



IFMSA

International Federation of
Medical Students' Associations

Medical Education Systems Annual Report 2014-15

Context

I. Program structure

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On the international level, through external representation, transnational projects collaboration, research on medical education and advocacy, IFMSA mainly works on the field of medical education systems based on global medical education guidelines and the IFMSA Global Policy on Medical Education that was approved in AM2014.

On the international scale, IFMSA considers the following documents as cornerstones: WFME Global Standards of Medical Education, Global Consensus for Social Accountability of Medical Schools, WFME/WHO Guidelines for Accreditation of Basic Medical Education, WHO Education Guidelines, WHO Multi-professional Patient Safety Curriculum Guide.

National level -

- As medical education systems are a fundamental issue of medical students worldwide, almost every NMO with an established Standing Committee on Medical Education (SCOME) or similar divisions related to medical education working nationally in the field of Medical Education Systems according to the NMO reports 2014 and 2015.
- Through conducting projects, celebrating world days, organizing conference, implementing workshops and trainings, through policies and student representation on an educational, faculty or governmental level, NMOs try to improve their education system in various pathways.

Local level -

- Decision-making processes in the field of medical education often take place at the faculty level, which specifically highlights the importance of local efforts and capacity building in this program.
- Through conducting projects, conducting research on medical education and evaluating the quality of curriculum, local committees have limited methods and less influence on the entire systems than national organizations. However, while primary data collected from local committees is more available, meaningful student involvement is easier to achieve in local level as well.

II. Targeting criteria (how are participants selected)

Though as the major stakeholders of medical education, **medical students** are often excluded from participating in their educational systems or they quickly become demotivated to do so. Examining the issue from the core, students are both insufficient in knowledge and understanding on how a medical system is organized as well as ignored by **faculties** in the processes of curriculum development, monitoring of the system and evaluation. Most importantly, students are unaware of their rights and responsibilities which leads to their passivity in student representation and decision making in medical schools. Thus, this program is mainly targeting at students that were passive and needed more motivation.



Approach

I. Questions that need to be answered

- A. How many NMOs are raising projects related to different program areas? What is the proportion of in different regions?
- B. Which NMOs are currently working on quality assurance? What is the region of these NMOs? Is the development balanced among regions? Are these assessment of curriculum possible to be coordinated into a compared study in the future?
- C. Which NMOs are currently working on meaningful students involvement? What is the region of these NMOs? Is the development balanced among regions?
- D. Which NMOs are currently working on advocacy? What is the region of these NMOs? Is the development balanced among regions? Do they have similar goal on adocacy?
- E. Which NMOs are currently working on students' right? What is the region of these NMOs? Is the development balanced among regions?
- F. Which NMOs are currently working on non-formal education? What is the region of these NMOs? Is the development balanced among regions?
- G. Which NMOs are currently working on research on medical education? What is the region of these NMOs? Is the development balanced among regions? How many scientific competitions are raised by NMO each year? Are there any external scientific competition should be mentioned? Is it a trend to develop scientific poster fair in IFMSA?
- H. Which NMOs are currently working on Global Health Education? What is the region of these NMOs? Is the development balanced among regions?

II. Methods applied

- A. Review program proposal adopted in MM15.
- B. Review NMO reports for MM15 and AM14.
- C. Review applications of NMOs applying for projects fair/activities fair competition for MM15 and AM14.
- D. Review MSIs in past three years on IFMSA website.
- E. Review Policy Statements on IFMSA website and SCOME International Team database.
- F. Activities database was built.
- G. Analysis by both qualitative and quantitative methods.

Analysis

I. Main goal and expected impact

- A. Main goal
 - To reach the global standard of medical education system and active students' engagement in decision-making.
- B. Medium-term objectives
 - 1. Capacity building on issues relevant to Medical Education such as Assessment & Evaluation and Quality Assurance
 - 2. More experienced Medical Education trainers who will succeed in motivating the student body to raise their voice
 - 3. Representaiton on international level through policies adopted by IFMSA
- C. Long-term objectives
 - 1. Increased student engagement and advocacy in their faculties, ultimately to get them to obtain voting rights and a say in their faculty decisions and board
 - 2. Official collaboration with Medical Education organizations as well as various healthcare professionals and professional societies sharing a passion for Medical Education



II. Outcomes

Outcomes will be present by NMO reports/Activities Fair, Policy Statement and MSI review studies and an outcome-based overview conclusion.

