IFMSA Policy Statement
Global Policy on Medical Education

Adopted by the 65th March Meeting General Assembly, St. Paul's Bay, Malta, March 2016

Summary

The International Federation of Medical Students' Associations (IFMSA) is strongly committed to the improvement of medical education worldwide.

In this document, IFMSA states its beliefs in ten key areas of action that must be addressed:
1. *Lifelong Learning;*
2. *Sustainability of the health workforce;*
3. *Research and Innovation;*
4. *Learning environment, Education, and the Teaching Mission;*
5. *Readable and Comparable Degrees;*
6. *Mobility;*
7. *International Openness and Global Health Education;*
8. *Ethical Medical Placements abroad;*
9. *Social Dimension, Equitable Access and Completion;*
10. *Open Access Open Education and Open Data;*
11. *Quality Assurance;*
12. *Governance;*

IFMSA commits to promote and advocate for these principles with all different major stakeholders, and considers the involvement of medical students in the all processes relevant to their education fundamental.

Introduction

The IFMSA believes in the right of all people to quality healthcare. We believe that we can only achieve quality of care through providing future health workers with the skills and values they need to impact positively the communities that they will serve. For this reason, we as medical students worldwide believe in our responsibility to ensure the quality of our medical education, and the generations to come. Medical students should be valued contributors in the advancement of medical education, not only as they bring the unique perspective of being directly involved in and seeing the consequences of education and educational reform and can therefore ensure the best possible outcomes of these processes, but also because we believe that students are competent, active and constructive partners in the development and governance of medical educational systems.

Furthermore, as medical education outcomes influence our professional future, the IFMSA believes that student involvement in these processes ensures fairness and equality. We push this idea forward by presenting this Global Policy in Medical Education that addresses key areas related to Medical Education.

The IFMSA also affirms that student organizations provide improvement of learning opportunities for students, enabling the development of valuable leadership skills and individual responsibility through organizing and participating in student activities and organizations.

IFMSA believes that medical education must at all times, be relevant, up-to-date, evidence based and based on the ethical principles underlined in the Declaration of Geneva and Declaration of Helsinki.[1] [2]

IFMSA believes medical education should adapt to the continuous changes of the society and to the different geographic needs in the world.

IFMSA considers the following documents as cornerstones for this policy statement:

- WFME Global Standards of Medical Education [3] [4] [5]
- Global Consensus for Social Accountability of Medical Schools [6]
- WFME/WHO Guidelines for Accreditation of Basic Medical Education [7]
- WHO Education Guidelines [8]
- WHO Multi-professional Patient Safety Curriculum Guide [9]

Main text

IFMSA believes in a world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally. To ensure the highest possible outcomes for the communities we serve, IFMSA commits to promote and advocate for these principles in medical education to all major stakeholders, and considers the involvement of medical students in the all processes crucial.

1. Lifelong Learning (LLL)

Lifelong learning has been variously defined as 'All learning activity undertaken throughout life, with the aim of improving knowledge, skills and competencies within a personal, civic, social and/or employment-related perspective. [10] IFMSA strongly believes that Lifelong Learning through Continuous Medical Education (CME) and Continuing Professional Development (CPD) are cornerstones in development of medical education. [11] To ensure the progression of education and teaching methods as well as teaching excellence, career development for the clinician-educator through Faculty Development Programmes is just as essential. [12]

IFMSA calls for:
  i.   LLL to be defined as a learning outcome for all medical schools
  ii.   Medical curricula to be designed in order to prepare students to develop life-long learning skills, such as self-assessment and preparation for continuous education
  iii.   LLL skills to be specifically assessed by medical schools
  iv.   Medical curricula to be developed in collaboration with employers of doctors, medical and patient organizations and/or those concerned with post-graduate education.
  v.   Medical schools and healthcare institutions to provide opportunities to students and doctors, as well as educators to gain international experience through conferences, meetings, workshops and exchanges, to broaden their perspective in medical education, create partnerships and stimulate proactive approaches
  vi.   Medical schools should provide opportunities for teachers to enhance their teaching skills through Faculty Development Programmes

