

# THE EVOLVING LANDSCAPE OF MEDICAL EDUCATION AND ACCREDITATION: Critical insights

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## Introduction to WFME

- The World Federation for Medical Education (WFME) aims to enhance the quality of medical education and to promote the highest standards.
- A partnership organisation of the world's six regional associations for medical education, also working with its two founding members WHO and WMA, and four executive members, JDN, IFMSA, AMEE and ECFMG.
- Founded in 1972.

# Enhancing the Quality of Medical Education Through Three Main Priorities/Projects

## RECOGNITION PROGRAMME

The WFME Recognition of Accreditation Programme evaluates agencies against internationally-accepted criteria for accreditation. Recognition Status is the quality measure which confers the understanding that the quality of medical education in accredited schools is to an appropriate and rigorous standard.

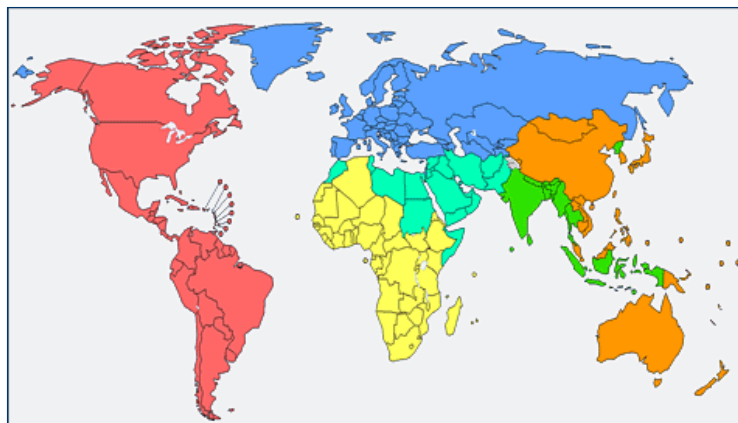
## STANDARDS

WFME publishes international best practice *Global Standards for Quality Improvement of Medical Education*, covering Basic Medical Education, Postgraduate Medical Education, Continuing Professional Development of Medical Doctors, and Distributed and Distance Learning in Medical Education.

## WORLD DIRECTORY

The World Directory of Medical Schools is a freely accessible directory of the world's undergraduate (basic) medical education programmes. It contains information for over 3,700 schools, both operational and historical, including curriculum and enrolment details.

## Regional Members of WFME



Western Pacific Association  
for Medical Education



Founding  
members of  
WFME



Executive  
members  
of WFME



## WFME Executive Council

- Six regional associations for medical education: AMEEMR, AMSA, AMSE, PAFAMS, SEARAME, WPAME
- Two founding members: WHO and WMA
- Four executive members: AMEE, ECFMG®, IFMSA, JDN
- WFME President
- WFME Vice-President
- WFME Past President



## VISION

To improve health for all through quality medical education.



## MISSION

To enhance the quality of medical education through global leadership in promotion of standards, recognition of accreditation and engaged collaborations to support the continuum of medical education worldwide.

## PRIORITIES

Standards along the medical continuum  
Recognition of Accreditation Programmes  
World Directory of Medical Schools



## VALUES

Collaboration. Integrity. Respect.



# **The Evolving Landscape of Medical Education and Accreditation: Critical Insights**



## Developing Our Analysis: From Problems to Solutions

At the first AAA Forum (2023)



I presented an analysis of the challenges we face for quality improvement in accreditation in medical education.

At this second AMAA Forum (2025)



I will review the arguments that I presented in 2023, and will go on to consider:

- The current landscape for medical education and accreditation.
- Some ways forward to address the challenges.

## Background to the Challenges We Identified in 2023

The world is becoming economically and politically multipolar rather than unipolar.

**BUT** medical education ideas and accreditation practices and standards still derive from the Global North.

## My Argument in 2023....

Quality, accreditation, and globalisation were powerful ideas in medical education.

These ideas have been subject to considerable critical discussion.

A more positive view was developing from “quality assurance” to “quality improvement”, and from “globalisation” to “context and culture”.

WFME was responding to these in relation to:

- The recognition of accreditation agencies programme.
- Our non-prescriptive, principles-based standards for all stages of medical education.

## We Face Other Challenges

In responding to these challenges, we recognise that:

- The landscape of medical education changes constantly in relation to social trends.
- Ideas about accreditation also change in relation to observed purposes, outcomes, effects and critiques.
- The Global North is still dominant and regarded as the gold standard for accreditation and educational practice.



A post-colonial phenomenon, not an evidence-based one. The Global South must take an equal role.

## WFME's Response to These Issues

Our definition of quality recognises the differences across contexts and cultures.

