

1. MISSION AND OUTCOMES

1.1 MISSION

Basic standards: The medical college **must**

- 1.1.1. state its mission.
- 1.1.2. make it known to its community and the health sector it serves.
- 1.1.3. in its mission outline the aims and the educational strategy resulting in a medical doctor
 - 1.1.3.1. competent at a basic level.
 - 1.1.3.2. with an appropriate foundation for future career in any branch of medicine.
 - 1.1.3.3. capable of undertaking the roles of doctors as defined by the health sector.
 - 1.1.3.4. prepared and ready for postgraduate medical education.
 - 1.1.3.5. committed to life-long learning.
- 1.1.4. consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

Quality development standards: The medical college **should** ensure that the mission encompasses

- 1.1.5. medical research attainment.
- 1.1.6. aspects of global health.

Annotations:

- ❖ *Mission* provides the overarching frame to which all other aspects of the educational institution and its program have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.
- ❖ *Medical college* in this document is the educational organization providing a basic (undergraduate) program in medicine and is synonymous with medical faculty. The medical college can be part of or affiliated to a university or can be an independent institution of equal level. It normally also encompasses research and clinical service functions, and would also provide educational programs for other phases of medical education and for other health professions. Medical college would include university hospitals and other affiliated clinical facilities.
- ❖ *Community* would include the leadership, staff and students of the medical college as well as other stakeholders, cf. 1.4 annotation.
- ❖ *Health sector* would include the health care delivery system, whether public or private and medical research institutions.
- ❖ *Basic level* of medical education is in most countries identical to undergraduate medical education starting on the basis of completed secondary school education.
- ❖ *Any branch of medicine* refers to all types of medical practice, administrative medicine and medical research.
- ❖ *Postgraduate medical education* would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/subspecialist education and other formalized education programs for defined expert functions.
- ❖ *Life-long learning* is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognized continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their

patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

- ❖ *Encompassing the health needs of the community* would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.
- ❖ *Social accountability* would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the college's own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical college would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.
- ❖ *Medical research* encompasses scientific research in basic biomedical, clinical, behavioral and social sciences and is described in 7.4.
- ❖ *Aspects of global health* would include awareness of major international health problems, also of health consequences of inequality and injustice.
- ❖ *cf.*, an abbreviation for the Latin word confer (the imperative singular form of "conferre"), literally **meaning** "bring together", is used to refer to other material or ideas which may provide similar or different information or arguments.

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards: The medical college **must** have institutional autonomy to

1.2.1. formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding

1.2.1.1. design of the curriculum.

1.2.1.2. use of the allocated resources necessary for implementation of the curriculum.

Quality development standards: The medical college **should** ensure academic freedom for its staff and students

1.2.2. in addressing the actual curriculum.

1.2.3. in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Annotations:

- ❖ *Institutional autonomy* would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private cooperations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (cf. 2.1 and 2.6), assessments (cf. 3.1), students admission (cf. 5.1 and 5.2), staff recruitment/selection (cf. 6.1) and employment conditions (cf. 6.2), research (cf. 7.4) and resource allocation (cf. 8.3).
- ❖ *Academic freedom* would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.
- ❖ *Addressing the actual curriculum* would allow staff and students to draw upon different perspectives in description and analysis of medical issues, basic as well as clinical.
- ❖ *Curriculum*, cf. 2.1, annotation.

1.3 EDUCATIONAL OUTCOMES

Basic standards: The medical college **must**

1.3.1. define the intended educational outcomes that students should exhibit upon graduation in relation to

1.3.1.1. their achievements at a basic level regarding knowledge, skills, and attitudes.

1.3.1.2. appropriate foundation for future career in any branch of medicine.

1.3.1.3. their future roles in the health sector.

1.3.1.4. their subsequent postgraduate training.

1.3.1.5. their commitment to and skills in life-long learning.

1.3.1.6. the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

1.3.2. ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.

1.3.3. make the intended educational outcomes publicly known.

Quality development standards: The medical college **should**

1.3.4. specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.

1.3.5. specify intended outcomes of student engagement in medical research.

1.3.6. draw attention to global health related intended outcomes.

Annotations:

- ❖ *Educational outcomes* or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes. Outcomes within medicine and medical practice - to be specified by the medical college would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioral and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorized in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.

- ❖ *Appropriate student conduct* would presuppose a written code of conduct.

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard: The medical college **must**

1.4.1. ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.

Quality development standard:

The medical college **should**

1.4.2. ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

Annotations:

- ❖ *Principal stakeholders* would include the dean, the faculty council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.
- ❖ *Other stakeholders* would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators.