

**AMSE Conference, Faculty of Medicine, University of Barcelona, 5 – 7 June 2008**

### **AMSE - Barcelona Declaration on Quality Assurance in the Medical School**

The Association of Medical Schools in Europe (AMSE) wishes to support the development of a coherent and strong set of processes for quality assurance and quality improvement in medical schools across Europe. Medical schools will only fulfil their responsibility to society, and their duties to their students and staff, if quality assurance systems are strong, effective, and fit for purpose.

Quality assurance is essential for all aspects of the academic work of the medical school (whether in the public or private sector): including basic and clinical undergraduate medical education, postgraduate medical education and specialist clinical training, continuous professional development as well as research including research training and PhD studies.

AMSE recognises that standards and processes for quality assessment and quality assurance are often authoritative and efficient, but not uniformly so. AMSE is fully supportive of an academically-developed independent system of accreditation, quality assurance and quality improvement of medical education and research, and also supportive of quality assurance and improvement of the related health-care system. The standards used should be based on common European criteria, together with local specifications as needed. AMSE and the World Federation for Medical Education developed European specifications to the WFME global standards, for this purpose.

Independence in these processes means that the authority for quality assurance must be external to the individual medical school and genuinely representative of stakeholders. However, externality and independence must be associated with self evaluation and with:

- expertise: these are peer review processes
- interaction: there must be constructive and open dialogue between the quality assurance agency and the medical school
- objectivity: the standards must be set dispassionately and must be defensible
- transparency: the process and outcome must be open and publicly available
- freedom from any conflict of interest.

There must be emphasis on medicine-specific criteria. The range of academic work in the medical school, and the interaction with the health care system, means that the application of general quality assurance processes for higher education, without specific modification, may not be adequate.

In considering medicine-specific criteria, the quality of the eventual performance of the graduate, as a doctor for clinical practice, is the measure that is of critical importance to society. Assurance of clinical competence at graduation will be essential, achieved through academic and scientific knowledge, professionalism, ethics, attitudes and skills.

In countries where postgraduate medical education and specialist clinical training are the responsibility of the health care system or the profession, and not of the medical school, there must be good communication and transition processes between the quality assurance system for the medical school and the related processes in the postgraduate system.

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AMSE can act as a vehicle through which good practice across Europe, and more widely, can be shared. In the development of Quality Improvement programmes for medical schools in Europe, the following principles and proposals for good practice could prove helpful:

- **Dialogue between medicine-specific quality assurance agencies and agencies with a responsibility for general quality assurance** in higher education should be promoted: AMSE is considering a workshop for interactive discussion and development of this topic.
- Such a workshop will also promote development of **common goals in quality assurance agencies, a common language and common understanding of terminology** and processes across Europe, and promotion of understanding of the terminology.
- Recognising that there are varied models and systems for quality assurance in Europe, **development and implementation of systems that are appropriate for local need** is admissible, provided standards and processes are of the necessary core quality.
- **Interaction** between peer reviewers and the medical school is essential. **Exchange of ideas** is indispensable in the enhancement of quality.
- Promotion and development of a **quality culture** for the entire medical school and its partners is an essential goal, in particular because medical students must understand and adopt this culture for life-long learning.
- **Medical students** are the future of medicine and the medical profession, and should all be **active partners** in discussion and agreement of our quality improvement processes in education. Self-assessment and self-directed quality improvement by students should be required.



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