Groundwork

Is West Really Best? The Discourse of Modernisation In Global Medical School Regulation Policy

Mohammed Ahmed Rashid, Ann Griffin

UCL Medical School, Faculty of Medical Sciences, University College London, UK

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Contact: Mohammed Ahmed Rashid ahmed.rashid@ucl.ac.uk
UCL Medical School Level 3, 40 Bernard Street, London, WC1N 1LE

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Abstract

Phenomenon: In 2012, the World Federation for Medical Education (WFME) established a recognition programme to evaluate medical school regulatory agencies across the world, in response to a new U.S. accreditation policy. Given the predominantly Western origins and Eastern impacts of the WFME programme, this article deconstructs tensions in the programme using postcolonial theory.

Approach: Critical discourse analysis examines the intersections of language, knowledge, and power relations to highlight what can or cannot be said about a topic. We employed it to delineate the dominant discourse underpinning the WFME recognition programme. We drew on the theoretical devices of Edward Said, whose work is foundational in postcolonial thinking but has not been widely used in medical education scholarship to date. An archive of literature about the WFME recognition programme dating back to 2003, when WFME first released global standards for medical education, was analysed.

Findings: In the globalisation of medical school regulation, the discourse of *modernisation* can be conceptualised as a means of holding knowledge and power in the West, and enacting this power on those in the East, playing on fears of marginalisation in the event of non-engagement. The discourse allows these practices to be presented in an honourable and heroic way.

Insights: By uncovering the representation of the WFME recognition programme as being modern and modernising, this article explores how such conceptualisations can close off debate and scrutiny, and proposes further examination of this programme through a lens that recognises the inherent inequities and geopolitical power differentials that it operates within.

Introduction

Although there is broad consensus that medical schools should be regulated,[1] there remains little empirical research to guide how best to do it,[2] and ongoing debate about how it should be approached.[3] One area of conflict relates to whether it is possible to enact regulation in a 'global' way in medical education. Although a global approach has perceived benefits in terms of competence and standardisation,[4] as well as facilitating medical migration,[5] it has also been noted that such an approach has the potential to be problematic because of sociocultural differences in healthcare and education practices around the world[6] and the potential for neo-colonialism.[7]

The Educational Commission for Foreign Medical Graduates (ECFMG) is a private, non-profit, non-governmental organisation that is authorised to serve as the certifying agency for international medical graduates (IMGs) entering the U.S. physician workforce.[8] In 2010, the ECFMG announced that "effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited" .[9] When this policy comes into effect, it will mean that only graduates from schools that have been accredited by an agency that is 'recognised' by the World Federation for Medical Education (WFME) will be eligible for ECFMG certification.

WFME is a not-for-profit, non-governmental organisation that was established in 1972 and describes itself as 'the' global organisation concerned with the education and training of doctors.[10] From 2003 onwards, it has produced global 'expert consensus' standards for medical schools and other providers of medical education throughout the continuum of medical education and training: Basic Medical Education, Post Graduate Medical Education, and Continuing Professional Development.[11] In response to the ECFMG statement in 2010, WFME launched a recognition programme that assesses a regulatory agency's standards and procedures and on-site verification of compliance with

pre-defined recognition criteria. The establishment of the WFME recognition programme in 2012 was a landmark moment because it was the first time that a global approach to medical school regulation was systematically enabled.[12] It was also the only process that emerged following the ECFMG ruling and therefore became the de facto method for accreditation authorities to pass through in order to comply with it.

Although it is intimately linked with the ECFMG ruling, the WFME recognition programme has clear consequences beyond migration of doctors to the U.S. The opportunity for accreditation agencies, and in turn the medical schools in their jurisdiction, to 'credentialise' and receive what may be perceived as an international mark of distinction is also a realistic motivation for, and consequence of, WFME recognition. Indeed, a 'global mark of recognition' is listed as the first 'benefit' of the recognition programme on the WFME webpage.[13]

It is striking that a decision taken by an agency in a single, powerful country, the U.S., directly led to a significant change in medical school regulation around the world. Considering the aforementioned concerns about imperialism, a policy directive that is driven by a Western country, and that predominantly affects Eastern countries, given that this is where most of the world's medical schools are,[14] is potentially problematic. Although the ruling by the ECFMG, and the subsequent establishment of the WFME recognition programme, both clearly empower a global approach to regulation, the extent of their influence remains yet unclear. As of November 2022, only 33 agencies have been recognised by WFME. The COVID19 pandemic may have contributed to some delays in agencies gaining recognition, and ECFMG announced in 2020 that they would move the deadline for their ruling from 2023 to 2024 as a result.[15]

