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Moral panic in medical education: analysing responses to a global regulatory policy

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Abstract

Background The World Federation for Medical Education (WFME) is a global non-statutory, not-for-profit, non-governmental organisation that announced a recognition programme for regulatory agencies in 2010, responding to an accreditation policy by the Educational Commission for Foreign Medical Graduates (ECFMG) in the US. While WFME's role has expanded globally, no studies have examined stakeholder perceptions of this recognition programme in Global South contexts.

Objective To examine social media discourse about WFME to understand how it is perceived by medical education stakeholders, with particular focus on responses to the recognition programme.

Methods A systematic search of Twitter posts referencing WFME over a 360-day period (August 2021-August 2022) was conducted using Twitter API. Posts were analysed thematically using Cohen's Moral Panic framework and contextualised with newspaper articles and webinar content. Moral Foundations Theory was applied to understand underlying psychological drivers of responses.

Results 294 tweets were analysed, with 94% (276) relating to Pakistan's medical regulatory agencies seeking WFME recognition. Analysis revealed that responses aligned with Cohen's five stages of moral panic: identification (20%), amplification (30%), anxiety (27%), gatekeeping (13%), and submergence (10%). The Pakistan Medical Commission was positioned as a "folk devil," with discourse reflecting multiple moral foundations including care/harm, fairness/cheating, and authority/subversion.

Conclusions This case study demonstrates how global recognition policies can generate moral panic in the Global South, particularly in the context of unstable governance. The findings highlight unintended consequences of the WFME recognition programme in Pakistan and suggest the need for more nuanced understanding of how policies originating in the Global North impact medical education communities worldwide.

1 Introduction

The World Federation for Medical Education (WFME) is a non-statutory, not-for-profit, non-governmental organisation established in 1972 to promote the education and training of medical doctors worldwide [18]. In 1974 it entered into a relationship with the

World Health Organization (WHO) and in 2005 formalised this relationship as a strategic partnership to further their joint aims [19].

In 1998, WFME announced the development of international standards for medical schools and educational programs [20] . Three sets of standards were subsequently presented at a World Conference in 2003: one for Basic Medical Education (BME), one for Postgraduate Medical Education (PGME), and one for Continuing Professional Development (CPD) [8]. These standards have been repeatedly revised, with BME undergoing revisions in 2012, 2015, and 2020.

The activity which WFME has undertaken in furtherance of its objectives received relatively little attention until comparatively recently [7]. After its foundation, it had a limited impact until 1988, when it hosted the World Conference on Medical Education in Edinburgh, UK [13]. At this conference, WFME published a document about the quality of medical schools globally that became known as the Edinburgh Declaration [15]. This increased WFME's profile, but it subsequently plateaued until a significant increase over the last decade. This has largely been attributed to the development of a closer connection with the Educational Commission for Foreign Medical Graduates (ECFMG).

The ECFMG is the authorised credential evaluation, guidance and testing agency for non-U.S. physicians and graduates of non-U.S. medical schools who seek to apply for a U.S. medical residency programme [3]. This relationship has centred around the ECFMG's Recognized Accreditation Program (RAP), for which WFME was the sole recognition body for over a decade. A timeline of the implementation of RAP is included as Fig. 1.

This close association with the ECFMG has arguably altered the role of WFME, making it now a meta-regulator, alongside its other activities [13]. However, no studies to date have examined the views of its stakeholders on this change, or on its impacts on medical teachers and students at the frontline of medical education around the world.

Recent literature in medical education has problematised the close strategic partnership between WFME and ECFMG [12], particularly given the power asymmetries inherent when one organisation is expressly global while the other represents a single powerful Global North country [14]. This partnership has been critiqued as potentially