Our principles-based standards avoid imposing any educational designs or practices, but invite everyone to develop their own.

Our recognition programmes (for regulators of basic and postgraduate medical education and continuing professional development) will try to move to a more regional basis that is in tune with culture and context.

# **Firstly, Let's Look at Medical Education**

## How is the Educational Landscape Developing?

The most significant trend is **contextualisation**: the recognition that different educational approaches are appropriate in different contexts and cultures.

There is evidence that students in different cultures learn in different ways.

Changes in education are usually driven by economic and social factors.

## Contextualisation: The Main Issue in Medical Education

- There is a constant tension between a vision of education promoted by medical educators, based on contextually non-specific ideas such as those found in the medical education literature, and the sociopolitical foundations and forces that are unique to each country.

(Segouin, C. and Hodges, B. 2005)

In other words, medical education tends to ignore contextual and cultural issues and just promotes one dominant (usually Global North) view of how education should be.




## Why Does Education Change?

Changes in education are usually driven by economic and social factors. And fashion.

There is no evidence that any particular curriculum design or educational approach is more effective than any other.

So ...



When new approaches appear, beware! For example, problem-based learning was adopted in many Global South (but few Global North) medical schools but has not been effective, and most PBL curricula are now reverting to a more traditional approach to teaching.

## Current Issues in Medical Education - 1

Use of AI and digital ethics. Currently, no evidence, no critique, no protocols. A potentially harmful fashion that needs evaluation.

Globalisation: which means that the Global North dominates all educational ideas.

Escalation of student numbers and private for-profit schools, with inadequate resources.

## Current Issues in Medical Education - 2

Commodification of medical education: profit being made from the sale of curricula, and from international consultancies that increase Global North domination, and international accreditation.

Curriculum development (sometimes called 'modernisation') in the Global South that enables medical migration, and continuing shortage of doctors in the Global South.

## Importance of the Service Background

As more medical schools open and more student places are created, the importance of the medical schools' links with the service is a focus of concern.

AI and simulation cannot replace clinical teachers service-based learning.

Exposure to the service and positive role models affect career choice.

Role models are the most powerful influence on developing professionalism.

## The Role of the Service Background

Medical schools depend on the healthcare service for training and educational opportunities.

Medical schools send their graduates into that service for higher training and for work.

The symbiosis of service and medical school ensure social accountability.

**BUT:** How do regulators deal with schools that prepare their graduates to migrate to another country and culture?

**Regulators, and WFME, have this serious question to answer.**

## Summary...

The focus of change in education in the Global South is often what **appears to be happening** in the Global North, rather than what is needed and feasible at home.

This can lead to a lack of synergy between the medical schools and the health care system.

We need to think not only of medical schools, but of medical careers, postgraduate training and CPD.

Need for co-ordination of colleges, ministries (education and health service) and regulators.

The need for a rational, contextualised development strategy.

How do regulators deal with their role in facilitating medical migration?

# **Next, Let's Look at Accreditation**

## What has Changed in Accreditation Since 2023?

Accreditation in higher education has become the subject of academic interest and analysis.



Because it is expensive and, so far, there is little robust evidence about its effect or cost-effectiveness.

Claims are made about 'best practices in education and accreditation': but no evidence. What is cited as good practice is often simply common practice.

Greater emphasis on quality enhancement (as I discussed in 2023) rather than snapshot judgements.



## Please Note!

Many of the following points are based on:

Kayyali, M. (2024) *Quality Assurance and Accreditation in Higher Education: Issues, Models, and Best Practices*. Palgrave Macmillan. Springer Nature, Cham, Switzerland. ISBN 978-3-031-66623-0 (eBook)

## The Current Accreditation Landscape

Accreditation (originally developed in the finance industry) is the currently dominant approach to quality assurance in medical education.

But it might not be as effective as we hope.

Concerns are being expressed about:

- Standards bias (Whose standards? How relevant?).
- Transparency of the process and decisions.
- Representativeness of accreditation inspections.
- Validity of decisions.
- Quality of the institution between inspections.
- Expense and cost-effectiveness.

## There is No Research to Help Us

When critiques and texts about accreditation mention research, it is always about accreditation encouraging research in the inspected body.

It is never about the need for rigorous research about the singular and additive effects of each element of our current accreditation processes.

# First Published Research into WFME Recognised Agencies

- Highlighted:

The assumption that schools accredited by WFME-recognised agencies are comparable in their oversight by accrediting agencies.

- But concluded that:

Our findings question that assumption when the evidence that WFME-recognised agencies seek from schools is so different.

This seems to question our own processes, so we will be conducting further research and considering the implications for what we do.