2. Sustainability of the health workforce

IFMSA strongly believes that both under- and postgraduate education are crucial components of Medical Education for all the future doctors that should be integrated and sustainable. Presently, we are observing a large increase in the number of medical schools globally. [13] [14] However, efforts to deliver quality education face various challenges, such as medical institutions lacking basic infrastructure and equipment as well as clinically competent staff or dynamic educational methods. [15] In this context, there is a need to develop an international accreditation system for medical education to ensure the quality of medical education around the world, in collaboration with governments to ensure its consistent implementation. Even when the quantity of healthcare professionals increases, it is essential that the quality of education is never compromised. [16]

IFMSA calls for:

i. Adequate planning of the number of entries in medical schools in accordance with the teaching capacity of the school, which depends on the number of teachers and educational infrastructures and materials

ii. Adequate planning of the number of entries in medical schools in accordance with the needs of the country, both in the total number of needed doctors as well as the specific needs in specialties, to minimize waste of financial and human resources and to foster fair access to medical school according to the principles of social accountability in medical schools

iii. Continuous assessment of the number of entries in medical schools done by medical schools as well as governments, taking into account the feedback of teachers, students, employers of medical doctors, patients and all those involved in medical education

iv. Strong and reliable collaboration protocols for health centers or other off-site learning locations to assure adequate clinical training facilities for all medical students

v. Learning outcomes and the medical curricula to reflect the competencies and abilities that are required of a practicing doctor, to be agreed on by all relevant stakeholders, and to take into account international reference documents such as but not limited to the *CanMEDS Physician Competency Framework.* [17]

vi. The acquisition of learning outcomes to be periodically assessed by medical schools in order to evaluate the effectiveness of the learning process provided by the school and for the necessary improvements to be implemented.

vii. Medical schools to provide career advice and guidance to all students

viii. Medical Schools and Healthcare Institutions to share teaching responsibilities and promote and provide clinical opportunities for students as part of their studies, for example through shadowing a doctor. Teaching must be considered to be an essential part of what being a doctor means for a specific health system.

ix. Medical students to be assessed before graduation to ensure they have all necessary competencies and abilities that are expected of a doctor

x. Governments, medical schools and healthcare institutions to assure proper working and learning conditions, respect for the medical profession, access to career progression, access to continuous professional development and remuneration according to the level of education and responsibility in society to assure the retention of healthcare professionals.

3. Research and Innovation

IFMSA strongly believes that the ability to conduct and interpret research and to evaluate published research findings is an essential learning outcome for every medical student. IFMSA also strongly believes that in order to continue improving learning outcome and the quality of health care and health education, research in medical education is self is of the utmost importance. IFMSA recognizes the need to move from opinion-based education to evidence-based education. [18] In line with this health workforce training development, the implementation of curricular changes towards interprofessional education is as well very important. The development of collaborative practice within health teams is of paramount importance, as a way to make health systems stronger, more resilient, more comprehensive and more adaptable to new health challenges.

IFMSA calls for:
  i.   Mandatory courses in research methodology, both theoretical and practical
  ii.   Medical schools, healthcare institutions and governments to support research initiatives both financially and logistically
  iii.   Medical schools, healthcare institutions and governments to invest in research in the field of Medical Education

4. Learning environment, Education and the Teaching mission

IFMSA strongly believes in the importance of all healthcare professionals having appropriate knowledge, skills and attitudes to provide the care that is expected of them in their future work setting. The excessive focus on hospital-based education and education that is segregated into professional silos do not prepare health professionals for team work and for leadership skills required in 21st century health services (Joint Learning initiative, 2004; WHO, 2006a; GHWA, 2008; Frenk, et al., 2010). [19] IFMSA endorses the WFME Global Standards on Medical Education and the WHO Education Guidelines, as a tool to improve medical education worldwide.