A global approach to regulation has possible benefits in that it may cause standardisation and help to 'flatten' the world, which is particularly attractive when physicians move across national and

regional boundaries. The risk, though, is that such an approach threatens the important contextual differences between medical schools around the world and moreover, such standardisation is likely to impose a system that is underpinned by Western values and ideas, given that this is from where most of medical education scholarship arises. Although WFME does not itself suggest that the recognition programme is designed to standardise medical schools, the fact that it offers a single system that can be applied globally intrinsically suggests this, and this framing has been widely used by commentators.[16]

This study aimed to examine texts relating to the WFME recognition programme to shed light on how they justified, enabled, and shaped it, and explore what the implications of these positions are for the future of medical school regulation. Critical discourse analysis (CDA) interrogates assumptions that are considered 'natural' and uncovers how powerful practices become dominant. It has been increasingly used within the field of medical education in the last decade.[17] The research questions guiding the analysis were: (i) What was the dominant discourse underpinning the WFME recognition programme? (ii) How was this discourse used? (iii) What assumptions underpin this discourse?

This study draws on the works of Edward Said, which are widely considered to be foundational to the development of postcolonialism as an area of study.[18] He conceived that colonisers determined how the colonised were thought about, talked about, and understood.[19] He was concerned with how European colonisers 'gazed' upon the Orient and created knowledge about it, thereby legitimising and consolidating colonial power. Said demonstrated how Western authors have promoted a binary representation of East and West, where East was feminine and West was masculine, East was barbaric and West was civilised, and where the East could not thrive or function without the West.[19] He pointed out that Western societies and values such as individualism, rationality, libertarian democracy, or a 'free' press, are presumed to be superior to Eastern cultures or concepts. [20, 21]

Whilst a dichotomisation of East and West can risk generalisations and stereotyping, the conceptual contrast between them is central to Said's work and we have therefore adopted this framing throughout this paper.

Methodology

Critical Discourse Analysis

This study used CDA to deconstruct texts related to the WFME recognition programme and delineate the dominant discourses that underpinned it. Discourse relates to language, texts, and the contexts in which language and texts are used and put into practice.[17] CDA examines the way that discourse makes certain statements appear inevitable and closes off challenge or debate[22]. Epistemologically, CDA takes knowledge to be socially constructed, and it explores instances of language to understand how these influence what individuals within a socio-political and cultural context understand as, or consider to be, 'known'.[23] Given that CDA focuses on changes in language and practices, it is a powerful tool to look at how ideas of globalisation were conceptualised and dominant ideas about it evolved in the context of medical school regulation. CDA has been increasingly adopted by medical education scholars to identify relationships between social practices, knowledge, and power relations in a variety of topic areas.[17]

Sample

In order to explore the context that enabled the WFME recognition programme in 2012, this study primarily focused on a textual archive that was assembled around this event along with the two major policy events that led to its establishment – the first publication of global standards for medical schools by WFME in 2003, and the ECFMG policy ruling about medical school accreditation in 2010.

Data collection

Database searches (PubMed, Scopus, PsycINFO) were used to identify English language texts of all formats relating to these events. Keywords included 'WFME', 'World Federation for Medical

Education', 'ECFMG', and 'Educational Commission for Foreign Medical Graduates'. Reference lists of key papers were also manually searched, as well as citation tracking. Articles were selected to include in the archive based on review of abstracts and then full text copies. Although the three events took place in 2003, 2010, and 2012, no date limits were placed, and texts produced before or after the events were included. Including texts produced after these events that provide retrospective accounts allows inclusion of the voices of those potentially affected by them, as well as those who conceptualised and developed them. The eventual archive of documents included 193 documents that were published between 1993 and 2021. They included journal articles (including research, opinion, letters), book chapters, conference papers, presentations, technical reports, press release statements, and a research thesis. For practical reasons, the corpus was limited to English language texts only, recognising that this is an important limitation to this work as critical perspectives may have been more likely to have featured in local languages.

Data analysis

Using the theoretical devices of Said [19, 24] we undertook a 'contrapuntal' reading of texts, one that went against the way the author intended the document to be read, thereby challenging underlying assumptions. [24] Such reading of a text recognised the context of its spatial and political relations to empire, but explicitly looked for 'counterpoints' to this position. It therefore examined the structures that make certain statements possible highlighting unacknowledged colonial discourses within the text.