A. NMO reports/ Activities Fair Review

1. Medical Education workshop/training

International level:

Since August Meeting 2014 in Taiwan, Training for Medical education Trainers has been regularly included in pre-GA workshops. Also, TMET will held either in SRT or individually at Africa and America region.

National level:

Before IFMSA create TMET, several NMOs including Malta, Turkey and Colombia has already offered trainings for medical student, which are mostly located in Europe and America region.

National Activity	Turkish Medical Education Workshops	Medical Education and Development International Training Kit (MEDIK-T)	Training medical education trainers	Developing Your Peer Education and Training!
NMO	TurkMSIC (Turkey)	MMSA (Malta)	ASCEMCOL (Colombia)	MMSA (Malta)
Region	Europe	Europe	Americas	Europe
Ref. Report	MM14-Endorsed	MM15-AF	MM15-NMO	MM15-AF
Issues				
Topic	Medical education workshop	Medical education workshop	Medical education training	
Type	workshop	workshop	training	
Problem		Medical students may be interested in being active in the medical education and representing other students, but do not possess the knowledge or education needed to do so. There is lack about the structure of medical curriculum, how changes can be made, what changes need to be made and how to advocate on behalf of other students.		Promotion of SCOPET (Standing Committee on Peer education and Training) as an effective and new way to successfully integrate training in all SC's (SCOPH, SCORA, SCORP, SCOME) and become the backbone of an NMO. Also we wish to highlight the importance of peer education in schools which is benefit to both school and university students.
Objectives		- Improve students' medical education knowledge - Have the opportunity for students to try out their newly learned skills and devise a project that might be used later on in the year under SCOME - Give the opportunity for students to socialize and build up a SCOME team	- Have the opportunity to know what we think, what we want and how we can improve SCOME	• Specific – to make training accessible to all SC's; to make training and peer education an SC and reap the benefits of doing so; to promote the idea of helping the community by visiting schools and talking about a wide range of issues to students.



		<p>S: to train students about medical education - what it is, the structure, what is the ideal medical education, how can we make changes, the skills we need to make the changes and who to make them to.</p> <p>M: How many students attend who are afterwards active in their faculty</p> <p>A: 3 day workshop in which students who are already trained in medical education follow an agenda to pass on the necessary skills and information needed</p> <p>R: if equipped with the skills and knowledge needed, more students would be able and willing to be active in their faculty. besides which, students need to know where improvements are needed to advocate for these.</p>	<ul style="list-style-type: none"> • Measurable – feedback from SC's that they like the idea and adopt some aspects or develop an SC like MMSA in the future. We think that if we can at least some NMO's interested, then we have set out to achieve what MMSA wants. • Achievable – we think this is attainable in the context of the fair and the aim behind is reasonable. There will be displays with information on it, as well as leaflets, and of course students on the stand explaining everything and giving advice and contact details to all who are interested. • Relevant – MMSA believes that, as SCOPET is quite a unique concept, and that all SC's can benefit from training with better integration within NMO's to increase the opportunities and variety for the medical students and make more of an impact in peer education. This could be used to facilitate the growth of NMO's training division. • Time bound – We look at the AF as an opportunity to start promoting the idea. In this time, we hope to make quite an impact to a lot of NMO's, however, we think that interest may be generated before and after the AF too.
<p>Target group</p>		<p>medical students</p>	<ul style="list-style-type: none"> • Medical students to increase the number of trainers within the MMSA. • High school (11-16 years) and sixth form (16-18 years) students in schools for peer education sessions. • Young children in school for teddy bear hospital (3-



