

WFME STANDARDS FOR MEDICAL EDUCATION: PLANNING THE NEXT EDITION

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A SHORT HISTORY

2003

Trilogy of Global Standards:

- Basic medical education
- Postgraduate medical education
- Continuing professional development

2012

First publication of standards

2015

Further revisions

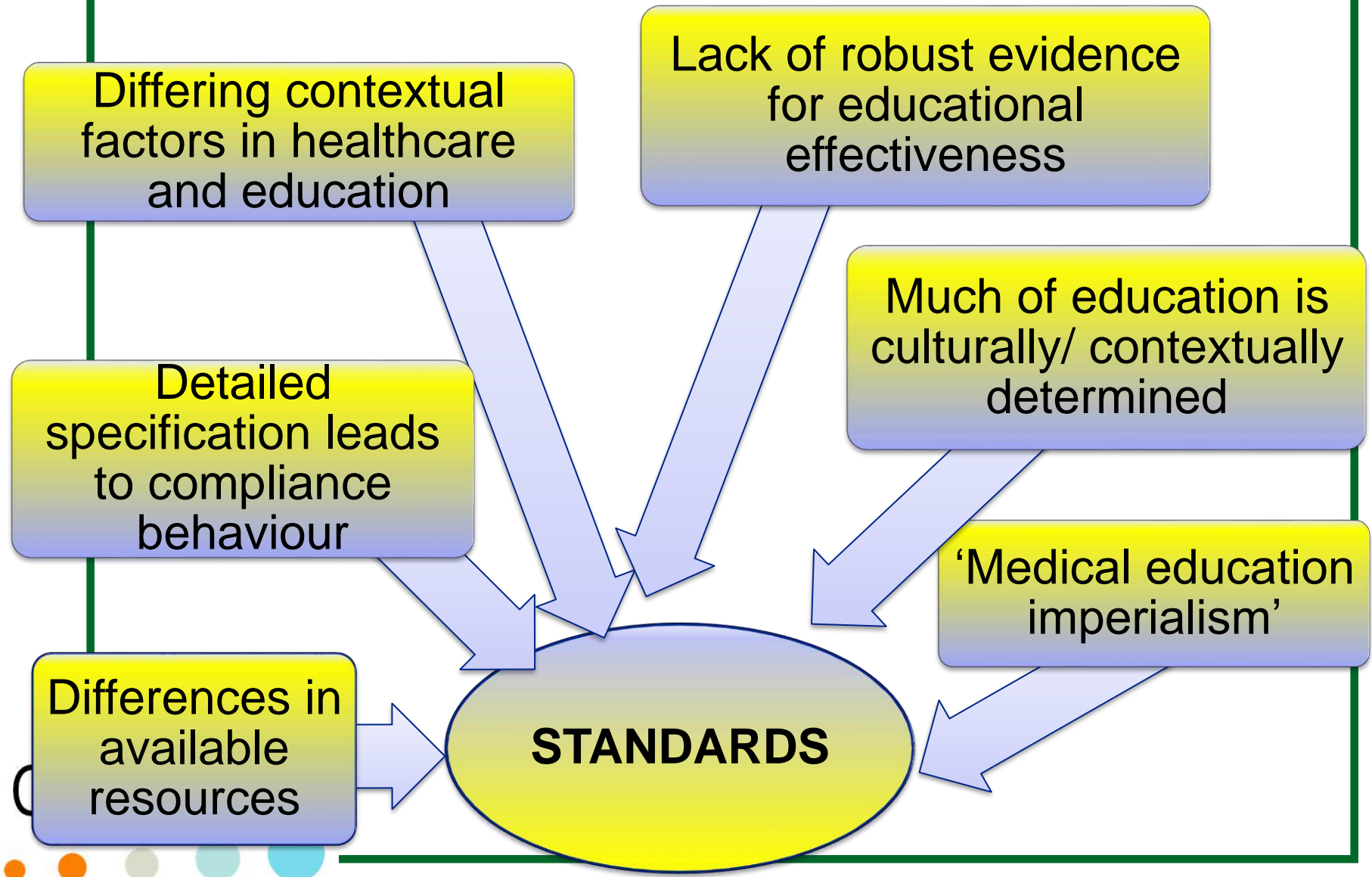
2018

New edition of global standards planned

2020 publication



REASONS FOR A NEW EDITION



SO STANDARDS SHOULD NOT BE PRESCRIPTIVE, BUT....

Standards must **allow and guide** local institutions to **make and defend** their own contextually relevant decisions about:

Mission and objectives

Educational programme

Assessment

Students

Academic staff

Educational resources

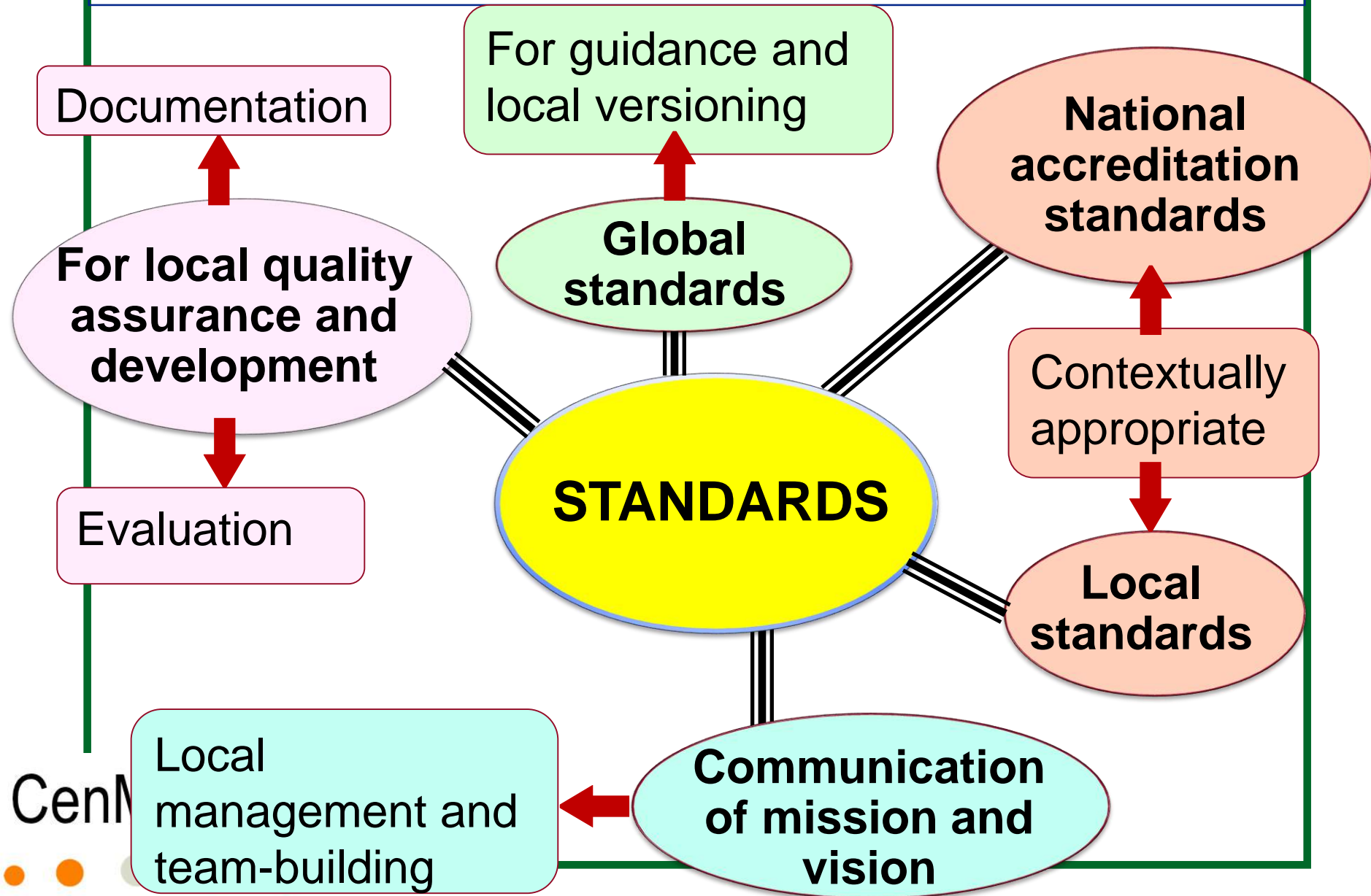
Programme evaluation

Governance and administration

Continuous renewal

WFME nine headings

CENTRAL ROLE OF STANDARDS



PROBLEMS WITH STANDARDS

Industrial mindset

Atomisation

Isolation from complex systems

Imperfect knowledge of the world has few truths

Inability to address complex realities

Insensitivity to local and cultural factors

Over-specification

Lack of ownership

Stifles originality and creativity

Focus is on compliance

Which is why standards must allow local decision-making, be relevant and contextually flexible

APPROPRIATE STANDARDS WILL...

