

A stylized globe with a grid of latitude and longitude lines, rendered in a light yellow color against a darker yellow background. The globe is centered and occupies most of the frame.

**WFME**

**WORLD FEDERATION  
FOR  
MEDICAL EDUCATION**

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**Topic:**

*Setting Standards for Ph.D. Education in  
Biomedicine and Health Sciences*

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**Setting Standards for Medical Education**

**by**

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# OUTLINE OF PRESENTATION

- ⌘ **Essentials of the WFME Global Standards for Medical Education**
- ⌘ **European Specifications to the WFME Standards**
- ⌘ **General guidelines for setting international standards**
- ⌘ **Ideas about Standards for Ph.D. programmes**

# WFME TRILOGY OF GLOBAL STANDARDS



**A foundation for  
accreditation**



# VALUE OF WFME STANDARDS



*Template for regional, national and institutional standards with adequate specifications:*

- ⌘ **Recognising national and institutional differences**
- ⌘ **Allowing different profiles of programmes**
- ⌘ **Respecting reasonable autonomy of institutions**
- ⌘ **Functioning as a lever for change and reforms**
- ⌘ **Encouraging quality development**
- ⌘ **Recognising the dynamic nature of medical education**

# TWO LEVELS OF ATTAINMENT

- ⌘ **Basic Standards or Minimum Requirements**  
(“musts”)
  - relevant for accreditation purposes
  
- ⌘ **Standards for Quality Development**  
(“shoulds”)
  - relevant for programme reforms

# COVERAGE

- ⌘ **Organised at Institutional/Educational Programme Level**
- ⌘ **Comprising Broad Categories of Medical Education Issues:**
  - ⌘ **Structure and Organisation**
  - ⌘ **Process, including Content (Syllabus)**
  - ⌘ **Conditions: Facilities, Resources and Educational Environment**
  - ⌘ **Outcome (Generic Terms)**

# DOMAINS

- ⌘ **9 AREAS**, defined as broad components of structure and process of medical education.
  
- ⌘ **36-38 SUB-AREAS**, defined as specific aspects of an area, corresponding to performance indicators.

# THE EUROPEAN HIGHER EDUCATION AREA



# **TYPES OF EUROPEAN SPECIFICATIONS**

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- ⌘ Changing the division lines between basic standards and standards for quality development**
- ⌘ New standards necessitated by special European conditions**
- ⌘ Other relevant additions or modifications**

# **SPECIAL EUROPEAN CONDITIONS**

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- ⌘ Directive 2005/36/EC of 7 September 2005 on recognition of professional qualifications**
- ⌘ The Bologna Declaration and Process**
- ⌘ The European Credit Transfer System (ECTS)**
- ⌘ European University Tradition**

# DEFINITIONS OF STANDARDS



- ⌘ **Standards for education should be defined so that institutions know what they should be aiming for and so that achievements of the organisation can be evaluated.**
  
- ⌘ **A standard is a generally agreed norm or requirement, which describes what is normally regarded as good practice.**
  
- ⌘ **A standard is also a basis for comparison.**
  
- ⌘ **Standards should be expressed as clear and explicit statements about the key elements of education and training.**
  
- ⌘ **Standards should describe what everyone has a right to expect of medical education.**
  
- ⌘ **Standards are statements of the policy of the institution, proving a direction for development.**

# TYPES OF STANDARDS

**Standards deal with all aspects of education and training:**

- ⌘ Process standards: how are things conducted?**
- ⌘ Content standards: what is offered?**
- ⌘ Outcome standards: what should be the result of the education and training?**
- ⌘ Competence standards: what basic knowledge, skills and behaviour should be aimed at.**
- ⌘ Performance standards: how should the trained person behave in practice?**

# LEVELS FOR STANDARDS

Standards can address different levels:

- ⌘ ***Institutional level*** addresses those things that cover more than one programme, or that are activities of the organisation as a whole.
- ⌘ ***Programme level*** addresses individual components of the organisation and the programme.
- ⌘ ***Individual level*** addresses the qualities of a student or teacher or competencies of the graduate.

