATIVE CHALLENGES IN MEDICAL EDUCATION**



- ⌘ **political, socio-economic and cultural realities**
- ⌘ **institutional conservatism**
- ⌘ **faculty staff inertia**
- ⌘ **lack of educational budgets**
- ⌘ **insufficient supervision of programmes**
- ⌘ **lack of incentives**
- ⌘ **insufficient leadership**

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## **QUANTITATIVE CHALLENGES IN MEDICAL EDUCATION**



- ⌘ **explosion in number of medical schools**
- ⌘ **inadequate medical manpower planning**
- ⌘ **inadequate capacity building**
- ⌘ **external and internal brain drain**
- ⌘ **brain export**

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## PROBLEMS WITH NEW SCHOOLS



- ⌘ rapid increase in number (about 100 per year over the last 10 years)
- ⌘ insufficient resources
- ⌘ lack of clinical settings
- ⌘ “for profit” schools
- ⌘ lack of accreditation procedures

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## HISTORY OF WFME GLOBAL STANDARDS PROGRAMME



- ⌘ Launched by Executive Council 1997
- ⌘ Position Paper on International Standards  
*Medical Education* 1998, 32, 549-58
- ⌘ Three International Task Forces:
  - BME: 1999
  - PME: 2001
  - CPD: 2002
- ⌘ Trilogy of WFME Global Standards in Medical Education for Quality Improvement. WFME Office, University of Copenhagen, 2003;  
[www.wfme.org](http://www.wfme.org).





The slide has a blue background with a red horizontal bar at the top. The title "Aims of WFME Standard Programme" is written in white on the red bar, with the "wfme" logo to its right. Below the bar, two bullet points are listed in white text, each preceded by a red asterisk symbol. The bullet points are: "Medical Education Quality Improvement Tool" and "Instrument in Safeguarding Internationalisation of Medical Doctors".

**Aims of WFME Standard Programme**

- ⌘ Medical Education Quality Improvement Tool
- ⌘ Instrument in Safeguarding Internationalisation of Medical Doctors

## OBJECTIVES



- ⌘ **Stimulate authorities, organisations and medical education institutions to plan for reforms and quality improvement.**
- ⌘ **Establish national / international evaluation and recognition of medical educational institutions and programmes.**
- ⌘ **Safeguard practice in medicine under conditions of increasing internationalisation.**

## TWO LEVELS OF ATTAINMENT



- ⌘ **Basic Standards or Minimum Requirements (“musts”)**
- ⌘ **Standards for Quality Development (“shoulds”)**

## DOMAINS



⌘ **AREAS** are defined as broad components of structure and process of medical education.

⌘ **SUB-AREAS** are defined as specific aspects of an area, corresponding to performance indicators.

## WFME Trilogy of Standards: Areas



Basic Medical Education	Postgraduate Medical Education	Continuing Professional Development (CPD)
1. Mission and Objectives	1. Mission and Outcomes	1. Mission and Outcomes
2. Educational Programme	2. Training Process	2. Learning Methods
3. Assessment of Students	3. Assessment of Trainees	3. Planning and Documentation
4. Students	4. Trainees	4. The Individual Doctor
5. Academic Staff/Faculty	5. Staffing	5. CPD-Providers
6. Educational Resources	6. Training Settings and Educational Resources	6. Educational Context and Resources
7. Programme Evaluation	7. Evaluation of Training Process	7. Evaluation of Methods and Competencies
8. Governance and Administration	8. Governance and Administration	8. Organisation
9. Continuous Renewal	9. Continuous Renewal	9. Continuous Renewal

## WFME Global Standards in Medical Education: Definitions



### ⌘ Basic Standards

This means that the standard must be met by every medical school/educational institutions from the outset and fulfilment demonstrated during evaluation.

Basic standards are expressed by a “**must**”.

## WFME Global Standards in Medical Education: Definitions



### ⌘ Standards for quality development.

This means that the standard is in accordance with international consensus about best practice for medical schools/educational institutions and education programmes. Fulfilment of or initiatives to fulfil some or all of such standards should be demonstrated.

Standards for quality development are expressed by a “**should**”.

## WFME Global Standards in Basic Medical Education



### 1 MISSION AND OBJECTIVES

#### 1.1 STATEMENTS OF MISSION AND OBJECTIVES

**Basic standard:**

The medical school **must** define its mission and objectives and make them known to its constituency. The mission statements and objectives **must** describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

**Quality development:**

The mission and objectives **should** encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

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## 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

## **IMPLEMENTATION OF THE WFME PROGRAMME**



- ⌘ information
- ⌘ translations of standards
- ⌘ validation of standards in pilot studies
- ⌘ institutional self-evaluation and peer review
- ⌘ WFME advisor function
- ⌘ incorporation in national standards and accreditation procedures
- ⌘ guidelines for accrediting agencies
- ⌘ world register of accredited educational institutions

## **EVALUATION IN PILOT STUDIES: CONCLUSIONS**



- ⌘ Standards are realistic and adequately divided between basic and quality development levels
- ⌘ Need for local specification and supplements
- ⌘ Use in institutional self-evaluation a positive event with lasting constructive consequences

