

# EDITORIAL

## From Prescriptive Curriculum to Accreditation Standards

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Curriculum is defined as an educational experience (Kern, Thomas, & Hughes, 2010). It is not just syllabus but how a syllabus is selected, organized, taught and assessed? It includes 'Mission and Outcomes', 'Faculty Development', 'Student Support', 'Governance' and 'Curriculum renewal' (Harden & Education, 1986). The quality of the curriculum is ensured by certain standards (Bendermacher, oude Egbrink, Wolhagen, & Dolmans, 2017). These standards are either global as developed by World Federation of Medical Education (WFME) or National for e.g. in UK by General Medical Council, in USA by Accreditation Council for Graduate Medical Education etc. These standards provide an outline for the institutions to develop a curriculum (Karle, 2006). This approach provides flexibility, innovation, contextuality and variation but at the same time ensures uniformity of quality unlike the prescriptive curriculum provided by the regulatory body which bounds the institutes to follow same curriculum irrespective of their resources and expertise.

In our country for a very long time, MBBS curriculum was more of a syllabus. The curriculum which is available on website of the regulatory authority is discipline based, has 120 pages, of which 113 contains syllabus only ("MBBS Curriculum PMDC," 2005). Pakistan Medical and Dental Council (PM & DC) took a good initiative in 2009, when it allowed five medical schools to develop and implement an integrated curriculum. This resulted in awareness about curriculum models other than discipline based in the country. It also initiated a debate about which system of curriculum is better: traditional (discipline based) or modular integrated. During the same time, WFME and Foundation of Advancement in Medical Education and Research (FAIMER), USA announced that by 2023, medical students of a country, whose national accrediting agency is not recognized by WFME, would not be allowed to take USMLE exams. In Pakistan, meeting the basic quality standards set by WFME by the national accreditation body was confused by many with the development and implementation of integrated curriculum only; not realizing that the main emphasis was on the development of contextually relevant standards to provide good quality education. This myth was broken in 2016 in statement issued by WFME,

saying "WFME has always stated that every country or school should develop their own contextually relevant version of the standards." It was emphasized by the WFME that national regulator should have their own contextual standards. The letter said, "The choices of an individual school should comply with the local regulator or accreditation body. That body, if it wishes to apply for WFME recognition, should set out standards that are appropriate to its own constituency which may be mapped on to those of WFME." Regarding Integration, it was made clear in the same statement, that 'integration is quality development standard' which is higher than the basic standard (World Federation for Medical Education, 2015). WFME describes the basic quality standards in nine areas relating to curriculum as basic standards (minimum) and quality standards (excellence). This quality development standard is optional for schools that have attained the basic standard. (World Federation for Medical Education, 2016)

PM & DC has taken a positive and progressive step to develop its own 'National standards', that are now available on its website, developed by medical educationists and subject experts in collaboration with Higher Education Commission (HEC), Pakistan. These standards on one hand will improve the quality of curriculum at the national level and on the other hand will equate it with global standards. This will also pave the way for the country to be recognized by WFME and hence maintain the opportunity for our medical students to train abroad.

These national accreditation standards, however have given rise to some confusion in medical fraternity about developing a curriculum by medical schools of their choice. In Pakistani medical education system, Universities will have to play a decisive role by bridging the gap between the standards given by regulatory body and the development of curriculum by the medical schools.

Assessment here, is one of the main issues, which varies according to curriculum model. In a discipline-based curriculum, the assessment is subject based, whereas in Integrated system-based curriculum, assessment is done according to body systems. If a University can cater for different assessment systems, it can provide the affiliated

medical schools with the flexibility of deciding the curriculum design. However, if resources of a university limit it to single system of assessment, the University can still give leverage to its affiliated medical schools to develop a curriculum that meets the standards set by the national accreditation body. There is also some confusion regarding the differing content taught in the medical school across the country, if a medical school is given the autonomy to develop a curriculum. It should be made clear that there always has been a basic standard syllabus provided by the National accreditation body which will remain as the minimum criteria to be fulfilled while meeting the criteria of the national curriculum standards.

It is pertinent to share here that from 2019 medical schools will be accredited not on infrastructure alone (mainly) but also on the quality of its curriculum; assessed based on the new proforma designed according to the national accreditation standards 2018. This will improve the quality of medical education tremendously in our country.

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