Allow transparent regulation

Ensure that institutions are accountable

Give institutions autonomy in local decision-making
variety of educational designs

Offer guidance in educational design, management and quality assurance

**Standards do not mean
standardisation!**

ATTENTION!



**WHAT TYPE OF STANDARD MIGHT BE
APPROPRIATE?**



STANDARDS MUST REFLECT THE CHOSEN MODEL OF REGULATION

REGULATORY
MODEL



MODELS OF REGULATION

The most common current models:

Process-
based
regulation

Principles-
based
regulation

Outcomes-
based
regulation

Risk-based
regulation



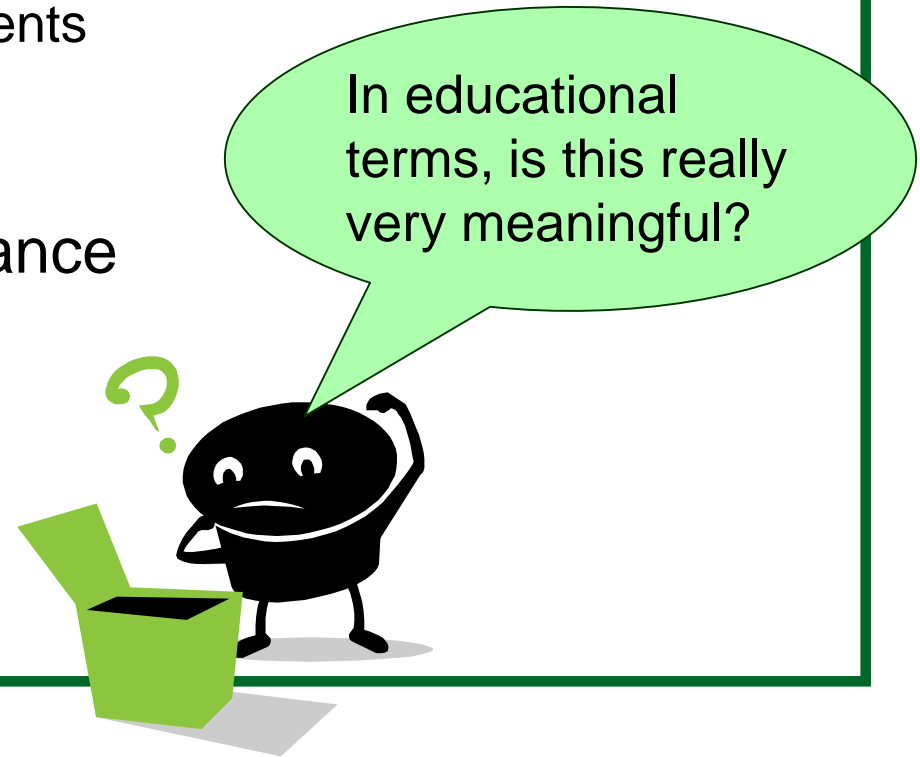
These models came out
of industry and finance.
But none really stopped
economic disaster!

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PROCESS-BASED REGULATION

- ★ Focuses on **structures and functions** of educational programmes e.g.
 - ◆ Number of hours of study required
 - ◆ Number of lectures, seminars etc
 - ◆ Number of teachers
 - ◆ Frequency of assessments
 - ◆ Facilities required etc
- ★ Easily measured compliance



PRINCIPLES-BASED REGULATION

- ★ Identifies high-level concepts of good practice
- ★ Leaves details of delivery to the institution
- ★ Evaluation based on expert judgment
- ★ Can facilitate innovative thinking, contextual appropriateness and individuality.



But does this
give me enough
guidance?

OUTCOMES-BASED REGULATION

- ★ Focuses on what graduates can do, not on how they learned to do it
- ★ Outcomes can be specific or general
- ★ Evaluation / regulation is linked to performance assessment
- ★ Might inhibit development of new outcomes
- ★ Gives freedom in relation to method



Offers no guidance on method. High level of trust required.

RISK-BASED REGULATION

- ★ Standards focus on areas of practice that give most risk
- ★ Regulators measure extent to which graduates display risky behaviours

But how can they identify risks? Isn't this the model that failed to identify the banking risks that caused our economic problems?



CURRENT PREFERRED MODELS....