# STRUCTURE OF STANDARDS

**Standards for medical education can be formulated at different levels of attainment:**

- ⌘ *Basic standards*, also called minimal requirements or core standards**
  - to be met from the outset of the school**
  
- ⌘ *Quality development* or improvement standards**
  - to be in accordance with international consensus about best practice**
  
- ⌘ *Optimal standards*, sometimes called standards for excellence**

## **CONDITIONS FOR QUALITY IMPROVEMENT**



**The WFME BME Standard 4.1 is as follows:**

***Basic level:***

**The medical school must have an admission policy including a clear statement on the process of selection of students.**

***Quality developmental level:***

**The admission policy should be reviewed periodically, based on relevant society and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relation between selection, the educational programme and desired qualities of graduates should be stated.**

# **QUALITY OF STANDARD FORMULATION**



**The Task Force that developed the WFME Global Standards emphasised:**

**“Standards must be clearly defined, and be meaningful, appropriate, relevant, measurable, achievable and accepted by the users. They must have implications for practice, recognise diversity and foster adequate development”.**

# ENDORSEMENT OF STANDARDS



**Standards need to be widely supported and endorsed to be effective.**

## **RENEWAL OF INSTITUTIONAL STANDARDS**



**The standards should be reviewed on a regular basis – perhaps every 3 or 5 years. Or more frequently if the school is new or undergoing change.**

# USE OF STANDARDS



*Measuring an institution's activities against standards to fulfil its responsibilities and needs*

- ⌘ ***Educational needs:*** ensuring that education provided is the best available
- ⌘ ***Social needs:*** ensuring that the school fulfils its mission in relation to the public
- ⌘ ***Professional needs:*** ensuring that professionals maintain their own independent development and consistent performance
- ⌘ ***Regulatory needs:*** ensuring quality by using accreditation or other systems of recognition based on agreed standards

# **RISKS OF WORKING WITH STANDARDS**



- ⌘ Interference with institutional autonomy**
- ⌘ Uniformity and conformity of programmes, preventing experimentation and new paradigms and methods**
- ⌘ Lack of relevance for specific institutions due to traditional differences in curriculum, instructional methods and assessment**
- ⌘ Stagnation**
- ⌘ Bureaucratic control and displacement of professional judgment causing lack of professional empowerment**
- ⌘ Levelling of quality at the lowest acceptable level, driving the quality downwards.**

# **STRENGTHS OF WORKING WITH STANDARDS**



- ⌘ Incentive for continuous improvement.**
- ⌘ Instrument for solving national and regional conflicts.**
- ⌘ Promote discussion and stimulate consensus about essentials.**
- ⌘ Opportunities for educational research.**
- ⌘ Empower educators to bring about change and guide student choice.**
- ⌘ Save time for curriculum planners.**
- ⌘ Provide a valuable orientation for funders and society.**
- ⌘ Facilitate international co-operation, exchange and confidence.**
- ⌘ Sub-standards schools will be improved.**

# STANDARDS FOR PH.D. PROGRAMMES IN BIOMEDICINE AND HEALTH SCIENCES



## *Main characteristics*

- ⌘ Postgraduate level – high individual responsibility
- ⌘ Combination of education/traning and research

# STANDARDS FOR PH.D. PROGRAMMES IN BIOMEDICINE AND HEALTH SCIENCES



## *Areas and sub-areas (I)*

### *Mission and outcomes*

- **Statement; participation in formulation; academic autonomy; educational outcome**

### *The Ph.D. programme*

- **The educational component: curriculum models and instructional methods; composition and duration**
- **The research component: research work; publications; thesis**

### *Assessment of students*

- **Methods; relation to learning**

### *Students*

- **Recruitment and admission-student support and counselling**

# STANDARDS FOR PH.D. PROGRAMMES IN BIOMEDICINE AND HEALTH SCIENCES



## *Areas and sub-areas (II)*

### *Academic staff/faculty*

- Recruitment of supervisors; teachers and staff development

### *Resources*

#### **Educational component:**

- Physical facilities; information technology; educational expertise

**Research component: laboratories; libraries, etc.**

### *Programme evaluation*

- Mechanisms; feedback from teachers and students

### *Governance and administration*

- Academic leadership; educational budget and resource allocation; administrative staff and management

### *Continuous renewal*

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