Yuxing E. Ma & Sean Tackett (26 Nov 2024): Evidence medical schools are meeting accreditation standards: Comparison of self-evaluation guidance from WFME- recognised agencies, Medical Teacher

# The Need for Research

WFME encourages every accreditation agency to conduct comparative research into its own effectiveness and effects.

## Cross Border Accreditation: A Developing Trend

WFME is building its policy for cross-border accreditation (i.e. where agencies work in their own countries and in others).

We can see our own work as we would look at the work of agencies working across borders.

## Cross Border Accreditation Requires:

**1. Cultural adaptability:** Recognising and tolerating cultural variation, and cultural differences.

**2. Rigorous academic standards:** Ensuring that assessments, grading processes, and curricula are rational and meet the standards of the home country.

**3. Appropriate staff qualifications and training.**

**4. Developmental support services.**

## Ensuring Consistency in Transnational Accreditation

To ensure the quality of the regulatory work of agencies working across borders, there must be:

- 1. Comprehensive programme design** with a global perspective ensuring flexibility in varied cultural and educational environments.
- 2. Ongoing evaluation of the work of accreditation.**
- 3. Cross-cultural training** for all staff.
- 4. Collaborative quality assurance initiatives**, engaging with international accreditation bodies and quality assurance agencies.



# Continuous Quality Improvement: Implications for Accreditation

The current dominant institutional trend in quality is **Continuous Quality Improvement (CQI)**.

Because educational organisations must adapt, innovate, and evolve in a competitive world.

Change is not always positive.

## **THE CHALLENGE:**

Accreditation or recognition are given at one point in time on a changing landscape. How can accreditation or recognition cope with this and retain its validity?

## CQI and Accreditation...

There is a need for policy and practice development in accreditation in the era of CQI.

A policy framework should include, at a minimum:

1. A clear statement of the specific purposes and expected outcomes of accreditation.
2. A strategic plan for data collection that describes the types of data to be collected, and the processes for data collection.

## ...CQI and Accreditation

3. Performance Indicators that act as benchmarks against which to judge progress and development.

4. Regular development review (formative and summative).

5. Close relationship with stakeholders throughout.

6. Feedback systems with all stakeholders, for open and supportive conversations.

## ...CQI and Accreditation

7. Provision of actionable suggestions to reinforce the CQI process.

8. Transparency, records and reporting: Transparency in disclosing findings is vital for accountability and establishing confidence among stakeholders in the system being inspected.

## Implications for WFME

So far, WFME has rejected virtual inspections and site visits.

But to maintain the validity of the accreditation judgement over years in a changing institutional landscape, we must reconsider.

Technology may facilitate virtual continuous monitoring between site-visits and confirm transparency in validation of findings.

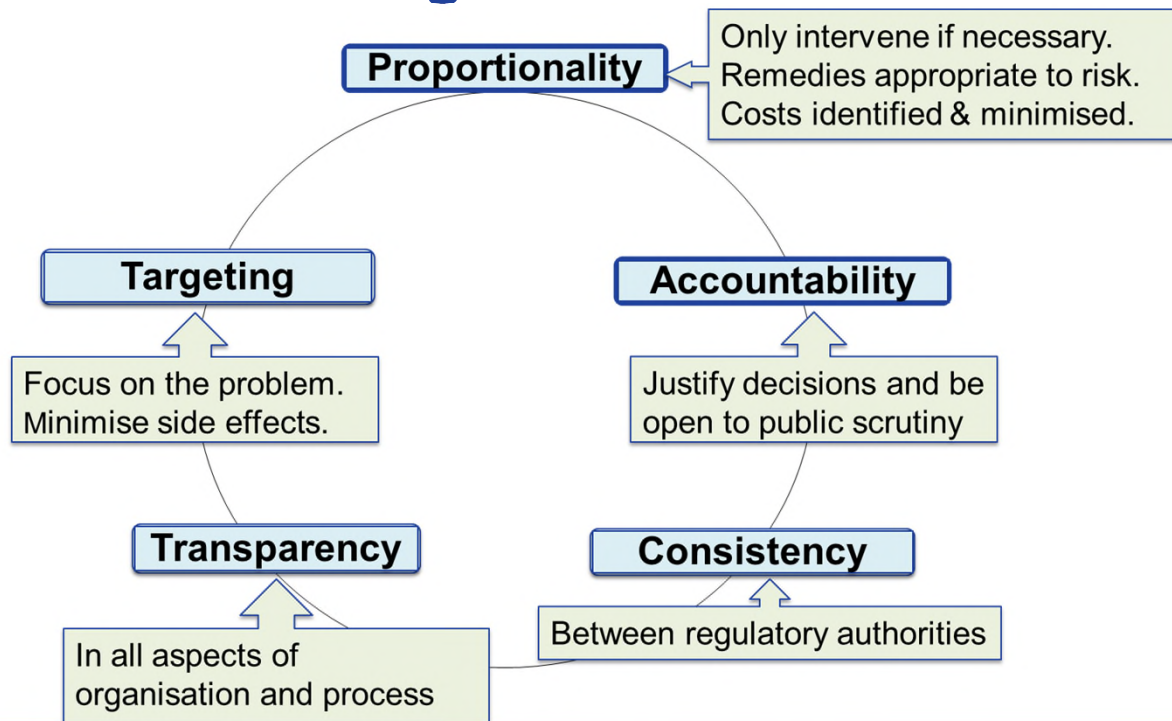
Environmental sustainability is now a consideration for all global organisations. For WFME, use of technology and local inspectors with contextual knowledge, via our regional representatives, is an option.