Specifying precise outcomes or processes

Regulators often choose **hybrid prescriptive models** because:

They take a view about what is 'best'

Even though there is no robust evidence

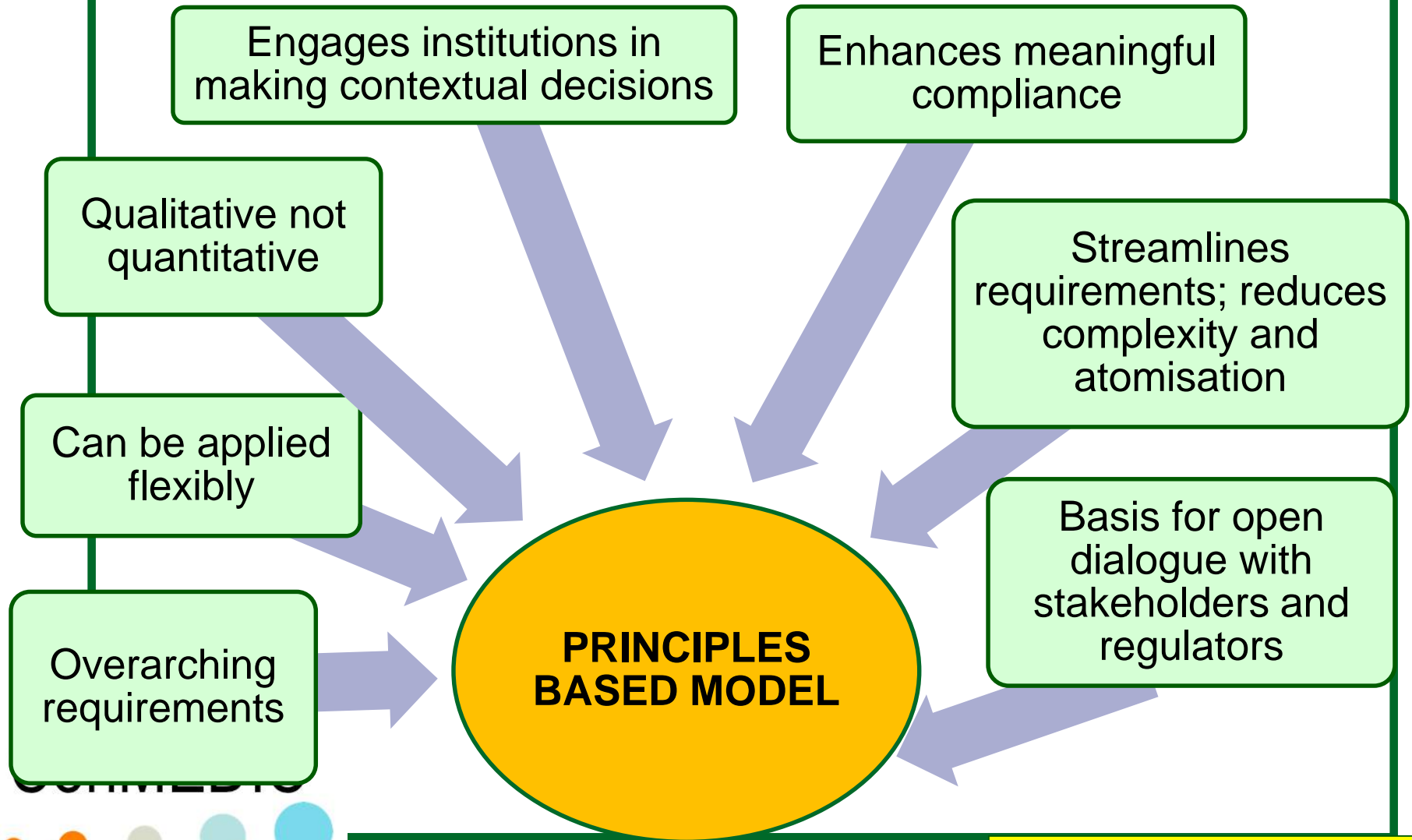
Prescriptive standards are easy to regulate

But might not see beyond compliance

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PRINCIPLES-BASED REGULATION IS MOST CONTEXTUALLY SENSITIVE



STANDARDS MUST REFLECT THE CHOSEN MODEL OF REGULATION

**PRINCIPLES-
BASED MODEL**



**WHAT TYPE
OF
STANDARD?**

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TYPES OF STANDARD...

Process

- **How are things conducted?**
Instructional methods, assessment, learning environment, management

Content

- **What is offered?**
Content, experiences

Outcome

- **What should be the result of the education?**
For the individual graduate and the institution

Competence

- **What basic achievements will be demonstrated by students?**

Performance

- **How should the graduate behave?**

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WFME INTENDS TO PREPARE STANDARDS THAT WILL...

Guide institutions to address all the necessary components of curriculum purposes, outcomes, processes, management and quality

Enable each institution to reach its own contextually appropriate designs and processes

Enable regulators to make decisions about the quality of medical education offered.

