

## Structure of programmes of medical education: WFME standards and integration

This statement clarifies the WFME standards for basic medical education [[hyperlink](#)] in relation to the design of curricula.

There is no requirement in the WFME **basic standards** for courses to be of any particular structure. In particular, there is **NO** requirement for courses to be integrated or to be modular. Integrated or modular courses may be suitable in some medical schools and in some settings. The only important requirement is for the locally adopted standards for the curriculum and the course structure to be suitable in the local context to provide good quality education.

The more advanced **quality development standard** in section 2.6 states that:

“The medical school should in the curriculum

- ensure horizontal integration of associated sciences, disciplines and subjects. (Q 2.6.1)
- ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. (Q 2.6.2)
- allow optional (elective) content and define the balance between the core and optional content as part of the educational programme. (Q 2.6.3)
- describe the interface with complementary medicine. (Q 2.6.4)”

WFME has always stated that every country or school should develop their own contextually relevant version of the standards. This quality development standard, therefore, is optional for schools that have attained the basic standard. How schools achieve this, is entirely their choice.

The choices of an individual school should comply with the local regulator or accreditation body. That body, if it wishes to apply for WFME recognition [[hyperlink](#)], should set out standards that are appropriate to its own constituency which may be mapped on to those of WFME.