				7 years). We plan on targeting all NMOs worldwide in order to promote SCOPET with the aim that they may also develop their peer education and training into a recognised SC.
Actions		<ul style="list-style-type: none"> - Sessions focusing on learning theories, curriculum, teaching methods, andragogy, pedagogy, learning structure - Training sessions on communication, public speaking, teamwork, facilitation and advocacy - Brainstorming sessions on problems which need to be tackled and how to do so 	SCOME ASCEMCOL has been developing the SCOME training in the National convention during october for the local members.	There will be a few students on the stand during the AF, a video, custom made leaflets, and displays outlining our aim. We hold many peer education sessions (100/year), one TNT and now one TOT a year and a peer education training weekend. Contributions to other workshops in SCOME (training coordinators), human rights workshops, annual administration workshop (for prospective Executive Board members). We are also enthusiastic about giving training during GA's.
Achievement		With empowering medical students with the skills and knowledge needed, they will be inspired and well equipped to realise the areas changes need to be made in and go ahead and advocate for them. Students should be actively involved in their medical education, since it is training them to be the doctors they want to be!		The Peer Education programme has been very successful, teaching students on a range of topics from human rights, anti bullying, eating disorders, drugs of abuse, reproductive cancers. It has helped to open the minds of students. The TNT and Peer Education live-ins have been successful in the student community too, engaging them in various activities with other SC's, and with a TOT, we hope to increase the strength of our training.
Measurement		<p>Number of people who attended: 18</p> <p>Number of people now active in the faculty: 14</p> <p>Number of new projects to tackle in the upcoming</p>		Previously, MMSA contacted 50 schools in the past year, and 30 signed up to the peer education scheme. We hold about 100 sessions



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		year: 5		every 12 months to date (with over 400 in the past 7 years), and one TNT per year, of up to 16 people. This year, a TOT is also being organised, and an annual Peer Education Weekend to train students on giving peer education sessions on the various topics we offer (topics on: SCOPH, SCORA and SCORP subjects).
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National Activity	NMO	Region
Turkish Medical Education Workshops	TurkMSIC (Turkey)	Europe
Medical Education and Development International Training Kit (MEDIK-T)	MMSA (Malta)	Europe
Training medical education trainers	ASCEMCOL (Colombia)	Americas
Developing Your Peer Education and Training!	MMSA (Malta)	Europe
Week of medical education	AMSB (Bulgaria)	Europe
iMed Conference 7.0	PorMSIC (Portugal)/ANEM	Europe
iMED project	APEMH (Peru)	Americas
iMED (International medical educational days)	MedSIN-Sudan (Sudan)	Africa
ZEM (Medical Education Days)	FASMR (Romania)	Europe
IMED	IFMSA-Mexico (Mexico)	Americas
iMED - international medical education days	LMSA (Libya)	EMR
Ideas cafe	MMSA (Malta)	Europe
Medicafe	AMSB (Bulgaria)	Europe
Medicafe	AEM (Burkina Faso)	Africa
Medicafe	IFMSA-CZ (Czech Republic) IFMSA-Poland (Poland) LMSA (Libya) IFMSA-Iraq (Iraq)	Europe; Europe; EMR; EMR



1. Number of NMOs involved: 14
 - International level: PorMSIC (Portugal)/ANEM, MedSIN-Sudan (Sudan), IFMSA-Mexico (Mexico)
 - Transnational level: IFMSA-CZ (Czech Republic), IFMSA-Poland (Poland), LMSA (Libya) - Medicafe, IFMSA-Iraq (Iraq)
 - National level: TurkMSIC (Turkey), ASCEMCOL (Colombia), MMSA (Malta)
 - Unknown: AMSB(Bulgaria), APEMH (Peru), APEMH (Peru), LMSA (Libya) - iMED
2. Geographical zones (Proportion of NMOs in different regions)
 - Africa: 3
 - Americas: 2
 - Asia-Pacific: 0
 - EMR: 2
 - Europe: 7

Regional Balance: No. Notice that Europe and Americas region has extremely high ratio of participation in this area while Asia-Pacific region has no NMO participating.