IFMSA calls for:
  i.   Medical schools to orientate their education to an interprofessional and patient centered perspective. To achieve that, healthcare professionals must have appropriate knowledge, skills and attitudes and their education must be practical, interdisciplinary, and have a high emphasis on teaching professionalism.
  ii.   Medical schools and healthcare institutions to create a motivating learning environment where members of the healthcare team are working team-based from the start of their careers
  iii.   Medical schools to move from a teacher centered approach to more student centered learning with empowerment of the students, flexible learning paths, an important elective component of the medical curriculum and learning tailored to the needs of individual students
  iv.   Medical schools to foster the development of Medical Education Centers that should be responsible for the construction and advancement of the medical teaching and assessment methods, in accordance to the developments in Medical Education
  v.   Medical schools to provide learning opportunities that stimulate medical students to be advocates of improvement of healthcare and their leadership skills. The medical schools should also facilitate and support extra-curricular activities to support, encourage and motivate student involvement
  vi.   Medical schools to engage students in Medical Education, in order to be competent teachers in the future and assure the sustainability and constant improvement of the medical teaching system

vii.   Medical schools to provide mandatory workshops where teachers can improve their didactic skills, as well as to provide Faculty Development Programmes.

viii.   E-learning platforms to be used as advancement to medical education, however not to replace face-to-face contact and core competency teaching. The integration of e-learning into medical education can catalyse the shift towards applying adult learning theory, where educators will no longer serve only as the distributors of content, but have the opportunity to become more involved as facilitators of learning and assessors of competency. [20].

5. Readable and Comparable degrees

Medical schools have an obligation to be transparent of content of the educational programme towards the societies they serve, both as a means of social accountability as well as for external assessment of the quality of the educational programmes for all parties involved, including potential students and employers of health professionals or medical education organizations that are responsible for accreditation of medical schools.

IFMSA calls for:
i.   Medical schools to make information on the educational programme including the curriculum and learning outcomes accessible for the public

ii.   Medical schools to provide a document accompanying the diploma, providing a standardized description of the nature, level, context, content and status of the studies completed by the medical student to will allow the diploma to be recognized internationally in order to improve international transparency and facilitate academic and professional recognition of qualifications. This information must be provided automatically in the end of the studies and without additional charges

iii.   Medical schools to implement a system of credits based on the workload expected from students to achieve the learning outcomes to allow a better mutual recognition of degrees at global level and promotion of mobility

6. Mobility

Medical students' experience, skills, knowledge and values must be synchronized with the situations and populations they will face after graduation to serve their future patients and work within their health systems in the best possible way. IFMSA strongly believes in the added value of international experiences of medical students to contribute to their education. Participation in international exchanges, meetings and events offers future healthcare professionals the opportunity to learn about global health and collaborate with other healthcare students, patients or professionals on an international level. Additionally, international exchanges and experiences create an opportunity for medical students to experience health care delivery in different cultural settings, as well as to learn about other health system structures, as well as gaining new practical skills as future healthcare professionals. Whereas electives provide unique opportunities for students to design and organize individualized educational experiences, there is a need for faculties to support these initiatives as well. Maximizing educational benefit requires clearly defined and realistic educational outcomes, as well as adequate planning and preparation by the student. [21]

IFMSA calls for:
i.   Medical schools and relevant institutions to recognize the time spent and competences acquired by medical students when they were abroad through both formal academic recognition (credits) as well as informal recognition of their added value.

ii.   Medical curricula to be structured in a way that encourages medical students to spend time abroad or students from abroad to spend study periods in the receiving school.

      Medical schools should provide electives to allow medical students to do part of their education abroad.

iii.   Mobility opportunities to be available for both medical students as well as teachers and staff

iv.   Medical schools to appoint an officer or a staff member available whose responsibility is to facilitate/manage the mobility of teachers, staff and students, including facilitating the preparation of necessary administrative documents

v.   Medical Schools and relevant institutions to support and partner with student-led initiatives, such as the IFMSA exchange programs and international events, in order to promote the mobility of medical students and the advancement of medical education worldwide.

vi.   Mobility opportunities to be supported financially by the medical school and/or government

vii.   Governments to support medical students in acquiring the appropriate documentation for taking part in these mobility opportunities. Visa issues should not be a barrier for medical students to take part in these international learning experiences that are of added value to their curriculum.