## WFME's Responsibilities

In this changing landscape, WFME must also review and develop its own processes, to demonstrate our commitment to quality assurance of our actions.

This requires research, analysis of our own work and adherence to the principles of good regulation.

# Principles of Good Regulation



## Are There Alternatives to the Global North Model of Accreditation?

The accreditation landscape is changing.

Regulators are now aware of:

- Contextual differences and relevance.
- The need for transparency.
- The development of collaborative models.
- The requirement for sustainability.

There are new approaches to quality assurance that regulators might consider.



## For Example...

Continuous quality improvement systems at institutional or programme level.

Inspect QI systems

Routine performance measurement.

e.g. progression, pass rates, complaints, staffing, resources, time for learning, time for teaching, support systems

Peer ranking of organisations and programmes.

Routine surveys of learners, teachers, managers.

Evaluation rather than inspection: Ongoing developmental partnership rather than snapshot authoritative external inspection.

## A Final Developing Issue in Accreditation...

Who scrutinises us?



We are accountable to:

- Those we inspect, especially if they pay fees for our judgement.
- Those who depend on the quality of the work they do.
- Governments and decision-makers.

## There is a Case For...

The collection of more robust data and research about our own processes and outcomes (intended and not intended).

Building external and peer collaborations in quality collectives.

Enabling effective scrutiny of us by those we judge.

Enabling effective scrutiny of us by those who use our judgements.

## The Future of Medical Education and Accreditation

The future of accreditation is one of constant change, where institutions and accrediting bodies are partners in the pursuit of educational excellence in an ever-changing environment.

Current concerns about educational institutions and accreditation authorities alike suggest that current approaches to quality assurance are no longer sufficient in a rapidly changing world.

Shaping the future of accreditation demands proactive engagement with emerging trends, a readiness to adapt, and a commitment to continual improvement of our own systems and processes.

# **Our Two New Recognition Programmes**

## PGME Recognition Programme

- A PGME scoping exercise undertaken in November 2023 revealed global interest in enhancing the quality of PGME accreditation through the establishment of a recognition programme.
- As a result, in April 2024, the Executive Council committed to developing the WFME PGME Recognition Programme, drawing parallels with the WFME's well-established BME Recognition Programme.
- The WFME PGME Recognition Programme will deliver an independent, transparent and rigorous method of ensuring that PGME accreditation is at an internationally accepted and high standard by evaluating compliance of accrediting agencies with pre-defined criteria.
- The first draft of the Recognition Criteria, developed by an expert advisory group, is currently undergoing a stakeholder consultation phase and is expected to be finalised by March 2025, with a view to launching the programme at the WFME World Conference in May 2025.

## CPD Recognition Programme

- In April 2024, the WFME Executive Council approved the creation of the Continuing Professional Development (CPD) Recognition Programme by adopting the standards of the International Academy of Continuing Professional Development Agency (IACPDA).
- IACPDA was founded in 2013 and is a collaborative network aimed at promoting and enhancing CPD and Continuing Medical Education (CME) accreditation systems across the globe. IACPDA serves as a vital resource for leaders in CPD/CME accreditation, providing a forum for networking and discussion on key issues in professional education.

## CPD Recognition Programme

- The WFME has adopted these standards as the criteria for its CPD Recognition of Accreditation Programme. Compliance with the criteria will determine whether an accrediting body is awarded WFME CPD Recognition Status. Recognition status allows stakeholders - national authorities, regulators, credentialing bodies, certifying bodies and, most importantly, physicians and their patients - to know that accredited education in support of improved patient care and patient safety meets a high level of independence, rigour, content validity, quality of design and outcome measures.
- Since January 2025, our CPD Recognition Programme is ready/open to accept preliminary applications.



# WFME WORLD CONFERENCE 2025

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*Bangkok, Thailand*

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