(Post)graduate medical education – quality improvement and accreditation

ACGME Chicago

September 2018

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September 19, 2018 Baldwin Seminar Series Presentation

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Disclosure

• None of the above speakers or planners have any conflicts of interest to report
“Quality Assurance in Medical Education in the 21st Century”

2019 World Federation for Medical Education World Conference

WFME 2019

April 7 (Sunday) ~ 10 (Wednesday), 2019
Grand Walkerhill Seoul · Seoul, Korea

Co-hosted by: Korea University College of Medicine & Korean Council on Medical Education

Supported by: [Logos]
Structure of this talk (1)

• The World Federation for Medical Education
• Some terminology
• The history of “what a doctor is” and “what a fully trained specialist is”
• The long evolution of “good” systems
• The mythology that every doctor can do everything
• The development of structures for PGME
  - At least six systems
• Varieties of PGME and our ignorance
• Regulation of PGME (vs BME)
• Who has “control”? 
Structure of this talk (2)

- You have kindly asked me to speak for up to an hour
- Something new every five minutes
- Something you, the audience, might not know (as often as possible)
- Something new every five minutes (***)
- Something you might not know (as often as possible) (☆☆☆)
About WFME ★★★

- Enhancing the quality of medical education worldwide
- In official relation with the World Health Organization (WHO) as the non-state actor representing medical education and medical schools worldwide
- Founded by the World Medical Association (WMA) and WHO (with others) in 1972

WFME is primarily concerned with the quality, management, organisation and support of medical education. Our primary concern is not the detail of education: of what is taught in the programme of medical education or what educational methods and approaches are used.
Regional members of WFME

Western Pacific Association for Medical Education

www wfme.org admin@wfme.org
Some terminology

- “Graduate medical education” and “Postgraduate medical education” *** ☆☆☆

- Accreditation, regulation, recognition ☆☆☆
For how long have we had a "doctor"? ☆☆☆

• A marketplace in Egypt in Roman times
• A new doctor wishes to use space in the market to open his medical practice
• Examined by the manager of the market. Where was he educated? Who were his teachers? What evidence has he got of his competence?
• (He was writing to his mother)
  • Professor Vivian Nutton
500 – 100 years ago *** ☆☆☆

• 1518 – Henry VIII
  - The Royal College of Physicians of London
  - “… to grant licences to those qualified to practise, and to punish unqualified practitioners and those engaging in malpractice.”

• 1858 – the “General Council of Medical Education and Registration of the United Kingdom”, the GMC
  - “… it is expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified practitioners.”

• 1910 - Flexner
The evolution of "good" systems of regulation of medical education

• Post-Flexner
  - Emphasis on the scientific basis of medicine
  - Much other detail – for example, the relationship of the medical school to the hospital

• GMC
  - "Tomorrow’s Doctors”, 1993, 2002 ….
• Said to George Pickering, by a professor of anatomy: “…[the student] must know the exact blood supply of the rectum. Suppose he is operating and does not know…”

• “Medicine is the keystone of the arch of socialism.”
  - (Vladimir Ilyich Ulyanov, Владимир Ильич Ульянов, Lenin)

• When does a medical student in Oxford take the final examination? ☆☆☆
The development of structures for PGME (1) – at least six, and overlapping

- North America. A well-ordered structure. A rarity
- Apprenticeship systems
- Stuck with the “mythology that every doctor can do everything” – for example, the former Soviet system
- Professionally controlled, for example, central Europe
- Controlled by professional examinations, for example, UK until recently
- Controlled by success in gaining employment in which to train
The development of structures for PGME

(2) - influences

- USA – Canada, the Americas, and world-wide (caution!)
- UK – Australasia, India, Pakistan, E and W Africa, and some unexpected places
- Germany – not just Central Europe and Scandinavia, but Japan, parts of China ☆☆☆
- France – the Francophonie, particularly in Africa: note CIDMEF ☆☆☆
- Spain – Ibero-America
- (Portugal) – former Portuguese colonies – but note the different pattern of influence compared to the UK, France etc. ☆☆☆
Structures for PGME (3) – variety and ignorance ★★★

- Azerbaijan, 2010: revision of postgraduate education
  - A survey of 12 comparable (but not former Soviet) countries
  - “Variety and ignorance”
  - (… and a “specialist psychiatrist” could be straight out of medical school, untrained)
- Saudi Arabia, ca. 2011 “All specialist education identical, world-wide”
- Tanzania, 2017 “A common world-wide curriculum so there would be no need for ECFMG”
Structures for PGME (4) – further comments on “variety”  

- With an internship? Evidence for internships?  
- How any specialties? (40- to 70+). How is this decided?  
- How long? Length of time to “get there”?  
- Control at entry: or at exit: or both?  
- (“junior” and “senior” specialists)
Structures for PGME (5) – who is in charge?

- Universities?
- The profession?
- The health care system?
- Government?
- Another body answering to some or all of the above
## Regulation of UG education vs PG education ***

<table>
<thead>
<tr>
<th>Basic medical education</th>
<th>(Post)graduate medical education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common idea of outcome</td>
<td>No common idea of outcome</td>
</tr>
<tr>
<td>One kind of doctor</td>
<td>40- to 70+ kinds of doctor</td>
</tr>
<tr>
<td>Tests at entry and exit</td>
<td>Either, or neither, or both</td>
</tr>
<tr>
<td>Supervised study and education</td>
<td>Maybe, or maybe not</td>
</tr>
<tr>
<td>University primarily responsible</td>
<td>Shared or disputed responsibility</td>
</tr>
</tbody>
</table>
Conclusion

• We have a mass of disconnected information, but no clear picture and certainly no comparability or uniformity

• What should we be trying to do?
  - Better, and systematic, information
  - A degree of common understanding
  - Common standards in specialties that are needed in all jurisdictions, both for the good of the people those specialists serve, and for the support of professional mobility
  - Certainly, to eliminate the completely unacceptable

• In due course, a system to verify that national systems of accreditation of (P)GME are working to a good and common standard
WFME, Ferney-Voltaire, France

- « Les hommes qui sont occupés dans le rétablissement de la santé à d'autres hommes, par l'effort commun de compétence et de l'humanité, sont avant tout les grands de la terre. Ils sont même participants de la divinité, puisque préserver et renouveler est presque aussi noble que de créer. »

- Men who are occupied in the restoration of health to other men, by the joint exertion of skill and humanity, are above all the great of the earth. They even partake of divinity, since to preserve and renew is almost as noble as to create.

- (Voltaire, 1694 – 1778)
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