

## EDITORIAL

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### TEN TIPS FOR ALIGNING A PAKISTANI PUBLIC-SECTOR MEDICAL COLLEGE WITH WFME STANDARDS AFTER PMDC'S 2024 ACCREDITATION

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Dear Editor,

In February 2024, the Pakistan Medical & Dental Council (PMDC) achieved a significant milestone: ten-year recognition from the World Federation for Medical Education (WFME).<sup>1</sup> The major implication of this recognition is that only graduates of schools accredited by a WFME-recognized agency will be eligible for ECFMG certification and the USMLE pathway as of 2024.<sup>2</sup> PMDC has recently introduced updated Accreditation Standards 2024 for medical colleges and their affiliated teaching hospitals.<sup>3</sup>

For public-sector institutions like Quaid-e-Azam Medical College (QAMC), the challenge lies in translating these global benchmarks into actionable, locally feasible strategies. Drawing from WFME's Global Standards for Basic Medical Education 2020<sup>4</sup> and early implementation experiences in Bahawalpur, we present ten practical recommendations to help institutions align swiftly with these new expectations.

#### Ten Practical Recommendations for Institutional Alignment

##### 1. Revisit and Publicize the Institutional Mission:

WFME emphasizes a clear, socially accountable mission statement (Area 1) visible to students, faculty, and the broader community. QAMC should formally update its statute to reflect its commitment to training physicians who can serve the underserved regions of southern Punjab. This mission should be

prominently displayed on campus signage, the college website, and policy manuals. A brief consultation with alumni and local health authorities can reinforce institutional ownership.

##### 2. Map Graduate Outcomes to WFME Domains:

A straightforward yet effective approach is to map PMDC's 35 graduate competencies against WFME's outcome statements using a simple matrix. This exercise helps identify curricular gaps, particularly in professionalism, digital health, and interprofessional teamwork, while providing a structured framework for upcoming accreditation reviews.

##### 3. Create a Standing Accreditation Task Force:

A multidisciplinary task force comprising the principal, representatives from the Medical Education (DME) Department, Quality Assurance (QA) office, students, and alumni should be formed to oversee compliance efforts. Provide the task force with the authority to commission rapid audits, recommend policy changes, and compile evidence for PMDC documentation.

##### 4. Blueprint Assessments Programmatically:

WFME Area 5 demands that assessment "drive learning" and cover knowledge, skills, and attitudes. Convert current stand-alone OSPE/OSCE stations into a program of assessment that includes workplace-based tools (mini-CEX, DOPS) and reflective portfolios. A color-coded blueprint aligned to UHS's Integrated Curriculum 2K23

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helps examiners see coverage at a glance.

### **5. Launch a Tiered Faculty-Development Ladder:**

Faculty engagement can be strengthened by linking professional privileges (e.g., examiner roles, PhD sponsorship) to a structured continuing professional development (CPD) ladder:

- Step 1: Foundations of Competency-Based Medical Education (8 hours, online)
- Step 2: Assessment & Feedback (12 hours, blended learning)
- Step 3: Scholarship of Teaching & Leadership (20 hours, project-based)  
Track participation and incentivize completion with digital badges recognized by PMDC's CPD credit system.

### **6. Embed Quality Assurance into Routine Meetings:**

Rather than treating quality assurance as a separate burden, WFME's Plan-Do-Study-Act (PDSA) cycle can be embedded into existing departmental meetings. Each month, one standard (e.g., student support) can be addressed in a five-minute standing agenda item: reported data, action, person responsible, and due date. Over time, these minutes create a real-time evidence repository for accreditation reviews.

### **7. Strengthen Teaching-Hospital Governance:**

PMDC's 2024 standards for teaching hospitals emphasize structured learning environments and patient-safety metrics.<sup>5</sup> To meet these requirements, hospital department heads should be formally designated as "educational supervisors," with documented supervision ratios, logbook completion rates, and participation in morbidity-mortality meetings. These measures ensure alignment with both service delivery and educational quality indicators.

### **8. Adopt Distributed and Distance-Learning Best Practices:**

WFME's 2021 guidelines for distributed and distance learning highlight critical factors such as accessibility, authentication, and learner support.<sup>6</sup> Rural clerkship sites should be equipped with secure tele-tutorial facilities, while all asynchronous learning modules must meet accessibility standards (e.g., captioned videos, 508-compliant PDFs).

### **9. Engage Students and Alumni as Active Partners:**

PMDC reviewers closely examine student involvement in institutional processes. To strengthen engagement, add student observers to curriculum committees and run quarterly feedback sessions. Invite alumni practicing abroad (now advantaged by WFME recognition) to mentor final-year cohorts on international licensing pathways.

### **10. Publish an Annual Quality Report:**

Transparency is a cornerstone of WFME's philosophy. To close the accountability loop, QAMC should publish an annual public report, preferably in September, featuring infographics that summarize key performance indicators, including admission trends, progression rates, assessment reliability, graduate destinations, and patient-safety incidents. This report not only demonstrates core WFME themes like transparency and continuous improvement, but also serves as a valuable communication tool for media and community stakeholders.<sup>7</sup>

### **CONCLUSION:**

Aligning with WFME standards is no longer optional for Pakistani medical colleges; it is the gateway to global mobility for graduates and to meeting national regulatory requirements. The ten tips outlined here distill international guidelines into concrete steps that a public-sector institution such as QAMC can implement within one academic year, using existing governance structures and modest resources. By taking early, systematic action, QAMC can not only secure its accreditation status but also enhance the

quality of medical education for the communities it serves.

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