

ISRG Journal of Education, Humanities and Literature (ISRGJEHL)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Edu Humanit Lit

ISSN: 2584-2544 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjehl/>

Volume – II Issue- Issue -I (January- February) 2025

Frequency: Bimonthly



Current Situation and Prospect of Quality Assurance in Medical Education

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| **Received:** 07.01.2025 | **Accepted:** 11.01.2025 | **Published:** 14.01.2025

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Fund project:

1. Innovation Project of Guangxi Graduate Education (No.JGY2022189)
2. Degree and Graduate Education Reform Program of Guilin Medical University (No.GYYJ2022010)
3. Guangxi Higher Education Undergraduate Teaching Reform Project (No.2023JGB311)

Abstract

With increasing public demand for health in China, they strongly demand for high-quality medical services. Medical talents are significant support for medical services. The quality assurance of medical education not only pertains to the quality of medical talents but also directly influences the sustainable development, innovative ability, and quality of medical services. The current model is government-led with top-level design and promotion of institutionalization. Through thoughts on the current situation of quality guarantee in medical education and connection with the current reality in China, we propose prospects for the future to achieve high-quality medical education in order to cultivate medical talents with solid medical knowledge, exquisite clinical skills, and good professional ethics. In future, we need to continuously deepen the reform of medical education, and perfect the medical education quality guarantee system. Meanwhile, we should strengthen the communication and cooperation with the international medical education to promote the internationalization process of medical education in China.

Keywords: Medical Education, Quality Assurance, Development, Prospect

1. Introduction

Now, medical and health service is attracting more attention in China. The quality of medical education is directly related to the professional quality and service capabilities of medical talents, thereby influencing on health and well-being of the entire society. The issue of quality guarantee has become one of the hotspots medical education. With the rapid development of global medical education, standards and quality guarantee systems of medical education have been constantly improved. It is necessary to explore a quality guarantee system suitable for the cultivation of medical talents in combination with national conditions in China. For instance, regular evaluations and monitoring are carried out to ensure the quality of medical education in medical colleges and universities, guided by the system, the establishment of medical education assessment, professional accreditation, and the standardized training system for resident physicians. Meanwhile, numerous colleges and universities have conducted research one after another, with the aim of exploring a quality guarantee system for the characteristics of medical education. This study reviews the current development of medical education quality guarantee with the current educational development trends, then looks forward to the future directions and strategies so as to provide comprehensive and deep discussions and suggestions for the continuous improvement of the quality of medical education in China.

2. Current Situation of Quality Assurance in Medical Education

2.1. Development of Quality Assurance

Higher education quality assurance rose in Europe in the 1980s, but it started relatively late in China. The government made a major decision to speed up higher education at the end of the 20th century. In 1985, the Ministry of Education started the pilot work of evaluation of the level, speciality, curriculum of higher education, and ensured the quality of higher education by evaluation. It became the policy choice of the state and the direction of the reform of higher education management system. In 2004, the higher education teaching evaluation center formally was established, belonging to the Ministry of Education. This marked a critical step in establishing the higher education quality assurance system with Chinese characteristics. Medical education, as a distinct branch of higher education, currently partakes of the tenets of modern education and is esteemed and executed in the construction of the medical education system.

Quality assurance measures for medical education undertake significant mission of cultivating high-quality healthcare professionals. The government has started from establishing systems in China.

The government took a series of measures to ensure the quality of higher medical education, and strengthened the construction of institutional systems to improve the quality assurance work for medical education. It is also specifically emphasized that people need to strengthen the assessment of medical education quality and establish a sound system of assessment and accreditation for medical education program in medical colleges and universities. In terms of accelerating the establishment of a standardized and regulated medical cultivation system to enhance the quality of talent cultivation. The government has explicitly pointed out that it is necessary to intensify the assessment of medical education quality, establish and improve the quality assessment and accreditation system. The Ministry of Education attached great

importance to this, then it has carried out active explorations for deepening educational reform and promoting the collaboration between medical and educational fields. The Ministry of Education has also adopted a series of measures to provide institutional guarantees for the quality of medical education, such as strengthening institutional construction, clarifying relevant provisions and standards.

