

AMSE Conference Zagreb June 2009



WFME GLOBAL STANDARDS

for quality development

in

Postgraduate Medical Education (PME)

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WFME June 2009

Brief History

- 1984 International Collaborative Programme for the reorientation of medical education
- 1988 The Edinburgh Declaration
- 1993 World Summit on medical Education
- 1998 WFME Position Paper
- 2002 The Trilogy of Standards
- 2003 Endorsement at the World Conference on medical education in Copenhagen
- 2004 Partnership with WHO
- 2007 The Avicenna Project

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Operations

- Translation of the global Standards
- Pilot projects in Basic and Postgraduate Med. Ed.
- Site visits to medical faculties based on self-evaluation
- Manual for the use in Accreditation
- Widening the content in the WHO Directory, The Avicenna Project

Concept, purpose and rationale

- Variations in content and process among countries
- Provision of high quality health care similar
- Global Standards must be supplemented nationwide og regionwise
- The global standards constitute a new framework
- Standards must be meaningful, appropriate, relevant, measurable
- May facilitate mobility of medical doctors
- To be used as a tool for quality assurance and accreditation

Use of Standards

- **Institutional Self –evaluation**
- **Peer Review (external evaluation)**
- **Recognition and Accreditation**
- **The medical profession through their associations and societies can evaluate medical education**
- **The individual doctor can assess their own education**

Definitions

Areas as broad components in the structure, process, and outcome in medical education

Sub-Areas as specific aspects of an area, corresponding to performance indicators

Basic Standards as standards that *must* be met by the educational provider

Standards for quality development as standards which are in accordance with best practice medical education

AREAS

1. **Mission and objectives**
2. **Educational programme/Training Process/ Learning Methods**
3. **Assessment/Planning and documentation**
4. **Students/Trainees/The individual doctor**
5. **Academic Staff/Staffing/CPD Provider**
6. **Educational Resources/Training settings/Context and resources**
7. **Programme evaluation/evaluation of methods and competencies**
8. **Governance and administration/Organisation**
9. **Continuous renewal**

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The WFME Global Standards in Postgraduate Medical Education

Encompass **9** areas and **38** sub-areas.
Each sub-area describes a *basic standard* and a
quality development standard

Postgraduate Medical Education is the phase of medical education in which doctors develop competencies after completion of their basic medical qualifications. This phase of training is usually conducted according to specified regulations and rules

Postgraduate Medical Education comprises pre-registration training, vocational/professional training, specialist and sub-specialist training and other formalised training programmes for defined expert functions

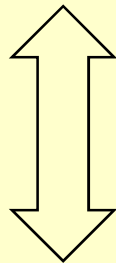
Motivation for PME derives from three main sources:

- The professional drive to be an expert**
- The opportunity to earn money**
- The opportunity to have job satisfaction and recognition**

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Organisation and Methods PME

Recognized Training Programmes



**Responsibility of scientific societies and
government agencies (licensing bodies)**

Of interest to the Health Care System

Evaluation and Recognition

The educational outcomes of PME must be measurable. Competencies should be assessed during the "workplace training", through formative or summative examinations or through portfolio systems (log-books etc)

- or through summative licensing/certifying end of training examinations

Informal learning opportunities

- **Content of job:** *Variation, trial& error, responsibility*
- **Dialogues:** *Career monitoring, supervision, informal chats*
- **Experiences:** *Coaching, mentoring, networks, studying your pal*
- **Collaboration:** *Projects, team participation, meetings*
- **Changes:** *Exchange of positions, new working conditions*

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Examples of the WFME Global Standards in PME

Approaches to PME (2.1)

Basic standard:

PME must encompass integrated practical and theoretical instruction

Quality development:

PME training should ensure an increasing degree of independent responsibility as skills, knowledge and experience grows

Examples of the WFME Global Standards in PME

Relation between PME and Service (2.5)

Basic standard:

PME must be described and respected and the integration between training and service must be assured

Quality development:

PME should be complementary and not subordinated to service demands. The capacity of the health care system should be effectively utilised for service based training purposes

Examples of the WFME Global Standards in PME

Assessment Methods (3.1)

Basic standard:

PME must include a process of assessment with methods defined by the competent authorities. Assessment must emphasise formative in-training methods and constructive feedback

Quality development:

The reliability and validity of assessment methods should be documented. Complementary sets of assessment methods should be applied. Different stages of training should be documented in a log-book. An appeal system should be established

Examples

of the WFME Global Standards in PME

Authorisation and Monitoring of training settings (7.4)

Basic standard:

All training programmes must be authorised by a competent authority based on well-defined criteria and programme evaluation and with the authority able to grant or, withdraw recognition of training settings or theoretical courses

Quality development:

The competent authorities should establish a system to monitor training facilities via site visits or other relevant means

New trends in PME

Since general regulation of specialist training in Europe, late 1950 and early 1960, there has been a shift in paradigm

- From time and stages regulation
- To goal regulated and competence based training regulations

The WFME Global Standards for PME does not interfere with this regulation of structure and learning procedures

New trends in PME

In Europe there are different traditions for assessments of PME:

- **Specialist training has always been heavily based on gradual clinical experience obtained by the trainees in workplace situations, supervised by senior colleagues (masters)**
- **This basic model is supplemented by structured educational dialogues between trainer and trainee based on log-book documentation (portfolio assessment)**

The WFME Global Standards for PME does not interfere with the various procedures for assessment

New trends in PME

In Europe there are different traditions for assesment of PME:

- **Some places in Europe demand compulsory summative (licensing) examinations – clinical, theoretical or a combination**
- **Some places in Europe offers formative (normative) exams - clinical, theoretical or a combination during training**
- **Some specialites offer a common european exam through UEMS**

The WFME Global Standards for PME does not interfere with the various procedures for assesment

New trends in PME

In Europe there are different traditions for assesment of PME:

- **The Universities are involved in theoretical traning and assesment in various ways and degrees**
- **The theoretical assesments in PME might be improved with an increased involvement of the universities**

The WFME Global Standards for PME does not interfere with the various procedures for assesment