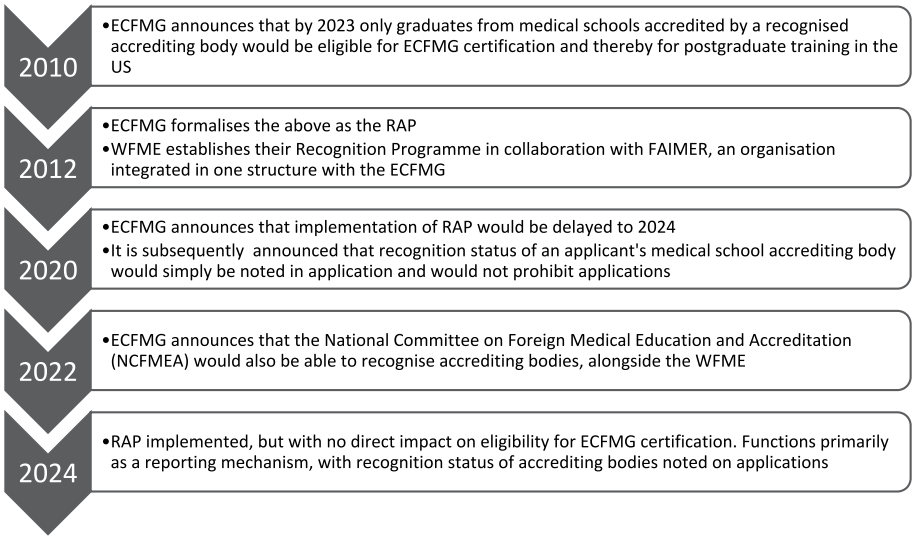

Fig. 1 Timeline of the implementation of ECFMG's recognized accreditation policy

reinforcing colonial patterns in global medical education regulation [13], contributing to what Pratt and De Vries [9] describe as the broader silencing of Global South epistemologies, values, principles, and priorities.

Study Objective To examine social media discourse about WFME and its recognition programme to understand how these global policies are perceived by medical education stakeholders, particularly in Global South contexts.

Research question:

- What do social media posts reveal about the perception of the WFME and its role by medical educators and students?

2 Methods

2.1 Study design

This study employed qualitative thematic analysis of social media posts, conceptualised as a case study examining responses to global medical education policy through the lens of moral panic theory.

2.1.1 Data collection

Ethical approval was obtained from the University College London Research Ethics Committee (23,069/001) and a Twitter Application Programming Interface (API) was obtained to enable Twitter data to be used for research purposes.

Search Strategy Tweets were systematically searched using the Twitter API with the following terms: #wfme hashtag, @wfme, "WFME", or "World Federation for Medical Education" over a 360-day period from August 2021 to August 2022. This timeframe was selected to capture a full annual cycle of discussions while focusing on the period when WFME recognition became increasingly prominent in public discourse.

Inclusion and exclusion criteria Tweets were included if they referenced WFME using the specified search terms and were posted during the study period. Tweets were excluded if they came directly from official WFME or ECFMG accounts, as the focus was on external stakeholder perceptions. Included tweets were screened for duplicate material ("retweets") to avoid over-representation of identical content (Fig. 2).

Geographic and user information Information about Twitter user accounts was collected using a combination of online biographies, usernames, and links to websites to establish the professional backgrounds of contributors. The geo-location of posts was determined primarily through user biographies, with IP address data used as secondary confirmation. When discrepancies occurred between IP address location and user

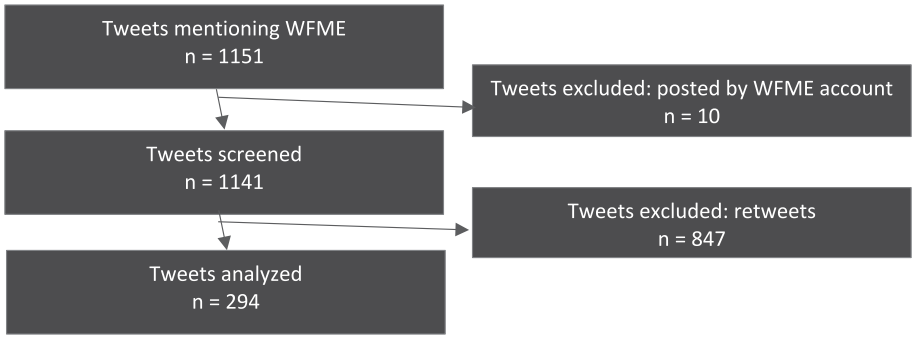

Fig. 2 Summary of included tweets

biography location (approximately 4% of cases), user biography information took priority, as this better reflects the user's intended geographic identity and accounts for the use of proxy services or virtual private networks.

Contextualisation Contextual information about included tweets was sought from English-language news sources, websites of professional bodies, universities and student groups, and webinar recordings. Specifically, we searched the three largest English-language newspapers in Pakistan (Dawn, Express Tribune, Daily Pakistan) and identified three relevant English-language webinars during the study period.

2.1.2 Data analysis

Thematic Analysis**:** Included tweets were extracted using automatic analytic tools and imported to spreadsheets recording the tweet transcript, posting account, and country of origin. Tweets in languages other than English were translated using web-based translation software prior to analysis.