Consistent with CDA, the analysis was advanced by iterative close readings of the texts. MAR read each text in full and coded recurring statements and concepts to develop a coding framework using an interpretive, data-driven approach. The coding was informed and developed through regular discussion with AG. This framework evolved iteratively as recurring arguments were traced and explored in the context of Saidian postcolonial theory. The analysis was organised using a series of

Microsoft Excel spreadsheets. The implications of these discursive practices and devices for the future of medical school regulation was considered. Representative key examples of this analysis are presented in this paper, citing the relevant primary articles.

Reflexivity

Reflexivity was key to developing rigor in the analytic process. Said suggests concepts of filiation and affiliation. Filiation is our naturalist inheritance(s) which locates us in the world whereas affiliation is the active work we do in the world to develop and maintain certain memberships. Together, an awareness of filiations and affiliations help authors to examine their own assumptions, prejudice, and norms through understanding how their 'worldliness' impacts on their criticality.[25] MAR and AG's reflections about their filiations and affiliations formed part of the iterative interpretation of the dataset. This approach helped us rebalance a limitation of this study which is twofold. CDA is a highly interpretative methodology and reflexivity is crucial in establishing rigor. The second issue is the inevitable ideological 'baggage' that we bring as an author team based in London, UK. However, the Eastern heritage and duality of experiences across the East-West divide of the lead author (MAR) and the involvement of both authors in multiple international education partnerships have helped to counter this. Regular conversations between the authors included critical challenges of emerging ideas in analysis, which helped to resolve inevitable tensions. Said acknowledges his own experiences across both East and West helped him develop his theoretical positions.[26]

Results

We identified a discourse of *modernisation* that we observed as dominant in this textual archive. We found that this discourse was employed to justify and promote the establishment of the WFME Recognition Programme. Specifically, identified three key strands of this discourse (development, reform, and harmonisation), and although these are interlinked, they are each considered in turn. Given that Said wrote and spoke directly about the areas we identified in our analysis, we bring in his work alongside our data to animate the analysis.

Development

The *modernisation* discourse contains language and ideas of development. In the post-war period, development has been the guiding policy principle in developing countries, especially in economics and politics.[27] The development 'grand narrative' describes a pervasive assumption that this development would only be possible through the intervention of the developed world.[28] In the context of Said's Orientalism, [19]the dichotomy of development and underdevelopment has determined most interactions between the West and other regions, in which the West defined itself as the contrasting image of the underdeveloped world in the same way in which the Orient was constructed as Europe's spatial Other. As Omar (2012) highlights, like the orientalist discourse, development is another style of Western knowledge designed for dominating, restructuring, and having authority over the underdeveloped world.[27] Said charged the discourse of development with excessive Eurocentrism, questioning its continued relevance to the study of non-Western societies. He understood this as part of a strategy to preserve Western hegemony, rationalise relationships of exploitation, and ignore external determinants of 'underdevelopment'.[29]

Writing in a Singaporean medical journal, WFME President at the time of the first publication of global standards in 2003, sets out one of the key problems that necessitated these standards:

> Some new medical schools… do not have clear missions and objectives of programmes, and often have insufficient resources, inadequate settings for clinical training and poor research attainment[30 (p.1041)]

The vilification of new schools is noteworthy given that many of the oldest medical universities and establishments are in the Western world. Although 'newness' could be conceptualised as being modern, it is instead associated with inadequacy and shortcomings. It is also significant that the areas he has outlined here align with the key section headings present in contemporary education standards in Western countries, for example the standards for medical schools outlined by the Liaison Committee on Medical Education in the US.[31] In other words, the fact that medical schools do not align with Western standards is problematised as an area for development. This is also furthered by a U.S. author team who instead of problematising low quality medical schools, take issue with "the quality and competency of these physicians" .[32] The connection between education and patient care deepens and emphasises this association.