AN EFFECTIVE SET OF STANDARDS

Sets framework for
planning, analysis and
development

Covers the
entire relevant
realm

Does not
address trivial
areas e.g.
'kettle counting'

Manageable in
number

Encourages
local variation,
autonomy and
choice

Avoids
bureaucratic /
compliance
response



EDUCATIONAL SYSTEMS ARE COMPLEX

Complex system: where knowing the system is not enough to predict precisely what will happen.

★ Prescriptive standards cannot account for complex systems.

★ Standards must allow analysis of the whole

Complex systems are adaptive and change to achieve their goals.

works

ences

Collaborations

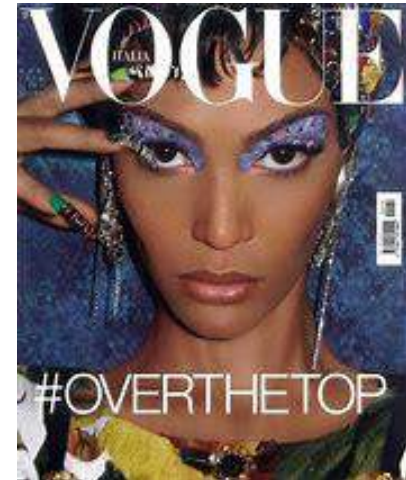
Partnerships

Dependencies



A PROBLEM FOR THE STANDARD SETTERS

There are fashions in education....



And no evidence to suggest that one educational approach is more effective than another.



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Setting prescriptive standards is time-bound

CHANGING SOCIAL VALUES

Dominant:

- Held by the majority

Emerging:

- Growing number

Oppositional:

- Held in direct opposition to the majority

Alternative:

- Unchallenging alternative to the majority view

Standards must allow differences in values, contexts and cultures



WHAT STANDARDS SHOULD A REGULATOR SET?

Three approaches

Specify absolute **outcome** standards for each element of medical education

Medical schools identical in management, curriculum, assessment

Identical compliance behaviour

Consider the types of compliance behavior that each will induce.

Specify

Medical schools design their outcomes, curricula, management, assessment etc

Transparent and rational local, contextual decision-making

Specify process and outcomes standards

Compliance with necessary commonalities

Local contextual decision-making

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SO.....HOW CAN WE.....

Develop contextually relevant standards

Within a global framework

In an accessible format, avoiding educational jargon

Avoid being prescriptive and deliver on principles

Guide local thinking, analysis, design, quality-assurance and decision-making

Develop a transparent system against which schools can be developed, judged and regulated?

ADOPT CONTEXTUAL REGULATION AND STANDARDS

**REGULATORY
MODEL**

=

Principles-
based

STANDARDS

=

Outcomes
-based

+

Process-
based

Asking, not
telling

Broad outcomes in
nine WFME areas

Focus on how and
why things are done

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STYLE OF STANDARDS

HOW EACH DECISION IS MADE

For each design area:

What principles were used?

What evidence and experience were gathered?

How was context taken into account?

How was implementation managed?

What decision was made?

Guidance on options for each question will be provided.

These can also be exploratory questions used at quality assurance visits or inspections

AN EXAMPLE: 2015 STANDARDS

Area 1: MISSION AND OUTCOMES

1.1 Mission

1.2 Institutional autonomy and academic freedom

1.3 Educational outcomes

1.4 Participation in formulation of mission and outcomes

Move to Area 2:
Educational Programme

Four standards at basic level

Four standards at quality development level

★ 17 level one bullet points

➤ 13 level two bullet points

20 annotations describing meanings

Eight standards



Some contextual problems:

★ Prescriptive e.g. global health should be part of the mission

★ Standards outside the control of the school e.g. autonomy to design the curriculum

Perhaps more like a specification than a standard



NEW EDITION OF CONTEXTUAL STANDARDS WILL...

State what an educational mission is

What it does: core purposes

How it does it: educational philosophy and approach

Why it does it: professional, educational and social values and identity

How it will reach a consensus among stakeholders about the Mission

Ask the school to think through:

Ce Provide further optional questions, reading, examples and guidance to help institutions address these issues.

REVISED WFME STANDARDS WILL...

Address the existing nine areas of assessment, building on principles.

Will not specify a particular practice, intervention or outcome

Moves towards local ownership and development of decision-making skills

Moves away from compliance

Should result in rich diversity of appropriate educational designs and practices

They expect institutions to reach their own contextual decisions and describe the rationale



New standards, taking into account each local context and set of conditions

Transparent decision-making and planning

Local flexibility and relevance

Ownership of the process and product of education

Creativity

Compliance behaviour

Useable for regulatory purposes

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