Initial thematic analysis was undertaken to explore and categorise all included tweets [16]. Two authors (DM and JK) independently developed a coding framework through preliminary analysis, then undertook independent coding of all data. Consensus meetings were used to resolve areas of disagreement, with a final meeting including three authors (DM, JK, MAR) to resolve remaining discrepancies.

Theoretical Framework**:** An abductive approach was taken to analysis [17]. This was chosen as a pragmatic and flexible way to analyse the available data. After initial thematic coding, the research team recognised that the content aligned closely with Cohen's theory of moral panic, leading to the adoption of this theoretical framework. The coding framework was modified to align with Cohen's five stages of moral panic: (1) identification of threat, (2) amplification of threat, (3) rapid build-up of anxiety, (4) response from gatekeepers, and (5) panic recedes or leads to change [2].

Moral Foundations Theory Integration**:** To deepen understanding of the responses, Moral Foundations Theory [4] was applied to categorise the underlying moral intuitions driving the discourse across the six foundational dichotomies: care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, sanctity/degradation, and liberty/oppression.

3 Results

3.1 Dataset characteristics

294 tweets were included in the final analysis. A striking finding was that 94% (276) of these tweets related specifically to Pakistan and Pakistani medical regulatory agencies' attempts to gain WFME recognition. Given this concentration, the study evolved into a focused case study of Pakistan's experience with the WFME recognition process, with tweets primarily about other countries excluded from detailed analysis.

The temporal distribution of tweets showed significant clustering, with the greatest activity occurring in the first week of August 2022 (51 tweets from 40 individual accounts). This coincided with prominent media coverage, including an article in Dawn newspaper exploring Pakistan's medical regulatory challenges [5], followed by official statements from regulatory bodies [6].

Table 1 Distribution of tweets

Stage	Tweets	Percentage
1 Identification	55	20%
2 Amplification	82	30%
3 Anxiety	75	27%
4 Gatekeeping	37	13%
5 Submergence	27	10%

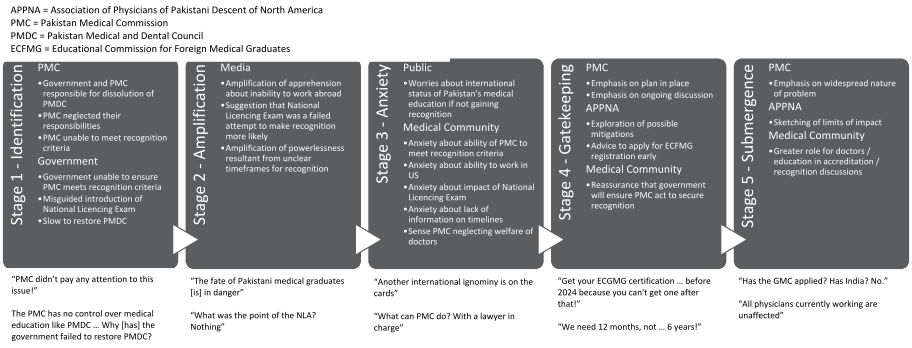

Fig. 3 Tweets by stage of moral panic

3.2 Contextual background: governance in Pakistani medical education

The concentration of Pakistan-focused tweets must be interpreted in the context of significant instability in the governance of Pakistani medical education between 2019 and 2022. Medical accreditation had been performed by the Pakistan Medical Council since 1948, formalised as the Pakistan Medical and Dental Council (PMDC) in 1962. In 2019, the PMDC was dissolved and replaced by the Pakistan Medical Commission (PMC), which was established in September 2020 through parliamentary bill. The PMC remained active until December 2022, when the Islamabad High Court restored the PMDC and dissolved the PMC. This was formalised through Presidential assent to the PMDC Act 2022. This regulatory uncertainty coincided with growing anxiety about WFME recognition requirements and their implications for Pakistani medical graduates seeking to train in the United States.

3.3 Moral panic framework

Analysis revealed that the content of included tweets aligned closely with Cohen's five stages of moral panic, as shown in Table 1.

Most tweets (77%) fitted stages one to three of Cohen's model, reflecting the identification, amplification, and anxiety phases of moral panic. Responses from authority figures were relatively few, with less than a quarter of tweets (23%) categorised as gatekeeper responses or submergence activities (Fig. 3).