### USE OF WFME STANDARDS IN INSTITUTIONAL SELF-EVALUATION/PEER REVIEW

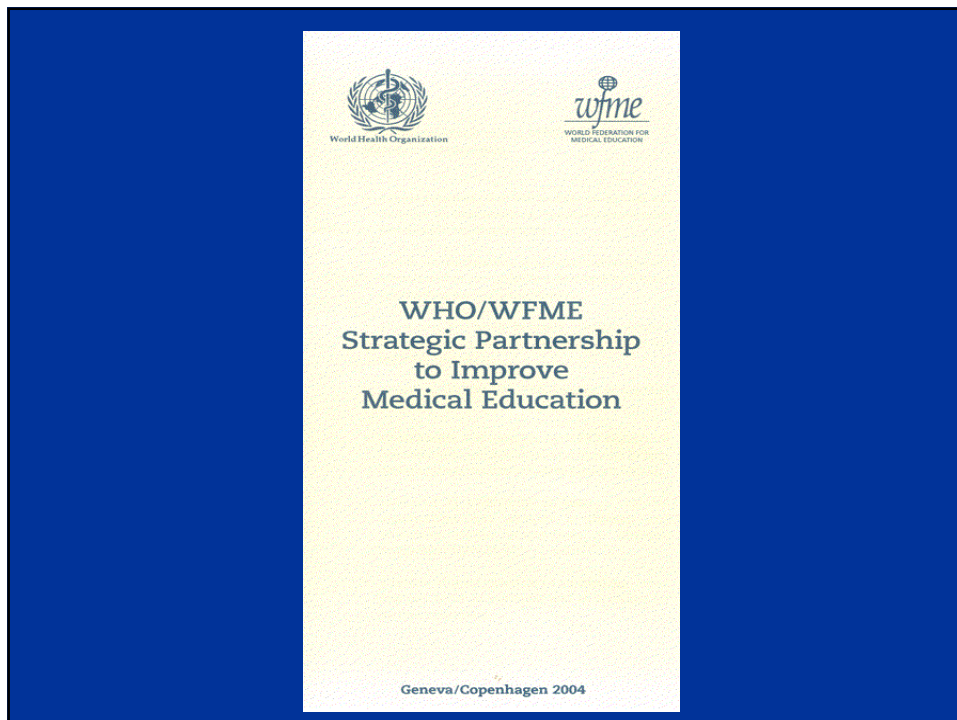
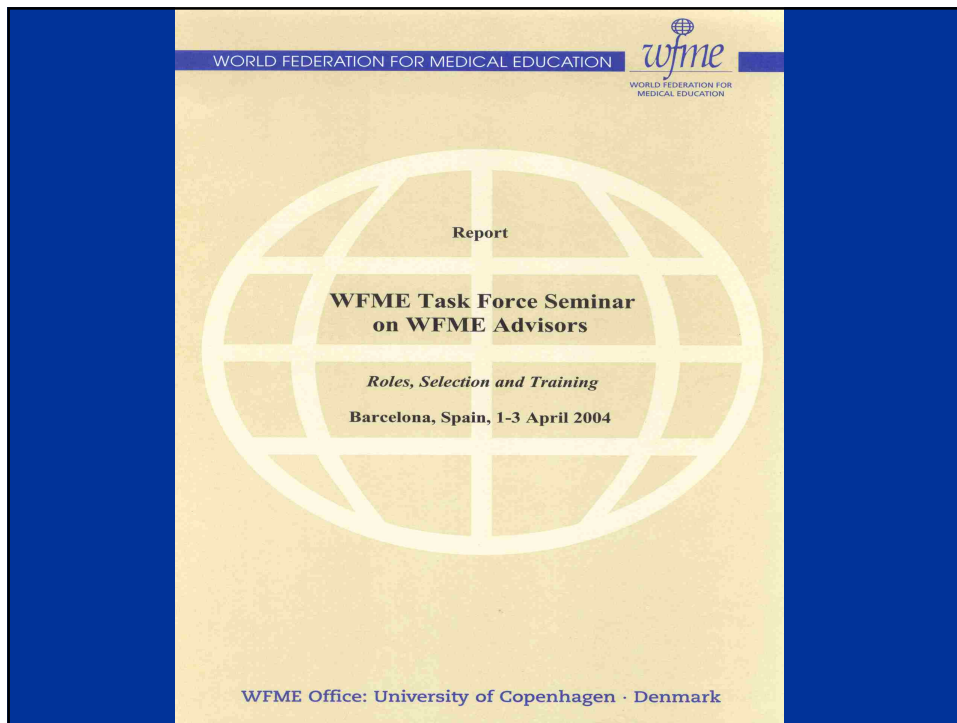


<b>Pilot studies:</b>	36 institutions in 24 countries
<b>Other studies:</b>	75 institutions in 34 countries