7. International Openness and Global Health Education

The Alma Ata Declaration on Primary Health Care talked about putting people at the centre of healthcare. [22] Today however in many countries, meaningful involvement of communities, or students for that matter, in governance of local or national health systems, or decision-making at educational institutions seems to be rare. [23] Reforms in health professions education need to address the coordination between different sectors, both public and private, to align health systems and workforce planning with educational production and population health needs, as well as to create stronger links between education, communities and health service delivery. [24]

IFMSA believes that medical education must reflect both Social Determinants of Health as well as the international aspects of medical practice. [25] Undergraduate global health teaching has seen significant growth over the past years, partially as a response to student demand and partially due to increasing globalization, cross-border movement of pathogens and international migration of health care workers. [26] Furthermore, IFMSA recognizes the responsibility for a greater contribution to the improvement of both health systems performance and people's health status. [27]

IFMSA calls for:

i.   Medical schools to be involved in global collaborations with other medical schools. This will create opportunities such as implementation of international health programs

ii.   All medical schools to take responsibility to ensure a comprehensive global health framework within their curriculum. To achieve this, medical schools must provide Global Health Education within both the compulsory and optional components of their medical curriculum, as well as supporting and encouraging extra-curricular global health opportunities. Knowledge, skills and competencies should ensure education on topics including but not limited to global spread of diseases, health care systems, effects of social determinants of health, health equity, access to essential medicines, complimentary and alternative medicines, rational use of prescription drugs, ethics and law, inter-culturalism and more.

8. Ethical Placements Abroad

Exchanges, as a form of medical placements abroad, are experiences in which students experience healthcare in a different cultural setting. IFMSA encourages students to develop a

broader perspective of medical practice and to increase learning outcomes related to issues in global health. [28]

IFMSA pursues sustainable and equal collaboration within exchanges and electives in all countries around the world, with respect to different cultures, healthcare systems and resources. Attention needs to be paid to ethical aspects, such as students performing procedures abroad that they are not qualified to conduct and not allowed to do so at home, as they could compromise the safety of both the student and the patient as well as the basic principles of our profession.

IFMSA specifically acknowledges that many students choose low and middle-income countries as their elective or exchange destination and recognizes the negative impact it might have on hosting communities especially where staff and resources are limited.

IFMSA strives to address the inequities associated within current practices and calls for:
i.   An international debate around the structure of medical placements abroad, more rigorous standardization of pre-departure and upon arrival trainings, objectives, and monitoring and evaluation of both international exchanges and electives
ii.   Lengthy institutional partnerships that focus on contribution as well as learning can help minimize potential risks of placements in vulnerable health care systems and can maximize student benefits of these opportunities.
iii.   All institutions and organizations engaging in international electives or exchanges to ensure mutual benefits for any collaboration and to ensure sustainable relationships for the mutual benefit of students, local populations and global health.

9. Social Dimensions, Equitable Access and Completion
IFMSA strongly believes in the importance of equal access to medical education. As members of the medical professions, doctors are given the privilege and responsibility of caring for patients. Through this trust created by society, medical schools and doctors accept a responsibility to the societies they serve (Rourke 2013). [29]

IFMSA calls for:
i.   Medical Schools and governments to create systems where access to medical education is be based on ability, aptitude and potential of a candidate and not on their financial status, in order to increase the diversity of our future doctors and the ability of the medical profession to be representative of the population it serves.
ii.   Medical Schools to aim for financial independence from tuition fees to minimize their impact on medical students and exempt medical students of low socioeconomic status from tuition fees or to provide alternative means of student financing that fully cover education and living expenses. Students should not be forced to participate in paid employment to supplement their finances to the extent that it negatively impacts their access to, participation in and completion of medical education. Medical schools must also provide additional mechanisms including emotional support for their students throughout their medical studies in order to support diversification of the student population.
iii.   The implementation of the "Global Consensus for Social Accountability of Medical Schools" framework in order to make medical schools also accountable for the social trends and changes of the society.
iv.   All medical schools to address their social responsibility towards the communities they serve, and to through their education, research and service provision activities

consider the involvement of and partnership of all important stakeholders in the health sector at community, regional and national level.