> In a textbook on medical accreditation, a Saudi Arabian author advises that the WFME standards should "be used primarily as a tool for development," [33] and Armenian authors also frame them as a means to help them in a 'transformation' project that the standards themselves have partly necessitated.[34] However, this linguistic framing finds its roots further West, as the idea of the standards being developmental had been suggested much earlier by Scottish authors; Standards are not primarily regulatory tools but they can be seen as a means of improving the quality of medical education in response to globalisation.[35 (p.350)]

An Australian author also describes WFME as providing international standards that "improve practices of medical education overall and assist countries that do not have robust systems of medical school accreditation" .[36] This description of WFME standards in language of 'improvement' and 'assistance' aligns with Said's thinking about the West conceptualising its engagement with the East

as civilising and charitable. [37] The word 'robust' is also of note here. The Oxford English dictionary provides a primary definition of this word as "strong and hardy; strongly and solidly built, sturdy; healthy" .[38] In other words, the key differentiator between countries is the 'strength' of their accreditation systems. Said demands a more democratic representation of the world, stating that 'no race has a monopoly on strength'.[26]

> Many of the devices used to promote ideas of development in relation to the WFME standards continue to be used in relation to the ECFMG ruling. The first of these is the problematisation of the status quo on the grounds of quality issues. The establishment of low-quality educational practices and medical graduates advances the idea that intervention, by means of the ruling, is justified. Tackett considers the options that the ECFMG has since events in the decade following the ruling had not played out as expected.[12] He describes what might happen should the ECFMG choose to abandon the policy altogether by setting a 'predator' identity and linking this to patient care; Aspiring medical students could still enrol in predatory schools in places where those exist, and graduates from low-quality schools may enter the local workforce and provide suboptimal care.[12 (p.947)]

This framing shows that one particular line of thought around the ruling is that it is a means of development to deal with a 'problem' of graduates from low quality schools. Although the article does not argue in favour of this, it does list it as one of three policy options that the ECFMG has, and even by laying it out as a viable option, it becomes a legitimate idea that is possible to raise. The quotation above can be read to mean that without the ECFMG ruling, schools would continue to be low-quality. In other words, without the intervention of the U.S., these schools would not be able to improve by themselves. This idea is promoted more forcefully by Dewan and Norcini, who describe the ECFMG ruling as:

> An important way to reduce the number of medical school graduates who should not be physicians by both raising standards and decertifying failing medical schools.[39 (p.339)]

> The initial announcement of the ruling states that it will "improve the quality of medical education"[9] and this idea is repeated both by the ECFMG in subsequent official publications,[40] as well as by the ECFMG President[8] and by authors representing the Foundation for Advancement of International Medical Education and Research (FAIMER), a non-profit organisation established by ECFMG.[41] An extension of the reach of this power is highlighted in the above passage, which demonstrates that it is both global and not just national in its reach, and additionally that it extends to healthcare as well as just education; The benefits of such an accreditation system also will extend to patient populations outside of the United States, advancing ECFMG's overall mission of promoting excellence in international medical education[9]

This language portrays ECFMG, and by extension the U.S., as a global force for development. It is echoed elsewhere subsequently, including through a statement that describes the ruling as "likely to benefit medical education internationally"[32] and another that states it will "foster greater transparency and ongoing quality improvement in undergraduate medical education" .[42] Both of these sets of authors are from the U.S., and all contributing authors of the second article are employed by ECFMG. Revisiting Said's conceptualisation of the dichotomous relationship between developed and underdeveloped, this portrayal of development exclusively by Western writers can be seen as a device to legitimise and give power to the ECFMG ruling, as well as to present it in an honourable light.

The framing of the ECFMG ruling as developmental is established only through Western voices, and the predominant voice is of the ECFMG itself. Said sees this kind of one-sided discourse as problematic and revealing. He articulates how "someone, an authoritative, explorative, elegant, learned voice,

speaks and analyses, amasses evidence, theorizes... about everything—except itself" .[24] Given the complex series of events that have played out since the ECFMG ruling, it is not possible to say with any certainty whether or not it indeed 'raised standards', 'improved international medical education', or 'promoted excellence'. What is clear, though, is that `-language about development was an important contributor to the discourse of *modernisation*.

Reform

According to Pollitt and Bouckaert (2011), reforms are deliberate changes to structures and processes of organisations with the objective of improving their performance in some way.[43] Although modernisation is sometimes used to mean the outcome of reform, the two terms are often used synonymously, including in influential publications within medical education. [44, 45] As Said notes in his deconstruction of Western portrayals of his birthplace Palestine, though, the idea can and is used rhetorically:

> …But "reform" is a matter of imperial interpretation[46]

Although the first set of WFME standards were published in 2003, plans to develop them were first confirmed five years earlier. In this article, the next step of this journey is set out:

> *The time has now come to focus the function of WFME in the direction of the individual educational institution. The first objective is to stimulate all medical schools to identify and formulate their own needs for change and quality improvement, by assessing their own strengths, weaknesses, potentials, capabilities, and needs for change and reform*.[47 (p.549)]

This is the backdrop under which it launched the idea of 'international standards', arguing especially about measurement and 'use of comparison' between countries.[47] Here the WFME are clearly

identifying their gaze and assuming responsibility for triggering a range of activities within medical schools which require change and improvement. Reform, then, is a clear and stated goal of these standards from even before work on them had begun.