### INCORPORATION IN NATIONAL STANDARDS/ ACCREDITATION PROCEDURES (NUMBER OF COUNTRIES BY REGIONS)



<b>Africa:</b>	4
<b>Americas:</b>	7
<b>Eastern Mediterranean:</b>	10
<b>Europe:</b>	15
<b>South East Asia:</b>	6
<b>Western Pacific:</b>	10



## **TOWARDS WHO-WFME POLICY ON ACCREDITATION**



- ⌘ promotion and review of regional/national standards
- ⌘ promotion of institutional self-evaluation
- ⌘ definition of accreditation guidelines
- ⌘ promotion and support of accreditation systems
- ⌘ development of the WHO Directory of Medical Schools

## **WFME GLOBAL STANDARDS PROGRAMME**



WORLD HEALTH ORGANIZATION



### **WHO/WFME Guidelines for Accreditation of Basic Medical Education**

**Geneva/Copenhagen 2005**

## **NEW WFME PROJECT**



### **PROMOTION OF ACCREDITATION OF BASIC MEDICAL EDUCATION**

**A programme within the framework of the  
WHO/WFME strategic partnership to improve  
medical education**

## **USE OF WFME STANDARDS BY OTHER HEALTH PROFESSIONS EDUCATIONS**



**⌘ Chiropractics**

**⌘ Dentistry**

**⌘ Nursing**

**⌘ Pharmacy**

## EU THEMATIC NETWORK MEDINE



### European standards in medical education?

## EU THEMATIC NETWORK MEDINE



### Organisations responsible for Task Force III:

- ⌘ World Federation for Medical Education (WFME).
- ⌘ Association of Medical Schools in Europe (AMSE).

## OBJECTIVES OF MEDINE TASK FORCE III



- ⌘ enhance overall standards of medical education in Europe
- ⌘ use of the work already carried out by the WFME
- ⌘ adapt the WFME standards to the European context
- ⌘ formulate minimum requirements for accreditation of medical schools in Europe
- ⌘ produce a set of quality assurance standards

## THEMES OF THE BOLOGNA PROCESS



- ⌘ Adoption of a system of easily readable and comparable degrees
- ⌘ Establishment of a system of credits such as in the European Credit Transfer System (the ECTS system)
- ⌘ Promotion of mobility by overcoming obstacles to the effective exercise of free movement
- ⌘ Promotion of European co-operation in quality assurance
- ⌘ Promotion of the European dimension in higher education
- ⌘ Lifelong education
- ⌘ Involvement of institutions and students
- ⌘ Promotion of the attractiveness of the European Higher Education Area
- ⌘ Promotion of closer links between the European Higher Education Area and the European Research Area
- ⌘ Two cycle system (bachelor and master)

# **THE BOLOGNA PROCESS AND MEDICAL EDUCATION**



## **STATEMENT ON**

# **THE BOLOGNA PROCESS AND MEDICAL EDUCATION**

**February 2005**

# **THE BOLOGNA PROCESS AND MEDICAL EDUCATION**



**Problems for medical education are primarily  
related to the following objective:**

- ⌘ Adoption of a system essentially based on two  
main cycles, undergraduate and graduate**

**WFME/AMEE STATEMENT ON THE BOLOGNA  
PROCESS AND MEDICAL EDUCATION**



- ⌘ It should be possible to maintain the long, integrated one-tier programme if preferred
  
- ⌘ If medical education is based on two cycles the undergraduate degree after 3 years (180 ECTS credits) should not be planned for immediate access to employment

**VIEWS FROM OUTSIDE ON EUROPEAN  
MEDICAL EDUCATION**



- ⌘ European university model versus US postgraduate model
  
- ⌘ Recognition of European doctors outside Europe
  
- ⌘ Esteem of European medical schools
  
- ⌘ European Centres of Excellence in Medical Education
  
- ⌘ Association for Medical Education in Europe

## **CONCLUSIONS I THE GLOBAL SCENE**



- ⌘ MAJOR CHALLENGES IN MEDICAL EDUCATION
- ⌘ ENDORSEMENT OF THE WFME STANDARD PROGRAMME
- ⌘ WFME GLOBAL STANDARDS AS TEMPLATE FOR REGIONAL/NATIONAL STANDARDS
- ⌘ NEED FOR GUIDANCE OF EDUCATIONAL INSTITUTIONS BY WFME ADVISORS
- ⌘ IMPACT OF THE WHO/WFME STRATEGIC PARTNERSHIP
- ⌘ WHO/WFME GUIDELINES ON ACCREDITATION SYSTEMS
- ⌘ NEED FOR WORLD REGISTER OF ACCREDITED MEDICAL SCHOOLS

## **CONCLUSIONS II THE EUROPEAN SCENE**



- ⌘ NEED FOR EUROPEAN STANDARDS.  
WORK IN PROGRESS
- ⌘ NEED FOR ACCREDITATION SYSTEMS
- ⌘ PROBABLY NO NEED FOR A COMMON EUROPEAN ACCREDITATION SYSTEM
- ⌘ LIMITED PROBLEMS WITH THE BOLOGNA PROCESS
- ⌘ EUROPEAN MEDICAL EDUCATION GENERALLY OF HIGH STANDARD