10. Open Access, Open Education and Open Data
IFMSA recognizes the importance of scholarly material as an essential attribution of research and education. IFMSA recognizes that rising costs of academic journals, textbooks, or other educational resources, cause financial difficulties for universities or medical students, harming their abilities to obtain the materials they need, and ultimately potentially damaging health practice or research outcomes. [30] [31]

IFMSA believes in the importance of openness across all research outputs as an alternative to the current closed systems of research. Specifically, IFMSA supports Open Access, defined as free immediate online availability of research articles with full reuse rights, Open Educational Resources, defined as high-quality educational materials that everyone is permitted to freely use, adapt and share, and Open Data, defined as data that can be freely used, shared and built-on by anyone, anywhere and for any purpose. [32]

IFMSA calls for:
   i.   Universities, governments, research funders, researchers and educators to support the use and creation of Open Educational Resources, adopt policies that ensure Open Access in faculty's research outputs, encourage the publication in Open Access journals and to seek and assign Open Educational Resources in place of expensive, traditional learning materials whenever academically appropriate and suitable for the curriculum.
   ii.   Universities to train medical students in working with Open Access journals, databases and educational resources
   iii. Students to educate, advocate and act in ways that will lead to Open Access, Open Data and Open Educational Resources becoming the new norm. [33]

11. Quality Assurance
The need for reforms and quality improvement in medical education, the increase of the number of medical schools around the world over the last decades, as well as the goal of safeguarding the quality of healthcare systems in a world of increasing globalization and mobility of the medical workforce, have increased the awareness of accreditation as a quality assurance tool. IFMSA strongly believes that quality assurance is essential to ensure adequate healthcare. IFMSA supports the existence of accreditation processes of medical schools. The purpose of accreditation should be to help medical schools improve their standards in medical education. The IFMSA supports the WHO/WFME Guidelines for Accreditation of Basic Medical Education, since we believe that accreditation of medical faculties is crucial to improve standards, assuring the quality of medical education and also establishing basic criteria to increase the mobility for medical students and physicians. [34]

IFMSA calls for:
   i.   Medical schools to have internal and external quality assurance programmes that are in line with the global WFME standards
   ii.   Medical schools to create mechanisms to evaluate the quality and competency of staff involved in teaching and to ensure that resources are available for the support of student learning are adequate and appropriate for each programme offered.
   iii. Medical schools to regularly publish up to date, impartial and objective information regarding quality assurance results.
   iv.   Medical schools to improve the effectiveness of the feedback process through having real analysis and effective implementation. The gathering of information must be done in a way that protects the identity of the student

v.   Accreditation agencies to, if a medical school does not meet the standards by an accreditation agency, set a deadline and provide suggestions given on how to meet the standards. If the medical school still does not meet the standard, it should have pre-established consequences for the school.

vi.   Governments to support national/regional accreditation centres, in which the policies and decisions are independent from the government. These national/regional accreditation centres must be academic lead and certified by international accreditation agencies, such as the WFME.

vii.   Students to be involved in all aspects of quality assurance. Students should not only be given the opportunity to contribute by providing data, but be included in analysis, interpretation, dissemination and implementation of the results. Students must be included as full members of expert committees involved in accreditation of institutions. Selection of students to the accreditation agencies must be done transparently and through specific criteria that guarantees selection's fairness. Student Unions should be involved within this process. Accreditation agencies must provide training for students before they participate in this process. A pool of student reviewers should be created to take part of the review teams that carry out medical schools' reviews