Whilst explicit language of reform is less prominent when the standards are eventually published, they nonetheless state they want to "stimulate… change and improvement in accordance with international recommendations" . [48] The shift of language to use the term 'recommendation', which is more supportive, delicately shifts the focus of these standards away from regulation and yet still firmly about an imperative to change. Bezuidenhout (2005) uses similar language, describing WFME standards as "a lever for change and reform" ,[49] and in a report of a pilot evaluation of the standards, the authors also describe 'reform' as an aim of the standards programme. [50]

Writing about a "wave of reform in medical education" in Ireland, Finucane and Kellett (2007) call the WFME standards "rigorous and highly structured", celebrating their influence on the Irish medical regulator.[51] Likewise in an Iranian medical journal, the WFME standards are linked with reform on multiple occasions, including at one point predicting that they will have a central role in reform processes and in promotion of efficient and transparent national accreditation systems worldwide.[52] Of note given this affirmatory language from articles originating in Ireland and Iran, medical regulatory agencies in these two countries would go on to be among the earliest to engage with the WFME Recognition Programme.

Language of reform also extends to the ECFMG ruling in 2010. Writing about the impacts of the ruling, Japanese authors, for example, describe how the ECFMG ruling had a 'major impact' on medical education reform in Japan.[53] Writing in an international medical journal, another Japanese author team corroborate this, describing how the ECFMG ruling 'accelerated the reform' of medical education in Japan. [54] Onishi (2018) paints a clearer picture of why this idea of reform in Japan is so

strong, explaining that the ECFMG ruling directly resulted in the Japanese ministry of education appointing a project team to 'promote and reform' universities that would eventually establish a brand new accreditation agency to comply with the ruling.[55]

Whilst still acknowledging the significant reform in Japan as a direct result of the ECFMG ruling, Saiki et al. (2017) provide a more critical perspective on whether this reform is desirable. They draw on the Japanese philosopher, Uchida:

> Therefore, Uchida considers that Japanese usually accept new global trends and concepts with an open mindset (without criticisms), to catch up with international standards. [56 (p.1016)]

They consider a number of areas in medical education and dissect how global influences have taken effect in Japan, including the ECFMG ruling directly leading to the establishment of a new accreditation agency in Japan. Their conclusion includes the following noteworthy sentence:

> As knowledge, educational terms, and models of medical education, which are mainly generated in the English-speaking countries surely contributes to the global progression of medical education, another view and wisdom should be produced and exported from non-English speaking countries for the equal collaboration. [56 (p.1021)]

This stands out as it is a notable exception. Contemporary writing of this time is generally descriptive, using the language of reform to uncritically describe a series of events that took place outside of Japan, and led to significant activity within it. Although the two quotations highlighted above are themselves exceptions in that they are swimming in a sea of a seven-page article that is otherwise completely technical in its content and descriptive in style, they are nonetheless important. As Said outlines, the purpose of contrapuntal analysis is to highlight and amplify voices of

opposition.[24] Whilst still acknowledging the reformative nature of this U.S. policy decision on Japan, the authors offer a gentle and understated challenge against it.

Harmonisation

A final notion that helps to establish and sustain the discourse of *modernisation* is about harmonisation. Although harmonisation is simply one device or example of modernisation, the two words have been intertwined in recent decades. In the context of the medical education literature, the words 'harmonisation' and 'modernisation' have been used synonymously and in close association, by authors from various different parts of the world. [57, 58, 59, 60, 61] The terms are also closely aligned in other sectors, including in areas as diverse as contract law[62] and public accounting.[63] Language about harmonisation in these texts is, therefore, an important part of the *modernisation* discourse.