3.4 The PMC as "Folk Devil"

Central to the moral panic was the positioning of the Pakistan Medical Commission as what Cohen terms a "folk devil"—a group that becomes the focus of societal anxiety and blame. The PMC was criticised in a number of ways:

- *Perceived incompetence* Tweets portrayed the PMC as unable to meet WFME recognition requirements

- *Negligence claims* Accusations that the PMC had neglected its obligations to medical students by being slow to seek recognition
- *Legitimacy questions* Suggestions that PMC members were complicit in dissolving the PMDC, which was seen as having made more progress toward recognition
- *Conflation of issues* Notably, eleven tweets criticised the PMC for introducing the National Licensing Exam (NLE), incorrectly attributing this to failed WFME recognition attempts, despite no direct policy connection

3.5 Moral foundations analysis

The discourse demonstrated activation of multiple moral foundations, as detailed in Table 2.

The interaction between these moral foundations and Global North–South power dynamics created a complex moral landscape. The discourse demonstrated what Haidt and Graham describe as "binding foundations" (loyalty, authority, sanctity) taking precedence over "individualizing foundations" (care, fairness) in situations of perceived external threat. Importantly, tweets simultaneously criticised local authorities while uncritically accepting the legitimacy of Global North institutions to determine medical education standards.

3.6 Factors creating anxiety

Several key factors emerged as drivers of the moral panic:

1. *Career implications* Fear that lack of WFME recognition would prevent Pakistani medical graduates from accessing US residency programs
2. *Regulatory uncertainty* Confusion about the roles and legitimacy of competing regulatory bodies (PMC vs PMDC)
3. *Information deficits* Limited understanding of WFME's actual role and requirements
4. *Temporal pressure* Perception that Pakistan was falling behind other countries in seeking recognition
5. *Power asymmetries* Implicit acceptance that Global North standards should determine local educational quality

Table 2 Moral foundations in WFME discourse

Foundation	Theme	Representative quotation
Care/harm	Concerns about student vulnerability and institutional negligence	"Without WFME recognition, thousands of medical students' futures hang in limbo. The PMC must act now!"
Fairness/cheating	Perceptions of injustice and unequal treatment	"Medical students from other countries can freely apply to US residencies while Pakistani students face barriers due to PMC's inaction"
Loyalty/betrayal	Sense of institutional betrayal of national interests	"PMC has betrayed the trust of Pakistan's medical professionals by failing to secure WFME recognition in time"
Authority/subversion	Challenges to legitimate institutional authority	"The PMDC was on track for recognition before its illegal dissolution. The PMC has no legitimacy or competence"
Sanctity/degradation	Concerns about degradation of national medical education standards	"The sanctity of Pakistani medical degrees is at stake if we cannot meet international standards"
Liberty/oppression	Resistance to restrictions on professional freedom	"PMC's failure restricts our liberty to practice abroad. Thousands of careers are being limited unnecessarily"

4 Discussion

4.1 Pakistan as a case study of global policy impact

This case study reveals how global recognition policies originating in the Global North can generate significant anxiety and moral panic in Global South contexts, particularly during periods of governance instability. The concentration of discourse around Pakistan reflects both the specific regulatory chaos occurring during the study period and broader patterns of how Global South countries experience pressure to conform to Global North standards.

The large number of Pakistan-focused tweets can be partially explained by the significant changes in medical education governance occurring during 2019–2022, as regulatory authority shifted between institutions amid political and legal challenges. However, this governance instability interacted with WFME recognition requirements to create a "perfect storm" of anxiety among medical education stakeholders.

4.2 Misunderstandings and information deficits

A striking finding was the conflation of issues unrelated to WFME recognition with the recognition programme itself. The rhetorical linking of Pakistan's National Licensing Exam to WFME recognition, despite no direct policy connection, suggests significant misunderstanding of WFME's remit and mandate. This aligns with previous research documenting confusion about ECFMG and WFME policies [10].

However, these "misunderstandings" must be critically examined. Rather than simply attributing confusion to stakeholder ignorance, we must consider how WFME's communications, opacity, and alignment with ECFMG may contribute to these perceptions. The organisation's increasing role as a meta-regulator, combined with limited transparency about its operations and decision-making processes, creates conditions conducive to misinterpretation and anxiety.

4.3 Power asymmetries and colonial patterns

The discourse reveals concerning patterns in how Global North institutions maintain regulatory authority over Global South medical education. No tweets in the dataset questioned the fundamental legitimacy of WFME's role or the necessity of seeking its recognition. This uncritical acceptance reflects what Rashid, Ali and Dharanipragada [13] identify as deeply ingrained colonial patterns in global regulatory structures.

The positioning of the PMC as a "folk devil" while WFME and ECFMG remain largely unquestioned demonstrates how Global North institutions are constructed as inherently legitimate and authoritative. This representational binary frames Global South institutions as potentially unstable or backwards while Global North standards are assumed to represent quality and modernity.