2.2. Improve the Teaching Evaluation System

Modern educational evaluation originated in the United States in the 1930s. After more than a century of development, the educational evaluation system has become increasingly perfect. Higher education evaluation started relatively late in China. The work of organized and planned higher education evaluation has gradually initiated since 1985. It aimed to emphasize quality evaluation by establishing a sound quality evaluation system of medical education. In 2011, the Ministry of Education proposed the establishment of a comprehensive evaluation system based on self-evaluation by colleges and universities. The system mainly includes institutional evaluation, professional certification and evaluation, international evaluation, and regular monitoring of the basic state data of teaching. The system not only combines evaluations from the government, schools, specialized institutions, and society but also compatibles with the modern higher education system with Chinese characteristics. The evaluation objects basically cover all ordinary universities, including medical schools. The Ministry of Education uses evaluation to promote reform, construction, and development in order to drive universities to build undergraduate education and teaching quality assurance system. Now, the new round of comprehensive evaluations of ordinary universities is being gradually implemented. The evaluation has shifted from "teaching evaluation" to "education and teaching evaluation". Moreover, it requires the entire universities to promote education and teaching reforms, focusing on key elements that affect undergraduate education, teaching, and its quality assurance, such as the direction of operation, the status of undergraduate education, the training process, the utilization of teaching resources, the teaching team, student development, quality assurance, and teaching effectiveness. According to the new situation, new requirements, and the specific conditions of each university, a well-designed evaluation plan should be formulated to promote construction and comprehensively advance the reform and quality improvement of undergraduate education and teaching.

2.3. Implement the system of professional certification in clinical medicine

The Ministry of Education has established a system of professional certification for medical education programs for medical colleges and universities, which has Chinese characteristics and internationally substantially equivalent to ensure that the quality of education is in line with international standards. Currently, the system of professional certification has become a basic system for ensuring and improving the quality of higher medical education. It is not only a comprehensive review of the educational achievements but also a comprehensive evaluation of the overall level of school operation and the quality of education. It is said that the system is a review and recognition of the qualification of medical education program in schools. In order to strengthen the adaptability of medical talent training to social needs and improve the quality of undergraduate medical education, the Ministry of Education actively promotes the international standard-compliant professional certification in the medical field to drive the construction of the quality assurance system for undergraduate

medical education. In 2019, 105 universities passed the clinical medicine program accreditation, completing the first round of accreditation work, which has effectively promoted the scientific and standardized development of medical education. The new round of accreditation is based on the "Standards for Undergraduate Medical Education in China - Clinical Medicine Program" (2016 Edition), referring to the 2022 Edition, which emphasizes the principles of adhering to standards, focusing on evidence, equal consultation, and conducts a comprehensive and multi-angle analysis of the problems of the school from all aspects, to provide constructive suggestions for the continuous improvement.

2.4. Complete the residency training system

The government began to exploring residency training program in China in 1993. The system has been actively promoted until it was officially established in 2013. The highlight of the system is its comprehensive, multi-level, all-inclusive, and practical nature. It is manifested in the fact that all aspects of the work are based on the foundations and tracks established by the laws, policies, standards, and requirements, as well as the methods, at the five levels of governance. By the end of 2020, the residency training system had basically been established, with the successful construction of the policy system and the basic establishment of the training system, the effective operation of the supervision system, the gradual improvement of the support conditions, and the full start of the quality-oriented construction.

Subsequently, the government clearly proposed to comprehensively implement the "Quality Improvement Project for Postgraduate Medical Education." Postgraduate medical education is an important part of the medical education system that is the only way for medical graduates to grow into qualified clinicians. It is also the fundamental strategy for cultivating standardized clinicians, strengthening the medical and health talent team, improving the quality and level of medical and health work. At present, residency training work has entered a crucial stage of transition from system construction to quality-oriented construction.