In their description of the establishment of a new medical school accreditation agency in Korea, Yoo et al. (2020) describe the central role that WFME standards played in this process, writing in the conclusion section of their article:

> The WFME-centered international standardization of medical education has been developed to ensure the minimum quality of medical practice through a common accreditation system of medical schools. Accordingly, to raise medical education to the international level, evaluation standards corresponding to the international level must be developed. [64 (p.9)]

Here, the harmonisation process is framed in terms of 'raising' to the 'international level'. What is this 'level' that medical education must raise itself to? As the ECFMG ruling framed WFME standards as 'comparable' to those of the U.S. regulator, LCME, the implicit message here is a need for countries to align with Western, or perhaps even more specifically, American, standards.

As described earlier, a medical school accreditation agency was established in Japan directly in response to the WFME standards and ECFMG ruling. The quotation above, and particularly the use of

the word ‘must’ suggests this is also true in Korea. The WFME standards have thus been successful here in asserting authority, as they have demonstrably shaped the way that both the Japanese and Korean medical education communities have conceptualised the establishment of their new accreditation agencies. Both of these countries have ‘harmonised’ and yet there is an absence of any consideration of unintended consequences of these new approaches on their countries’ medical schools within texts in this archive. Both European and North American authors have acknowledged the unintended consequences of accreditation policies and practices [65, 66, 67] and North American authors have noted the lack of empirical evidence supporting the accreditation of medical schools. [2, 68, 69] Both Japan and Korea have harmonised with the West, but it is not clear what the impacts of this will be in the medium- and long-term future.

Ideas of harmonisation have on some occasions been articulated using related terms, including ‘standardisation’[70, 71] and ‘internationalisation’. [6, 72] These are used in similar ways to harmonisation. For example, in a discussion about the role of WFME standards in the ‘reform’ of Chinese medical schools, it is suggested that there is a need to “guarantee a higher quality of medical education and make sure that China's medical education is on the right track towards internationalization” .[73] Likewise in a discussion of the impact of the ECFMG ruling on the Pakistani medical education system, the authors argue that “it can be seen as a stimulus to harmonize accreditation standards and procedures for promoting excellence in medical education worldwide” .[74] In both China and Pakistan, although the impacts are not as tangible as Korea and Japan, there is nonetheless a sense of ‘buy in’ to notions of globalising the regulation of medical schools and a belief that this will lead to positive outcomes.

A final topic that contributes to the idea of harmonisation is competency based medical education (CBME), defined as “an outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies” .[75] A key rationale for this movement has been “the need to reduce unacceptable variability in graduate

abilities after medical training," [76] although there have been compelling arguments about the potential harms of CBME[77], the lack of empirical evidence to support it,[78] its problematic theoretical underpinnings[79], and the 'revolutionary rhetoric' used to promote it.[80] Given the scholarly debate about CBME within Western medical education, it is notable, therefore, that both European authors,[81] as well as those from Bangladesh[82] and Pakistan, [83] explicitly associate WFME standards with CBME. Given its focus on reducing variability, it aligns with ideas of harmonisation but more importantly, may be another example of a Western educational construct of debatable value being unwittingly 'exported' through the guise of *modernisation*.

Discussion

The establishment of the WFME recognition programme marked an important moment for the move to 'globalise' medical school regulation and has the potential to significantly impact the future of basic

medical education and the global migration of medical students and physicians. The dominance of the *modernisation* discourse to justify and advance this programme is, therefore, noteworthy. Viewed through a postcolonial lens, and specifically considering the theoretical positions of Edward Said, who viewed modernity as 'nothing but absolute Westernisation,'[84] it is yet more striking. The association of this programme to the accreditation requirement policy of the ECFMG, a U.S. agency, further characterises it as a means of Western oppression that is enacted on the East.

The *modernisation* discourse frames those enacting globalising polices as 'modernisers'. For Said, an Orientalist is somebody who considers themselves 'a hero' rescuing the orient from 'obscurity, alienation, and strangeness'.[19] The role of moderniser is a convenient one as it not only establishes a unidirectional knowledge exchange from West to East, but it additionally frames it in a progressive light. To modernise is an honourable intention and one not easily criticised. Modernisation within healthcare services has given rise to the 'scientific bureaucratic model' of medicine wherein clinical decisions and medical practice are rooted in externally legitimised knowledge and practices. [85] This policy rhetoric of modernisation draws upon 'nostalgic and nostophobic discourses' of outmoded working practices in order to substantiate claims for necessary change and aligns with the findings of this study.