12. Governance

In higher education there is growing interest in student engagement, in the 'student voice' and in staff working in partnership with students to deliver the education programme and to facilitate change. [35] IFMSA strongly believes that medical schools must mandate a minimum level of student participation within all medical education bodies, including but not limited to: curriculum development, assessment methods, post-graduate entry procedures, evaluation of faculty and teaching, quality assurance and improvement at institutional, national and international levels.
IFMSA calls for:

i.   Medical schools to also promote the development and on-going functioning of student organizations, which are necessary to promote student representation based on democratic principles. To accomplish this, medical students must have access to comprehensive transparent information of the educational policies of the school, in order for them to make informed decisions about medical education.

ii.   Student representatives and organizations to facilitate bilateral communication between universities and students advocate on behalf of the students they represent, promote democratic processes within student organizations and the student representation at faculty level, communicate and collaborate with students and student organizations on local, national and international levels and advocate for transparent processes to facilitate student evaluation of medical education

IFMSA Commitments

IFMSA commits to promote and advocate for this policy to their external partners and external meetings and to support national member organizations in the promotion and support of this policy near their national governments and medical education institutions.
IFMSA also commits to create opportunities for medical students such as global meetings, workshops, surveys, trainings, international clinical and research exchanges that will reflect the main key areas of this policy.

References

[1] World Medical Association. Declaration of Geneva. Divonne-les-Bains, France. 2006

[2] World Medical Association. Declaration of Helsinki. Fortaleza, Brazil, 2006

[3] World Federation for Medical Education. Basic Medical Education. WFME Global Standards for Quality Improvement. 2012; .

[4] World Federation for Medical Education. Postgraduate Education. WFME Global Standards for Quality Improvement. 2015; .

[5] World Federation for Medical Education. Continuing Professional Development (CPD) of Medical Doctors. WFME Global Standards for Quality Improvement. 2003; .

[6] Global Consensus for Social Accountability of Medical Schools. 2010

[7] World Health Organization / World Federation for Medical Education. WHO/WFME Guidelines for Accreditation of Basic Medical Education. 2005;

[8] World Health Organization. Transforming and sealing up health professionals' education and training: World Health Organization guidelines 2013. Geneva, Switzerland: World Health Organization; 2013

[9] World Health Organization. WHO Multi-professional Patient Safety Curriculum Guide. 2011

[10] Communication From The Commission To The European Parliament. The Council. The European Economic and Social Committee and The Committee of The Regions. 'An updated strategic framework for European cooperation in education and training'. Brussels, 16.12. COM 2008 865 final. Available at: http://csdle.lex.unict.it/Archive/LW/Data%20reports%20and%20studies/Reports%20and%20%20communication%20from%20EU%20Commission/20130508-123921_com-865_2008_enpdf.pdf [Accessed June 9th 2015]

[11] World Federation for Medical Education. Continuing Professional Development (CPD) of Medical Doctors. WFME Global Standards for Quality Improvement. 2003;

[12] D.H. Roberts, R.M. Schwartzstein, S.E. Weinberger. Career development for the clinician-educator. Optimizing impact and maximizing success. Ann Am Thorac Soc. 2014 Feb;11(2):254-9

[13] Boulet J, Bede C, McKinley D, Norcini J. An overview of the world's medical schools. Med Teach 2007;Feb;29(1)206.

[14] Segouin C, Hodges B, Brechat PH. Globalization in health care: is international standardization of quality a step toward outsourcing?. Int J Qual Health Care 2005 Aug; 17(4):2779.

[15] World Health Organization. Transformative scale-up of health professional education: an effort to increase the numbers of health professionals and to strengthen their impact on population health. 2011;

[16] Das J, Holla A, Das V, Mohanan M, Tabak D, Chan B. In urban and rural India, a standardized patient study showed low levels of provider training and huge quality gaps.. Health Aff (Millwood) 2012 Dec; (12):277484.