- Participation population: Without quantitative data recorded
- Target groups: General medical students
- Type of activities: workshop, training, conference, project
- Patterns that medical students engaged in the program:
 - Implement workshop/training introducing basic information of medical education

2. Quality assessment of medical curriculum

National Activity	NMO	Region
Pre-clinical Medical Curriculum Survey	AMSAHK (Hong Kong)	Asia-Pacific
The Perfect Curricula	IFMSA-Peru (Peru)	Americas
Curriculum development	FiMSIC (Finland)	Europe
Quality of education	FiMSIC (Finland)	Europe
Core competencies for curricula	CFMS (Canada)	Americas
Medical Education Improvement Initiative	AMSA-USA (USA)	Americas
Clinical Rotation Quality Check form	FUMSA (Uganda)	Africa
SWG on revision of the medical curriculum	ASSOCIA-MED (Tunisia)	EMR
National Medical Student Self-Study	FMS-Taiwan (Taiwan)	Asia-Pacific
Nationwide Investigation of Taiwanese Medical Schools	FMS-Taiwan (Taiwan)	Asia-Pacific

1. Number of NMOs involved: 8
 - Transnational level: 0
 - National level: 8
 - Local level: 0



2. Geographical zones (Proportion of NMOs in different regions)
 - Africa: 1
 - Americas: 3
 - Asia-Pacific: 2
 - EMR: 1
 - Europe: 1
3. Regional Balance: Yes. Notice that Americas region has extremely high ratio of participation in this area.

1. Participation population: Without quantitative data recorded
2. Target groups: General medical students
3. Type of activities: research, project
4. Patterns that medical students engaged in the program:
 - Implement survey to collect students' opinion toward curriculum

3. Meaningful student involvement

National Activity	NMO	Region
Participation of Deans' Conference	FMS-Taiwan (Taiwan)	Asia-Pacific
Student representation in medical faculties	FiMSIC (Finland)	Europe

1. Number of NMOs involved: 2
 - National level: FMS-Taiwan (Taiwan)
 - Local level: FiMSIC (Finland)
2. Geographical zones (Proportion of NMOs in different regions)
 - Africa: 0
 - Americas: 0
 - Asia-Pacific: 1
 - EMR: 0
 - Europe: 1

Regional Balance: Can not be measured since lack of data.

3. Participation population: Without quantitative data recorded
4. Target groups: General medical students, especially students' representatives
5. Type of activities: conference, project
6. Patterns that medical students engaged in the program:
 1. Implement survey to collect students' opinion toward curriculum

4. Advocacy

National Activity	NMO	Region
Advocacy on decentralized education	FiMSIC (Finland)	Europe
Advocacy concerning increased intake to med faculties	FiMSIC (Finland)	Europe
Advocacy towards the National Union of University Students in Finland	FiMSIC (Finland)	Europe



Advocacy training in medical education	AMSA-USA (USA)	Americas
Advocacy: SWG to develop Medical Curriculum	IFMSA-Jo (Jordan)	EMR
Medical Education Advocacy	MSAKE (Kenya)	Africa
Advocating on Social responsibility of medical schools	ASSOCIA-MED (Tunisia)	EMR
Formulation of national Policy for Medical education	NMSS (Nepal)	Asia-Pacific

1. Number of NMOs involved: 6
 - National level: FiMSIC (Finland), AMSA-USA (USA), MSAKE (Kenya), NMSS (Nepal)
 - Unknown: IFMSA-Jo (Jordan), ASSOCIA-MED (Tunisia)
2. Geographical zones (Proportion of NMOs in different regions)
 - Africa: 1
 - Americas: 1
 - Asia-Pacific: 1
 - EMR: 2
 - Europe: 1
 Regional Balance: Yes.
3. Participation population: Only partial quantitative data was recorded.
 - 16 Students, in Jordan, started an advocacy campaign to develop the medicine curriculum and to set new standards for medical education.
4. Target groups: General medical students
5. Type of activities: campaign, workshop, project, training, policy statement
6. Patterns that medical students engaged in the program:
 - Written policy statement, in Kenya, for advocacy
 - Being invited as representatives of medical students on the issues of improvement of medical education
 - Bilateral talks, in Nepal, with the different stake holders of the medical education and the Government of Nepal.