In framing itself as a moderniser, WFME empowers itself by playing on fears of being 'left behind'. Postcolonial theorists have described how modernisation is used to suggest "some countries are lagging behind the modern West and should catch up."[86] As well as asserting the standards and approaches that should be used, the discourse of modernisation is also mandating engagement, and implicitly threatening exclusion from the 'international community' for countries that do not do so.

Despite the WFME celebrating its 50th anniversary as an organisation in 2022, critical examination of it in the academic literature has been extremely limited. Most published articles celebrating WFME and its practices and achievements have been authored by successive WFME presidents, who have notably been European. Interestingly, articles raising questions or challenges for WFME, although

limited, have also come from Europeans. This is salient given that most the world's medical schools, and therefore those affected by WFME policies and practices, are in the Eastern world. As postcolonial scholars, including Spivak,[87] highlight, this raises questions about who it is that is allowed to 'speak' and whose voices are legitimised in the scholarly establishment. The absence of Eastern perspectives about WFME in the published literature, either positive or negative, is an important finding and in keeping with a widespread dominance of Western research and writing in medical education journals [88].

Whilst postcolonialism has not been widely applied in medical education research, there has been a growing interest in it over the last decade. In a wide-ranging review of medical education through a postcolonial lens, Bleakley et al. problematised the promotion of Western values through global accreditation standards, raising the risk of such standardisation ultimately leading to a 'Western-inspired McDonaldisation.'[7] Of note, a team of WFME authors responded to this article with a firm rebuttal against WFME being neo-colonialist.[30] More recently, postcolonialism and related ideas have begun to emerge in medical education, including in contexts as diverse as patient involvement,[89] oncology curricula,[90] international education collaborations,[91] medical ethics,[92] and medical humanities[93]. This emerging interest suggests that the field has started to shift in its perspective to concepts like modernisation, especially so as these studies have taken place in the decade after most of the texts in our archive.

Limitations

An important limitation of this study is the reliance only on English language texts, which could marginalise or exclude perspectives from those writing in other languages. Moreover, the exclusively documentary analysis approach of this study is another possible limitation, particularly given that many voices are likely to have been missed due to the structural inequalities to publishing in scholarly spaces. Finally, as with any search strategy, there is a chance that not all-important texts were located, despite the use of multiple methods and updates. The overwhelming dominance of the *modernisation*

discourse in this archive across different publication modes and historical points makes it unlikely that any missing texts to have negated the centrality of this.

Recommendations for practice

In contrast to the dominant positions found in the medical education literature on accreditation, [94, 95, 96] which frame global approaches as positive because they promote standardisation and physician migration, this study identifies opposing perspectives and suggests that global approaches may in fact be a form of 'Westernisation'. Two previous studies used CDA to examine medical education regulation, focussing on accreditation standards and highlighting the unintentional but important absence of language about compassion. [97, 98] The findings of this study similarly emphasise the significance of language about regulation and the potential unintended messages and consequences that can result.

This study draws attention to global regulatory policymaking in medical education. It highlights that the language used to underpin policy over the last two decades has been dominated by a *modernisation* discourse that contrasts the West and East, pitching the former as superior. Given the apparently global remit of WFME, for example accentuated by the presence of 'World' in its title, this framing may be seen as problematic and lacking the inclusive and representative philosophy that the organisation seeks to have according to its mission statement.[10] Furthermore, given that only a minority of the world's regulatory agencies for medical schools have thus far engaged with the WFME recognition programme since it was established, a change in emphasis, tone, and language may in fact serve to change the engagement with this programme around the world.

The close association that WFME has had with an agency in a single country - the ECFMG in the U.S., may also be worthy of further examination. For example, the presence of ECFMG on the WFME Executive Council could be reviewed.

Recommendations for further research

This study also has implications for medical education scholars, particularly those interested in globalisation, about the extent to which global policymaking within the field can be critically interrogated using ideas from postcolonialism and related disciplines. Further use of the work of Saidian theory in medical education may also be warranted.

Conclusion

The extent to which medical school regulation policy should be 'globalised' is a contentious issue with compelling arguments that can, and have, been made for and against it. The WFME Recognition Programme is a clear shift in the direction of adopting a more global approach, although the slowness of engagement from regulatory agencies around the world has been notable. This study describes how this programme was conceptualised as being a tool of modernisation, and how this framing came from those in the West. In addition to contributing to debates about globalisation and accreditation in medical education, the results of this research highlight the value of examining language and knowledge in a way that acknowledges the inevitable inequities and colonial legacies of the modern world.

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