Leading article

Quality in medical education

A world register of medical schools is a good idea

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The latter half of the 20th century saw a proliferation of medical schools world-wide. The total number listed in the World Directory of Medical Schools (1) now exceeds 1400, despite the fact that high quality medical education demands a great deal of financial and human resources. Unfortunately, many new schools have been established without adequate academic, institutional and financial resources, their foundation driven by political influence and personal ambitions. The rise of commercialised medical education, with 'for-profit' medical schools, has played a contributory role (2).

These global trends were reflected in Sri Lanka. The number of state medical schools has trebled from 2 in the early 1970s to 6 at the turn of the century. Several unsuccessful attempts were made during this period to establish private medical schools. In addition, we now have a steady stream of medical graduates who have been trained in a variety of foreign medical schools, returning home.

Many people have an interest in the quality of medical education. Students have the right to a good medical education. The public have the right to well educated, well trained doctors and specialists. How can we safeguard the quality of medical education in today's rapidly changing world?

Existing mechanisms

In the UK, the General Medical Council (GMC) is responsible for the systematic evaluation of medical schools. The GMC also registers doctors from foreign countries who seek opportunities for post-graduate training and employment in the UK. Until recently, accreditation teams from the GMC regularly visited schools in Commonwealth countries to determine if graduates were of a sufficiently high standard to be permitted to practise in the UK. In the absence of any other yardstick, many medical schools in developing countries assumed that their programs must be satisfactory if they were recognised by the GMC. They little realised that the needs of the country in which a particular school was located was not the main concern of the GMC. Thus the priorities of their own country were often neglected. Moreover, there was little feed-back to the inspected institution after the GMC's visit. So it did not do much to encourage improvement (3). This scheme was terminated a few years ago as the GMC found it impractical to send inspection teams to all the medical schools that sought recognition. Foreign medical graduates who wish to train or practise in the UK now have to pass a licensing examination conducted by the GMC, which has both medical science and English language components.

In the USA a system of assessment and accrediaton of medical schools has been in operation since the early decades of the 20th century (4). The Liaison Committee on Medical Education (the body responsible for accreditation) relies heavily on graduate performance in national licensing examinations for curriculum accreditation (5). A national examination that fosters desirable learner behaviours could do much to stimulate innovation, as examinations are potent devices for change. But unless national licensing examinations undergo changes that are congruent with progressive changes in curriculum, they could discourage innovation and encourage conformity (6). Graduates of foreign medical schools who wish to enter medical education programs in the USA must obtain certification from the Education Commission for Foreign Medical Graduates (ECFMG). This involves passing a medical science examination, English language proficiency test and a clinical skills assessment.

Australian medical schools, because of their close ties with the UK, relied on GMC accreditation teams until recently, and the Australian Medical Council (AMC) was established only in 1984 (7). One of its mandates was "the accreditation of medical schools and courses leading to basic medical qualifications". The AMC now undertakes accreditation of 11 medical schools in Australia and 2 in New Zealand. Overseas trained doctors who wish to practise in Australia are registered by the AMC after they demonstrate their competence by examination.

In both American and Australian schemes of accreditation, the process normally involves the following elements: data collection about the institution, a self-evaluation conducted by the leaders, educators, administrators and students of the institution, institution visit by external experts, the production of a report by the evaluation body, and a decision by the authority for accreditation. Accreditation is awarded for a limited period (7 years in the USA, 10 in Australia), after which the institution goes through the process again.

A clear difference exists between licensing graduates after accreditation of the training institution, and licensing after passing a certifying examination. In accreditation, what is evaluated is the continuity and integrity of the process of medical education as a whole. In other words, it is mainly a process evaluation, based on the assumption that the total educational experience and its quality mainly determine the quality of graduates. Licensing after examination alone, is a product evaluation. Examinations may cover a wide sweep of clinical competence, but they may not, by themselves, assure the quality of the total medical educational experience (3).

Accreditation can be done in such a way that it encourages curriculum development, while safeguarding educational quality. Accreditation works because of the process of evaluation, which includes establishment of national goals for medical education and national standards for accreditation. It has been found often to start a profound discussion and interest in self-evaluation in individual schools, leading to substantial changes in curriculum (8).

World Federation for Medical Education (WFME) initiative

The WFME recently called for the establishment of an International Register of Medical Schools (2). This register would contain all the information included in the current World Directory (which now contains only the names of the institution, their programs, and some additional information supplied by the national authorities in a condensed, standardised form), and also indicate those medical schools fulfilling certain approved criteria. Such a World Register accreditation is intended to guarantee that an expert committee has assessed the education program and found it to fulfil minimal requirements and accepted standards. This register would stimulate educational institutions to formulate their own plans for change and improvement of quality, and also form a basis for international acceptance of medical graduates.

The WFME initiative proposes the introduction of a quality assurance instrument which would signify that national standards for structure, function and performance of medical schools have been met. Accreditation would include a process of internal (self) assessment by the institution, on-site peer review by a panel of experts, and decision making by a national accrediting body. The WFME proposes to obtain regional and national consensus, and act as a catalyst for the procedure of defining global and regional standards for medical education programs. Important aspects that will be considered in evaluation of programs are listed in the table.

Implications for Sri Lanka

In August 1999, the South East Asian Regional Office of WHO summoned a Task Force meeting on accreditation of institutions of higher education of health personnel. The Task Force included representatives from five countries in the region: Bangladesh, Myanmar, Nepal, Sri Lanka and Thailand. It recommended that each member should strive to create awareness for quality assurance in medical schools in their countries.

As a result, a national consultative meeting was held in Colombo in December 1999 involving all the principal stakeholders in the issue: the Sri Lanka Medical Council,

Table. Aspects for evaluation of medical education programs

Mission of the institution	Capacity for clinical teaching (hospitals, general practice, ambulatory settings, etc)
Objectives of the education being offered	Learning environment (service and student culture)
Structure of the educational program	Information technology and networking
Content of the program	Management of the program ie. administration and decision making
Pedagogical principles	Admission criteria; number of students
Teaching methods	Teacher qualifications
Learning material	Student support and counselling
Skills acquisition (laboratory and clinical training)	On going mechanisms for quality control
Assessment techniques	Internationalisation (exchange of students, etc.)
Outcome measures	
Physical facilities (libraries, lecture halls, group rooms, laboratories, etc)	

academic staff from all six medical faculties, members of the University Grants Commission, and senior officials from the Ministry of Health. The participants agreed that Sri Lanka must develop a national process for the accreditation of its medical schools, and that the strategy adopted by the AMC would be the most suitable in our context, since it ensures standards while encouraging innovation. The appointment of an accreditation committee was recommended to decide on minimum standards and criteria appropriate to Sri Lanka, while taking into consideration the recommendations of the WFME. The process will be tested in a pilot study to be conducted during the year 2000, in the medical faculty of University of Kelaniya. An initial round of provisional accreditations by the SLMC will follow, where one medical faculty would be evaluated annually for five years.

Active participation in the WFME initiative would benefit Sri Lanka in many ways. The quality of medical education in the country will improve as we work towards establishing and attaining national standards for accreditation. Once the international criteria are agreed upon, and our schools obtain World Register accreditation, our graduates will find it much easier to gain international acceptance. Finally, the World Register could provide guidance to prospective medical students who wish to study abroad, and ease the path of the SLMC in the vexed issue of their registration.

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Drag them down

Never keep up with the Joneses; drag them down to your level. It's cheaper.

Quentin Crisp (writer and gay campaigner), 1968.