3. Prospect for Quality Assurance

3.1. Standardize the length of medical education

Medical education is a lifelong pursuit. Before a qualified doctor, the valid connection is indispensable, which is a continuous process for the growth of a qualified doctor, among medical school education, postgraduate education, and continuing education. Although quality guarantee system is well established, there are still some emerging issues during its development. Firstly, the educational duration of medical education is different with three-year, five-year, and eight-year programs. Secondly, the curriculum system in medical schools exhibits significant differences. This makes it difficult for institutions to connect with each other and align with Western developed countries. Thirdly, the certification system for postgraduate education is still lacking. Up to now, a unified national certification and evaluation standard has been still under exploration. A unified medical education curriculum system, with Chinese characteristics for medical schools, should be established by learning from the international medical education curriculum system. Moreover, a unified certification system for standardized residency training should be constructed, by drawing upon the international certification system for postgraduate medical education, which bases on the "Core Competency Framework for Resident Training ". About high-

quality medical talent cultivation, the government can establish a Chinese feature-based "5+3" medical education model, then medical schools still give priority to the five-year undergraduate medical education as the main body that medical schools still effectively integrates with the three-year standardized residency training, and eventually awarding a medical degree.

3.2. Strengthen cooperation and align with international standards

Strengthen international exchanges and cooperation to be in line with international norms. Education standards should be internationalized. We should not only actively participate in the formulation and revision of international medical education standards but also learn from advanced international medical education experiences to continuously improve the medical education quality standards and accreditation system. Talent training is also being internationalized. The schools should enhance cooperation and exchanges with internationally renowned medical schools, joint training and exchanging student programs, etc., so that they provide students with the opportunity to be exposed to advanced international medical education concepts and teaching methods. Meanwhile, they cultivate medical talents with an international vision. Medical schools should carry out academic exchanges and cooperation. They encourage teachers and students to participate in international academic exchange activities, then share research achievements and teaching experiences, so as to improve the academic level and innovation ability of medical education.

We actively promote exchanges and cooperation with neighboring regions and countries in the field of medical education ,such as professional standards, curriculum design, and student training programs, in order to creat more favorable conditions for the continuous further studies for students from different regions. We should have formulated internationally substantially equivalent standards for medical education and enhanced the training of medical professionals and the development of specialties. In fact, the Ministry of Education studied and formulated the "Standards for Undergraduate Medical Education - Clinical Medicine Specialty" in 2003. It was officially launched for trial implementation by the Ministry of Education and the Ministry of Health in 2008. After the release of the Standards, the certification expert committee under the Ministry of Education invited domestic and foreign experts to form a review panel, which used the Standards as the basis for accrediting clinical medicine programs at 12 universities, including Huazhong University of Science ,Technology, Central South University, and Shantou University. The international experts highly praised the Standards and related accreditation work. Currently, the committee is revising the 2008 Standards based on the revised Global Standards for Undergraduate Medical Education Quality Improvement, issued by the World Federation of Medical Education in 2012, the 2013 version of the Standards for the Functions and Structure of Medical Schools - Accreditation of Clinical Medicine Programs issued by the American Medical Education Association, and the 2012 version of the Standards for Undergraduate Clinical Medicine Program Assessment and Accreditation issued by the Australian Medical Council. This fully showed to further promot the alignment between Chinese medical education and international requirements.

3.3. Deepen medical education reform

The International Medical Education Association (IIME) proposed the basic requirements for global medical education defined by the basic competencies of clinical doctors. Clinical doctors should meet the specified standards to be qualified medical talents everywhere they receive education or internship. Based on this, many countries and regions have been constantly reforming medical education to adapt to the needs of globalization. We aimed to deepen medical education reform and update medical education concepts, to establish modern medical education ideas. Meanwhile, we closely follow the trends of global higher education and maintain the consistency of the views on talents, quality and development. In the context of globalization, educational ideas should have the characteristics of the times, international vision, medical features, etc.; at the same time, we should follow the trend of higher education in the world, maintain consistency in talent view, quality view and development view. We also actively study the current situation and future development direction of medical development. Based on reality, we learn from successful experiences to provide the best knowledge and methods for medical education. Moreover, we deepen the quality assurance reform and cultivate high - quality medical talents that meet social needs. All this has great significance for comprehensively improving the quality of Chinese medical education.