[17] Royal College of physicians and surgeons of Canada. CanMEDS Physician Competency Framework. 2005

[18] Harden, R.M, Grant, J., Buckley, G., Hart, I.R. (1999). BEME Guide No. 1: Best Evidence Medical Education. *Medical Teacher 21(6): 553-562*

[19] World Health Organization. Transforming and sealing up health professionals' education and training: World Health Organization guidelines 2013. Geneva, Switzerland: World Health Organization; 2013

[20] Ruiz, JG. et al (2006): The Impact of E-learning in medical Education. *Academic medicine 2006 March 81;3: 207-212*

[21] Electives in undergraduate medical education: AMEE Guide No. 88; A. Lumb, D Murdoch-Eaton, 2014, 36: 557–572 Medical Teacher

[22] Alma Alta Declaration (1978). Available at http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CCwQFjABahUKEwjH0L3AnITGAhVzQIwKHfkbC7U&url=http%3A%2F%2Fwww.who.int%2Fpublications%2Falmaata_declaration_en.pdf&ei=HLR3VcfSPPOAsQT5t6yoCw&usg=AFQjCNFfHojVtggpww73WmyIYsVvaaR4fg&bvm=bv.95039771,d.cWc&cad=rja [Accessed June 9th, 2015]

[24] World Health Organization (2011). Transformative scale-up of health professional education: an effort to increase the numbers of health professionals and to strengthen their impact on population health.

[25] Bozorgmehr K (2010): Rethinking the 'global' in global health: a dialectic approach. Global Health. 2010 Oct 28;6:19.

[26] Rowson M. et al. (2012): The evolution of global health teaching in undergraduate medical curricula. Global Health. 2012 Nov 13;8:35.

[27] Global Consensus in Social Accountability of Medical Schools. Available at: http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0CDEQFjA

DahUKEwiWzLq1moTGAhUKGowKHfpuAJo&url=http%3A%2F%2Fhealthsocialaccountability.sites.olt.ubc.ca%2Ffiles%2F2011%2F06%2F11-06-07-GCSA-English-pdf-style.pdf&ei=7bF3VdYhirSwBPrdgdAJ&usg=AFQjCNF9mMhT3UPISH2ThEiFsgKBrWhCmA&bvm=bv.95039771,d.cWc [Accessed June 9th, 2015]

[28] Miranda, J. J., Yudkin J.S, Willott, C. (2005). International Health Electives: Four years of experience. *Travel Medicine and Infectious Disease* 3(3): 133–141

[29] Association for Medical Education in Europe (AMEE) ASPIRE Recognition of excellence in social accountability in a medical, dental, veterinary school criteria (2015). Available at: http://www.aspire-to-excellence.org/Areas+of+Excellence/ [Accessed on June 9th 2015]

[30] The cost for an institutional print subscription of the journal Brain Research was $19,952 in 2013 [Internet]. [cited 2014 Jun 29]. Available from: http://store.elsevier.com/product.jsp?issn=00068993

[31] The most common price per article for Elsevier journals on ScienceDirect is $31.50 as of October 18, 2013 [Internet]. [cited 2014 Jun 29]. Available from: http://www.elsevier.com/online-tools/sciencedirect/articles#pay-per-view

[32] There are almost 10,000 journals registered in the Directory of Open Access Journals [Internet]. [cited 2014 Jun 29]. Available from: http://doaj.org/

[33] A Cover to Cover Solution How Open Textbooks are the Path to Textbook Affordability [Internet]. [cited 2014 Jun 29]. Available from: http://www.studentpirgs.org/reports/cover-cover-solution

[34] World Health Organization / World Federation for Medical Education. WHO/WFME Guidelines for Accreditation of Basic Medical Education. 2005;

[35] Association for Medical Education in Europe (AMEE) ASPIRE Recognition of excellence in student engagement in a medical, dental, veterinary school criteria (2015). Available at: http://www.aspire-to-excellence.org/Areas+of+Excellence/ [Accessed on June 9th 2015]