5. Global Health Education

National Activity	NMO	Region
WHO simulations	Medsin-UK (UK) IFMSA-Quebec (Quebec) - MonWHO CFMS (Canada) - OMWHO CFMS (Canada) - CalWHO IFMSA-Mexico (Mexico) AC IMCC (Denmark) - NorWHO	Europe; Americas; Americas; Americas; Americas; Europe
WHO Simulation in collaboration with Tunisian United Model Nation Association	ASSOCIA-MED (Tunisia)	EMR
WHO simulation	FMS-Taiwan (Taiwan)	Asia-Pacific
Global Health Colloquium	IFMSA-Quebec (Quebec)	Americas



Global Health Education Toolkit	Medsin-UK (UK)	Europe
Global Health Concentrations	CFMS (Canada)	Americas
Global Health Experiences Database	CFMS (Canada)	Americas
Summer School on Global Health	IFMSA-NL (The Netherlands)	Europe

1. Number of NMOs involved: 8

- International level: IFMSA-NL (The Netherlands)
- Transnational level: Medsin-UK (UK), IFMSA-Quebec (Quebec) - MonWHO, CFMS (Canada) - WHO simulations, IFMSA-Mexico (Mexico), IMCC (Denmark)
- National level: ASSOCIA-MED (Tunisia), FMS-Taiwan (Taiwan), IFMSA-Quebec (Quebec) - Global Health Colloquium, Medsin-UK (UK) - Global Health Education Toolkit, CFMS (Canada) - Global Health Concentrations/Global Health Experiences Database

2. Geographical zones (Proportion of NMOs in different regions)

- Africa: 0
- Americas: 3
- Asia-Pacific: 1
- EMR: 1
- Europe: 3

Regional Balance: No. Notice that Europe and Americas region has higher participation with transnational, transregional collaboration in this area while Africa region has no NMO participating.

3. Participation population: Without quantitative data recorded

4. Target groups: General medical students

5. Type of activities: conference, publication, research

6. Patterns that medical students engaged in the program:

- Organize conference by students to experience global health issues
- Develop publications such as toolkit to support global health course
- List systematically opportunities for global health experience

B. Policy Statement Review

From 2001 to 2013, IFMSA had adopted large amount of policy statements related to medical education issues. With all the adoptions of SCOME policy statements totally reviewed, policy statements related to this program medical education systems were listed below. Among 13 SCOME active policy statements in 2013, 9 of them were mainly focusing on medical education systems. Within these 9 policy statements, 7 of them were re-proposed or merged, indicating that the statements of IFMSA in this field did not have obvious changes, and also the lack of new statements developed was a situation should be concerned.

From 2014 to 2015, these policy statements are all inactive now and replaced by the global policy, especially by [Global Policy on Medical Education](#). Next to global policy related could be [Human Resources for Health](#) and [Open Access, Open Education and Open Data](#) as now active policies for this program. Though the expired policy statements were replaced by global policy, it is necessary to record the historical evolution of policy statements for future strategy plan and review.



C. MSI Review

Under the paragraph is the list of projects consider to be related to medical education system in the section "Projects Bulletin" in the recently 5 issues of the MSI. The fraction in brackets is the proportion of related projects over all projects in the section.