4. Conclusion

The essence of the quality assurance system is to establish a quality monitoring system and management regime during the postgraduate cultivation process, and to monitor all controllable links by adopting a series of scientific methods and means. In the context of the rapid development of global medical education, medical education is now confronted with unprecedented opportunities as well as challenges. Particularly in the aspect of quality assurance, a multitude of hurdles still exist. Quality assurance about medical education constitutes an incessant process, which necessitates the continuous evaluation, feedback, and enhancement of educational quality, then, the sustainable development and innovation of medical education can be effectively promoted.

Reference

1. Du Jiwei. Influencing Factors and Promotion Strategies of the Teaching Quality Assurance System for Sino-Foreign Cooperative Education Programs in Medical Universities. *China Higher Education Review*, 2022(01).
2. Zhang Lanfang, Zhou Jinna, & Zhang Jiwei. Optimized Management of the Clinical Practice Teaching System under the Background of Professional Certification. *China Continuing Medical Education*, 2021, 13(6).
3. Shao Li, Han Mengxue, & Li Yi. Practice and Reflection on the Certification of Sino-Foreign Cooperative Education Programs in Clinical Medicine Specialty: Based on Domestic and Foreign Medical Education Standards. *Medical Education Management*, 2023, 9(2).
4. He Xiucheng, Tang Zhigang. Analysis of the Problems Existing in the Construction of the Study Style in Colleges and Universities in the New Era and the Countermeasures. *Journal of Heilongjiang Institute of Teacher Development*, 2023, 42(8).
5. Wang Shimeng, Tang Man. Construction of the Internal Teaching Quality Monitoring System in Medical

6. Colleges and Universities. *Medical Education Management*, 2021, 7(3): 230-233.
7. Terrence W. Bigalke, Dean E. Neubauer. *Higher Education in the Asia-Pacific Region*. Translated by Yang Guangfu, Ren Youqun. Shanghai: East China Normal University Press, 2012.
8. Sun Aiting. Research on the Dilemmas and Strategies of Teaching Quality Evaluation in Higher Vocational Colleges. *Journal of Liaoning Higher Vocational*, 2023, 25(4).
9. Cai Yu. On "superindividual individual" and "human life community" as the foundation of public health ethics: on the premise error of Liberalism and communitarianism, *Chinese medical ethics*, 2020, 33(4).
10. Yishan Yuan. research on teaching quality control and guarantee system of adult higher education, *Research on continuing education*. 2011 (03).
11. Yurong Zhou. introduction of six sigma management: transplanting innovation of quality management in colleges and universities, *Contemporary education science*. 2011 (03).
12. Walk, David. British Government Plans to End Free Tuition at Universities, *The Chronicle of Higher Education*. 1997, 43 (47).
13. Ma Jing, Wang Haipeng, Yao Dong, et al. research on the Measures to Ensure the Quality of Medical Education in Local Medical Colleges. *Huaxia Medicine*, 2024, 37(1).
14. Yuan Jing. Research on the Construction of the Quality Assurance System of Medical Education Based on the OBE Concept. *Science & Education Guide*, 2023(19).
15. Edited by Xie Zongbao and Wu Yongping. *quality Assurance and Basic Status Monitoring of Undergraduate Clinical Medical Education*,. Shanghai Scientific & Technical Publishers. 2010.
16. Yi Mengchun, Wu Hongbin. Evaluation of the Achievements and Promotion Strategies of the Construction of High-Quality Higher Medical Education System in China, *research in Higher Education*. 2023(9).
17. Liu Hongjing. research on the Construction of the Quality Assurance System of Higher Education, *Journal of Higher Education*. 2023(25).
18. Yu Yan. Research on the Construction of the Higher Education Quality Assurance System under the Background of the New Round of Audit and Evaluation, *Educational Review*. 2024(2).
19. Yan Yan. Research on the Construction of the Higher Education Quality Assurance System from the Regional Perspective, *Jiangsu Higher Education*. 2020(4).