



Submission Form for IFMSA Policy Statements

NMO Proposing:	Already adopted by EB in October 2005
Date for Adoption:	March Meeting 2006
Expiry Date:	./.

Summary: (statement of belief)

Quality Assurance in Medical Schools

Moving from Quality Assurance to Quality Improvement

Quality Assurance Workshop, EMSA/IFMSA, Copenhagen (Denmark), July 6-10, 2005

Executive Summary:

The medical students of Europe are strongly committed to supporting the quality movement in medical education. However, we challenge the European Higher Education Area to set their sights higher. There is no guarantee that quality improvement naturally follows upon quality assurance. Rather, quality assurance is a first step towards the implementation of quality improvement. The move from quality assurance to quality improvement must be consciously and systematically implemented. This effort begins with involving stakeholders and widespread dissemination of evaluation results and continues with the establishment of a common core curriculum, the systematic use of improvement tools and the universal understanding that the ultimate goal of medical education is to improve the health of our citizens.

Introduction:

Background:

In May of 2005, the European ministers of education met in Bergen to discuss the further development of the Bologna Declaration and left the meeting committed to quality assurance in higher education. They adopted the standards and guidelines for quality assurance proposed by ENQA (European Network on Quality Assurance) for the European Higher Education Area, as well as the creation of a register for quality assurance agencies. They also agreed that students must be given a more active role in the implementation of the Bologna process. We, as the medical students of Europe, applaud these decisions to assure the quality of higher education. However, we would also like to challenge the ministers of education, the European Higher Education Area and our own medical universities to not stop at quality assurance but move to quality improvement in order to keep up with the changing needs of healthcare.

In July of 2005, students from IFMSA (International Federation of Medical Students' Associations) and EMSA (European Medical Students' Association) and EMS Council (European Medical Students Council) met in Copenhagen for a follow-up workshop to the Megève policy statement to reach consensus on quality

assurance in medical education.

We define “*Quality*” as the “characteristics of a function, process, system or object that is fulfilled when compared to predefined goals or standards.” “*Quality assurance*” therefore is a “way to warrant that the predefined standards are met.” “*Quality improvement*” is defined as “a continuous process to review, critique and implement changes.”

Explanation:

Quality Assurance must be implemented in all medical universities

We agree with the ministers in their decision to support ENQA in creating standards for accreditation agencies around Europe. This makes the quality of the accreditation agencies comparable. However, there may be a place for professional organisations in the accreditation process.

WFME Standards

We support the implementation of certain baseline criteria to which all medical schools must adhere. Certain aspects of medical education are universal, regardless of the university where one is educated. The guidelines set forth by the WFME in their Global Standards for Basic Medical Education from 2003 should be the starting point.

Course evaluations

A prerequisite for the accreditation process is validated and regular course evaluations, something which, at the present moment, is far from universal in Europe. We see this as an absolute requirement.

Quantitative and qualitative aspects of evaluation

The evaluation process should include both quantitative and qualitative reviews which allow for feedback in a constructive way. The focus should be on the development process which forms the basis for learning and improvement.

Transparency of the evaluation process

Results must be published, circulated and used as a basis for decisions on improvement.

Core Curriculum

Due to the increasing movement of physicians throughout Europe, it is in the interest of quality of patient care to establish a common *Core Curriculum* within medical education. The Core Curriculum would become a minimum standard for all physicians throughout Europe, regardless of where they were educated. A core curriculum in no way limits the individual autonomy of any medical school. It still allows all countries and regions opportunities for individualization in curricular decisions and pedagogical methods.

Licensing Exam

Another quality assurance measure that has been discussed within Europe is the implementation of a common licensing exam. This is not something we support at this time. The degree of variance over Europe between the current medical education systems is too great to be measured in a standardized examination without having first established standards such as a common core curriculum.

Student Involvement

Students must be involved in all aspects of quality assurance. Not only are we customers of our education, but we are adamant that the education we receive should help us serve our future patients optimally. For this reason, students should not only contribute data but also be included in analysis and dissemination of the results. Awareness that evaluation has an effect on the curriculum is an important motivator for everyone involved.

Stakeholders

In many countries the evaluation only assesses the relationship between students and teachers. Other stakeholders, such as medical professionals and patient groups, should be included in the evaluation as well. They are valuable informants regarding which competencies a medical graduate should have.

Quality improvement must be a consequence of Quality Assurance

In order to improve medical education in a systematic and effective way, quality assurance is a first step on the way to quality improvement. Rather than determining the level of quality at a fixed point in time, quality improvement is a continuing and dynamic process to review, critique and change in order to make medical education better. Improvement must be built into medical schools as a continuous process that exists at all levels of a medical school, from the individual course to the entire program. It is not sufficient to simply be aware of the current state – rather it is the ability to improve and develop that determines success.

Define the mission

To start moving towards quality improvement, the faculty, students and staff need to actively define and express the mission and goals of the medical school. The mission must be reflected in all educational interactions.

Make improvement a natural part of the existing system.

Medical schools often make curriculum changes without continuous reflection on the consequences regarding the education of tomorrow's doctors. This is something that we cannot accept given the large body of knowledge that exists in the area of improvement science which allows us to evaluate the changes. There is the difference between change and actual improvement.

Conclusion

Quality assurance is a process which sets minimum standards of quality in education and is a requirement of the Bologna Process. Quality assurance requires transparency of process where results must be published and disseminated widely. In creating a competitive Higher Education Area, quality assurance is an essential factor. ENQA and the WFME standards are important building blocks in this effort.

However, if Europe is to create a competitive Higher Education Area that is to last, we must move from quality assurance to quality improvement. This will not happen without a conscious effort because improvement does not follow naturally upon quality assurance. Constructive feedback and improvement tools are prerequisites. If we succeed, we will have in place systems to continuously review,

critique, and implement changes. The ultimate goal of medical education is to improve the health of society. We should always remember that quality improvement of education is quality improvement of health care.