MSI31: Teach Me Medicine (1/14)

MSI30: Tutorat, CEMEF's (2/10)

MSI29: Open Access Button (1/9)

MSI28: Global Medicine: take a step outside your hospital doors (1/10)

MSI27: Indonesian Medical Olympiad (1/14)

The brief introduction of these projects are also reorganized in the form:

Ref.	Project	NMO	Region	Introduction
MSI 31	Teach Me Medicine	EMSS-United Arab Emirates	EMR	The project is a mixture of basic, clinical, and correlative medical information made innovatively into a video of its own design and filtered by a faculty member for medical accuracy. The other newly born division of this project is perhaps more overwhelmingly exciting. It comprises, after appropriate approvals, meeting a patient and discussing his case by itself live on an online conference call with other people around the world or recording it for those who can't make it then. The case will be taken as it is, from communication, observation, history taking, appropriate examinations, differentials, suggested investigations, possible treatments, and perhaps follow up with other videos later on.
MSI 30	Tutorat	ANEMF-France	Europe	Created in 1976 by the faculty of Saint Etienne, 'Tutorat' project helps medical students of the 1st year by providing them with academic preparation for free or at a very low price. A local committee team made by students, with a coordinator and some tutors, all in 2nd and 3rd years of medical studies, was in charge of this project. Now, it runs in each of the 37 local committees and has become even more relevant. At least one mock exam is done every week and all disciplines are covered by the 'Tutorat'. Every year, more than 4.000 tutors guide about 55.000 medical pupils.
MSI 30	CEMEF's	PorMSIC (Portugal) (Portugal)-Portugal	Europe	'CEMEF's', which stands for 'short clinical clerkships on vacations', is one of the oldest projects organized by PorMSIC (Portugal) (Portugal)-Portugal, and works as the middleman between medical students and medical centers spread along the country, being the responsible for assuring, in its 19th edition, a professional experience to approximately 1.000 Portuguese medical students during their summer vacation.
MSI 29	Open Access Button	Medsin-UK (UK) (UK)	Europe	The Open Access Button (www.openaccessbutton.org) is a browser plug-in that lets users track when they are denied access to research, then search for alternative access to the article. Each time a user encounters a paywall, they simply click the button in their bookmark



				bar, fill out an optional dialogue box, and their experience is added to a map alongside other users. Then, the user receives a link to search for free access to the article using resources such as Google Scholar. The Open Access Button hopes to create a worldwide map showing the impact of denied access to research.
MSI 28	Global Medicine: take a step outside your hospital doors	IFMSA-NL (The Netherlands)	Europe	In 2001, a group of medical students in the Netherlands conducted a survey at each of the eight medical universities; they wanted to determine if there was a need for a magazine focused on global health. The outcome was very positive and so, the new magazine was founded. The magazine is called Global Medicine. It is made by students for students, and aims to: spread awareness on global health issues; enable medical students to publish at an international level; and encourage them to learn more about publishing. Nowadays, more and more students are interested in global health, and "Global Medicine" is one way to allow these students to contribute to their field of interest.
MSI 27	Indonesian Medical Olympiad	CIMSA- Indonesia	Asia- Pacific	The Indonesian Medical Olympiad (IMO) is an annual medical education project. The aim of the Indonesian Medical Olympiad is to provide a chance for every medical student in Indonesia to showcase their knowledge and intelligence in a national medical competition, and to gain more extensive knowledge and skills from exchanges with other students in Indonesia. The IMO is divided into 5 categories based on the systems of the human body: cardiologypneumology, gastro-entero-hepatology, neurology, urology-gynecology and musculoskeletal medicine. This year we will be adding one more category - tropical and infectious diseases.

List of other surveys conducted recently in the program area and/or on target population

- A. Questionnaire 'Routes of Medical Education', 2015
- B. Medical Education Questionnaire, 2010

III. Institutional arrangements

A. AMEE

1. Areas of collaboration:

- a. Official representation within the AMEE Executive Board
- b. Student taskforce to the AMEE conference
- c. Several abstracts from IFMSA were accepted
- d. Financial support, through which AMEE has agreed upon the creation of a grant that will be allocated to local, national and international projects and initiatives
- e. The initiative for IFMSA to work on a 12-tip article supplement on exchanges to the AMEE guide on electives
- f. The development of criteria for Excellence in Faculty Development



g. Several working groups including interprofessionalism, Medical Education under Difficult Circumstances, Marketing

