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## Spotlight on Globalisation and International Standards

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Globalisation of medical education is becoming of increasing importance. Originally, a political-economic concept with links to such forces as colonialism, imperialism and multinational trade, globalisation later propagated into a broad spectrum of social and cultural activities, including exchange of knowledge and ideas, provision of service functions and cross-border mobility of experts, all facilitated by the new information and communication technologies.

Globalisation of medical education is a good example of the broadening of the concept. However, recently we have in this field seen a trade component as well, as medical education now is becoming commercialised and used as a trade commodity along with other types of higher education. Another new trend is a blurring of the limits of public and private funding of higher education.

Essential in this development is the traditional strong migration characterising the medical workforce. Everywhere, we find that barriers against free movement of services and expertise are diminishing and the free mobility of medical doctors is now part of international agreements in many regions.

Many aspects related to internationalisation of medical education were treated at the AMEE 2004 Conference such as:

- Bi-multinational student exchange programmes
- Educational merit/credit systems, e.g. the ECTS
- Multicultural dimensions of the medical curriculum
- International teacher training and fellows programmes
- Analysis of international medical schools programmes
- Databases of medical education institutions
- The Bologna Process
- International standards and
- International accreditation of medical education institutions and programmes.

The enhancement of mobility of the medical profession carries with it advantages, disadvantages or potential problems. On the positive side, we find transfer of experiences, knowledge, skills and expertise, higher intercultural understanding, language development, cost effectiveness in some areas and a "buffer capacity" of medical doctors.

On the negative side, we should be aware of cultural diversities when planning the curriculum, more complex national manpower planning and the risk of brain drain, which has developed exponentially in a chain process over the last decades. Interestingly, deliberate brain export of medical doctors is seen in some regions in exchange for other goods such as oil imports.

As consequences of globalisation there are needs for adequate national medical manpower planning and capacity building, quality improvement tools and instruments in safeguarding migration of doctors.

Many problems are related to the explosion of the number of medical schools worldwide with an increase of about 100 per year over the last 10 years. Many new schools have been founded without adequate academic, institutional and financial resources, and many without sufficient clinical settings, the establishment often driven by political influence, personal ambitions and "for profit" purposes. In some cases, we find pure "diploma mills".

A sign of the awareness of the need for regulatory initiatives, are the attempts to set up international standards in medical education. Two models have received interest by the international medical education constituency. The IIME project, "Global Minimum Essential Requirements" (GMER), has now been tested successfully in 8 top-ranging Chinese medical schools in a specially designed examination system. This validation is of importance as a means to prove the relevance of the defined competencies, but the introduction of supra-national examination systems creates problems due to language and conceptual differences. The GMER standards deal with minimal competencies of graduating doctors, being an exponent of outcome-based medical education.

The WFME Trilogy of Global Standards works with two levels of attainment, basic standards and standards for quality development, the latter incorporating a lever for change and reforms. These are more process-oriented, but deal with process, content, conditions and environment of medical education as well as the outcome in generic terms. The view was expressed that a comprehensive approach integrating process and outcomes of medical education should be used in formulating international standards. Outcomes of medical education must be related to specific health care needs and defined nationally and institutionally.

The Bologna process was treated at a special symposium. So far, medical education has not been directly part of the ongoing debate, but the discussion showed both advantages and potential problems. Following the conference, it was decided to analyse the consequences more thoroughly.

The question of accreditation of institutions and programmes of medical education is becoming of utmost importance. There is now a strong movement worldwide to establish accreditation systems, not as a control mechanism but as a quality assurance tool. In a new strategic partnership, WHO and WFME have now established an international Task Force on accreditation.

As a sign of the expanding international influence of the AMEE conferences, the Ibero-American group now regularly exchanges information in a special session.

The concept of globalisation has some negative overtones, and resistance is in general followed by the strengthening of regional and national efforts. However,

*"Where it matters most, globalisation thrives"*  
(Thomas Friedman, International Herald Tribune, 23 Sept. 2002)