

THE FUTURE OF MEDICAL EDUCATION: MEETING THE GLOBAL STANDARDS

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The main goal of medical education is to provide improved health to all.¹ To work towards this goal and to enhance the quality of medical education, the World Medical Association (WMA) and the World Health Organization (WHO) established the World Federation for Medical Education (WFME) in 1972.² It works to achieve its main goal by promoting high quality by initiating new learning methods, new instructional tools, and innovative management of medical education for almost 10 million physicians and students.^{1,3}

To make sure that competencies of doctors are globally accepted, it is necessary to have readily accessible and transparent documentation of the quality of educational institutions and their programmes.¹ In this context, WFME Global Standards, both basic and quality improvement standards (which are a global expert consensus), cover all three phases of medical education.² These are *basic medical education* (comprising of 106 basic standards, 90 quality development standards and 127 annotations); *postgraduate medical education* (comprising of 161 basic standards, 94 quality development standards and 123 annotations); and *continuing professional development* (comprising of 76 basic standards, 62 quality development standards and 80 annotations).² The focus of this editorial, however, will be basic medical education.

As we know that the standards cannot define a universal curriculum, and while developing educational programmes, diversity must be fostered, to account for different educational, economic, social and cultural conditions, different

disease patterns, and to support social responsibility.² WFME recognizes that all WFME standards may not be relevant in every institution; and national and regional standards must be considered, in this context.² It is also true in the light of the fact that the needs and demands of the community are constantly changing.⁴

World Directory of Medical Schools has been developed by WFME through a partnership with the Foundation for Advancement of International Medical Education and Research (FAIMER).⁵ There are more than 2,900 operational listings in the World Directory of Medical Schools.⁵ WFME is concerned that the quality of medical education and training in these medical schools should be of the highest standard. Therefore, WFME has devised a recognition programme, which is based on integrated curriculum. The concept of integrated curriculum was first started in 1951 by Case Western University in United States.⁶ The concept of integration between different disciplines/subjects has come out of researches on cognitive psychology related to medical education and has been described by Harden to be possibly achieved in eleven steps.⁷ The recent important implication of this recognition programme of WFME has been the announcement of Educational Commission for Foreign Medical Graduates (ECFMG) that says that effective in 2023, eligibility for employment as a doctor will be restricted to graduates from medical schools/programmes accredited by an agency, which is recognized by the WFME Recognition Programme.² This is supposedly the start and other similar

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organizations will soon follow the path.

Khyber Medical University Peshawar, the only medical university of the Khyber Pakhtunkhwa province of Pakistan, has a mandate and responsibility to spearhead the curricular reforms by initiating the process, sensitizing the stakeholders, providing guidance, developing capacity, supervising the procedure, developing assessment plan and ensuring compliance in all the constituent and affiliated medical schools.

The present curriculum adopted in Pakistan is a discipline based model, inherited from British India, and is generally centered around old-fashioned methods of teaching and passive learning rather than didactic teaching and adult learning.^{4,8} The Pakistan Medical and Dental Council (PMDC) has chalked out the outlines of our medical curriculum but these are vague, resulting in the ambiguity of the situation.⁹ Moreover, surveyed faculty has declared that it does not consider the health needs of Pakistan, lacks integration of basic with clinical sciences and is a source of stress for medical students.⁹ Since, medical education needs to be constantly updated in response to our social needs and requirements of the medical practice; a robust curriculum needs constant revision and reforms in the light of changing social circumstances and the information overload.¹⁰ Therefore, curricular reforms should be made a happy hunting ground for all medical institutions, and it would indeed be a great pity if it were not so. Translation of curriculum based on current principles of medical education is an uphill task, which requires commitment on part of the faculty and university management alike.¹⁰ Khyber Medical University has realized this and is ready to take the challenge.

The reality of possible closing of some of the doors of foreign employment for Pakistani doctors after the

implementation of ECFMG announcement, in 2023, makes the curriculum issue to be taken as urgent and treated as a priority on a now or never basis.¹¹ It is important to keep in mind that the graduate of 2023 will possibly be enrolled just next year in 2018. We should not forget that introducing integration would need departmental control over curriculum to be transferred to a curriculum committee, which may be something difficult to accept by many departmental heads.⁴ Therefore, integration is a change in the social structure of the medical schools and not just a curricular change.⁴ Nevertheless, it is necessary now to work on changing the social structure of the medical schools because it is critical for a nation's standing to ensure that its medical workforce is well equipped to meet the international standards. Therefore, a degree of international homogeneity is required.⁸

Realizing the importance of the matter, a Central Curriculum Committee has been made at Khyber Medical University, Peshawar, with membership from all the constituent and affiliated medical schools. To follow the integrated curricular system meeting national and international requirements, modules have been prepared by various medical schools. These have been standardized and a pilot testing have been planned for the current session (starting in last quarter of 2017) in 5 medical schools which include Khyber Medical College, Khyber Girls

Medical College, Khyber Medical University Institute of Medical Sciences, Rehman Medical College and Northwest School of Medicine.

It is expected that the successful implementation of the pilot program will pave way for the integrated modular curriculum to be adopted in all the constituent and affiliate colleges of Khyber Medical University, making its graduates to be at par with international standards and able to work anywhere across the globe.

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CONFLICT OF INTEREST

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