2. Ways we can increase collaboration:

- . Webinars
- a. Input in documents
- b. Students' representative
- c. The specific working groups and committees in which we take part

B. FAIMER (the Foundation for the Advancement of International Medical Education and Research)

1. Areas of collaboration:

- a. Collaboration within the Organizing Committee of the Network Towards Unity for Health and previous joint symposia
- b. Collaboration within the World Directory of Medical Schools as a joint project between WFME and FAIMER
- c. Projects: FAIMER is interested in reviewing the possibilities of supporting IFMSAs projects, potentially through the Rex Crossley Awards and (online) capacity building
- d. Reviewing the possibilities of support for recognition of exchanges and increasing academic quality.

2. Ways we can increase collaboration:

- . MoU: This will depend on the development in the areas of project and exchanges, and LOMEi would recommend review for MM16.

C. WFME (World Federation for Medical Education)

1. Areas of collaboration:

- a. IFMSA representative at the WFME Executive Council
- b. Endorsement of the IFMSA exchanges
- b. Newly created WFME-IFMSA Internship Program
- c. Joint working groups within the WFME Executive Committee
- d. Joint statements on the concerns regarding Human Resources for Health and quality of medical education worldwide
- e. Capacity building through IFMSA meetings
- f. The proposal of a Memorandum Of Understanding in AM15

3. Ways we can increase collaboration:

- . Increase collaboration with the 6 regional associations (AMEE, AMEEMR, FEPAFEM-PAFAMS, AMSA, AMEWPR, SEARAME)
- a. Webinars
- b. Co-statements on medical education issues

D. AMEWPR (Association for Medical Education in the Western Pacific Region)

1. Areas of collaboration:

- a. Students' representative: AMEWPR has invited IFMSA to take part in their Advisory Board, to be fulfilled by RC Asia-Pacific in close contact with LOMEi and RA Asia Pacific

2. Ways we can increase collaboration:

- . Review of the collaboration within the Advisory board and evaluate possibility of MoU in MM16/AM16

E. AMEEMR (Association for Medical Education in the EMR)

1. Areas of collaboration:

- a. IFMSA representatives joined the Organizing Committee for the AMEEMR meeting 2015 (LOMEi, SCOME Director and RA SCOME EMR)

- b. A students' taskforce and grant of 12.000 euro's for supporting these students were agreed upon, however the event was unfortunately postponed until future terms

2. Ways we can increase collaboration



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Continue collaboration for future AMEEMR conference

F. The Network TUFH (Towards Unity for Health)

1. Areas of collaboration

- IFMSA attended the Network conference in november 2014 including hosting a symposium together with FAIMER
- IFMSA was invited to be part of the Organizing Committee of the Network Conferences in 2015 (South Africa) and 2016 (China)
- Supporting the Student Network Organization in their development
- Support by FAIMER for a 40.000 dollar grant for a student competition - IFMSA provided recommendations for the selection of 20 winning proposals

2. Ways to increase collaboration

- Enhance collaboration in the field of social accountability and transformative medical education
- Proposal of an MoU by MM16/AM16
- Incorporation of the World Health care Students Alliance in the Network

G. AMSE (Association for Medical Schools in Europe)

1. Areas of collaboration:

- a. Both organizations take part in the AMEE Executive Board
- b. Participation as speakers during AMSE annual meeting 2014

2. Ways to increase collaboration:

- a. Monitor development of AMSE as an organization, and the heading they will take, before increasing collaboration

D. Overview on current effort of IFMSA and NMOs

1. Outcome 1: Educated and empowered medical students on medical education topics

What we have now:

- b. Policy Statement, Global Policy in Medical Education
- c. Training for Medical Education Trainers held internationally in pre-GA and SRT; nationally in Malta, Turkey, Colombia; recently in Tunisia and maybe PorMSIC or Sudan
- d. Medical educational events including iMED(International Medical Education Day), Medicafe organized transnationally in Europe

Future expectation(expected impact):

- a. [Participants population] Exposure of medical education issues should cover but not limited to as more medical students as possible, for example, high school students and public are also involved in several activities. Lack of data describing the number of participants is the situation should be highly noticed by all activity coordinators.
- b. [Geographical zones] More trainings should be held in Africa, Americas, Asia-Pacific and EMR region.
- c. [Achievement expected regarding indicators] Feedback from participants should be measurable whether in quantitative or qualitative methods, and thus the design, implementation and evaluation of workshop or training should be well-organized. The number of international trainings which follows TMET regulations should achieve more than 5 per year including trainings in pre-GA. The number of participants should be more than 100 per year.
- d. [Program Coordinator supports] Templates of report should be designed based on baseline assessment and indicators of program, for example, the application form of MM15 activities fair, and especially includes the scale, frequency, and number of participants of activity.



- e. [NMO responsibilities]
- f. [Others] Medical educational events should be organized internationally to meet NMOs needs and the future work should be based on current transnational network.

Target

- Increase the number of TMET.
- Achieve that all the regions have TMET held located in its NMO every year for continuously two years.
- Increase the number of participants to three times as baseline per year.
- Increase the number of certificate medical education trainers to 50 per year.
- Achieve that half of the NMOs has at least one medical education trainer.

2. Outcome 2: Medical students participation in the quality assessment and evaluation of medical education in the faculties

What we have now:

- a. Quality assessments of medical curriculum done by NMOs worldwide
- b. Policy Statement, Global Policy on Medical Education
- c. Representation of students in decision-making committees

Target

- Increase the number of students involved in the official committees where the policy of medical education was decided.
- Increase the ratio of students against faculty representatives involved in the official committee where the policy of medical education was decided.
- Increase the rate of NMOs that are involved in the progress of design, implementation and evaluation of medical curriculum with faculty.
- Continuously improve the quality and relevance of policy statement adopted by IFMSA.
- Encourage and support all the NMOs to write national or use international policy statements.

3. Outcome 3: Medical curricula are adapted to globally recognized medical education guidelines.

What we have now:

- a. Policy statement, Global Policy on Medical Education
- b. Collaboration with external organizations and sharing with the medical education guidelines
- c. Participation in conferences discussing global medical education guidelines

Target

- Increase the rate of NMOs which has introduced medical education guidelines to general medical students.
- Increase the participants of the conference which discusses global medical education guidelines.
- Measure the number of medical schools in all the NMOs.
- Increase the proportion of medical schools included in the World Directory of Medical Schools (WFME/FAIMER) and accredited according to the global standards (WFME)

4. Outcome 4: The issue of Global Health is introduced and included in the medical curricula.

What we have now:

- a. Advocacy related to Social Accountability, internationalization, social determinants of health teaching, international openness, ethics related to exchanges and electives and other areas



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- b. Regular activities by medical students that target including Global Health as a core component within the medical curriculum
- c. Toolkit written by students to lobby for the inclusion of GHE in the curriculum

Target

- Achieve that medical education must reflect international aspects of medical practice.
- Get schools involved in global collaborations with other medical schools, which will create opportunities such as implementation of international health programs.
- Increase the number of medical schools which global health issues are integrated into medical curriculum.
- Increase the number of students' self-learning activities related to global health.
- Develop trans-regional collaboration on global health issues with all regions involved.

Summary

Medical Education Systems is an integrated program aimed at creating a platform where medical students will learn about medical education system and students' meaningful participation in faculty decision making. Ultimately, these skills will empower students to take a leading role and actively advocate their inclusion in decision making.

Projects, trainings and workshops are organized for students to learn about different areas of medical education. The core issues of this program include curriculum development, quality assurance, student mobility, student's rights, global health education implementation, meaningful participation of medical students in university decision making, and recognition of non-formal education.

In the future, we expect to include educated and empowered students on medical education topics, students participation in the quality assessment and evaluation of medical education in the faculties, medical curriculum adapted to globally recognized medical education guidelines, and integration of Global Health in the curriculum.