4.4 Linguistic construction of institutional legitimacy

The moral panic revealed how institutional legitimacy is linguistically constructed through online discourse. The PMC was systematically delegitimised through specific discursive strategies: questioning its competence, attributing blame for unrelated issues, and contrasting it unfavourably with its predecessor. These patterns reflect broader mechanisms through which Global South institutions are discursively positioned as deficient relative to Global North standards.

4.5 Moral foundations and policy communication

The activation of multiple moral foundations suggests that policy communications addressing WFME recognition anxiety require more nuanced approaches than simply providing technical information. When moral foundations are triggered, stakeholders respond based on intuitive moral judgments rather than rational assessment of policy details. This may explain why misinformation about WFME persisted despite official clarifications.

Future policy communications might benefit from "moral reframing"—addressing stakeholder concerns in ways that resonate with activated moral foundations. For example, communications emphasising fairness and care might better address student concerns, while appeals to authority and loyalty might be more effective with established medical educators.

4.6 Limitations and future research directions

This case study has several important limitations that contextualise its findings. First, the data comes exclusively from Twitter, which may not represent all stakeholder views, particularly those of educators, regulators, or students without social media access or those who engage on other platforms. The 360-day study period, while capturing significant activity, represents a snapshot of discourse during a particular period of regulatory instability in Pakistan.

The concentration of findings around Pakistan, while providing rich case study material, limits generalisability to other Global South contexts. The specific governance chaos occurring in Pakistani medical education during the study period created unique conditions that may not be replicated elsewhere. Future research should examine cross-country comparative responses to WFME recognition requirements to understand whether similar patterns emerge in other contexts.

We acknowledge that several co-authors are affiliated with UK-based institutions while critiquing Global North dominance in medical education regulation. This positionality provides both insider perspective on Global North institutional cultures and recognition of our own complicity in these systems, informing our analysis of power asymmetries.

The exclusive focus on English-language content may have missed important discourse occurring in local languages, particularly Urdu in the Pakistani context. Additionally, our methodology captured public discourse but not private communications or formal institutional responses that might reveal different perspectives on WFME recognition.

Future studies should triangulate social media analysis with surveys, interviews, and focus groups to capture broader stakeholder perspectives. Comparative analysis across multiple countries seeking WFME recognition would help identify whether moral panic responses are specific to particular contexts or represent broader patterns. Longitudinal studies tracking discourse over longer time periods could reveal how perceptions of global regulatory policies evolve.

4.7 Implications for global medical education policy

This case study has significant implications for how global medical education policies are developed and implemented. The powerful emotional responses triggered when core moral values are perceived as threatened suggest that policy makers must consider not

only technical aspects of accreditation but also the moral narratives that shape stakeholder responses.

The findings highlight the need for WFME to critically evaluate its recognition programme, which has not undergone formal evaluation since beginning in 2012. Given the central role of the ECFMG in creating demand for WFME recognition, both organisations need to better understand and respond to how they are perceived in Global South contexts.

For national governments and medical education leaders in Global South countries, this study suggests the importance of creating transparent, stable regulatory environments that can engage with global standards while maintaining local legitimacy. The demonisation of the PMC as a "folk devil" reflects broader challenges in building credible regulatory institutions amid political instability.

5 Conclusions

This case study demonstrates how global medical education recognition policies can generate moral panic in Global South contexts, particularly during periods of governance instability. The analysis of Pakistani responses to WFME recognition requirements reveals significant unintended consequences of policies originating in the Global North, including widespread anxiety among medical education stakeholders and the scapegoating of local institutions.

The application of moral panic theory and Moral Foundations Theory provides valuable insights into the psychological and social mechanisms driving responses to global policy changes. The findings highlight how colonial patterns persist in global medical education regulation, with Global North institutions maintaining largely unquestioned authority while Global South institutions face scrutiny and delegitimisation.

Discursive patterns around moral panic in medical education appear to mirror broader societal tendencies evident in other domains of public discourse in Pakistan, in which moral panic obscures constructive discourse. For example, Akram and Yasmin [1] have examined how discourse about sexual violence against women displays a moral panic in which sensationalism serves to deflect responsibility from institutional actors.

The concentration of global WFME discourse around a single country's regulatory challenges reveals the narrow focus of current global engagement with these policies. Despite WFME's claimed global mandate, public discussion remains remarkably limited and geographically concentrated, suggesting significant gaps in global stakeholder engagement and understanding.

This research emphasises the urgent need for more comprehensive evaluation of the WFME recognition programme's global impacts, particularly in Global South contexts where regulatory politics, migratory aspirations, and colonial legacies intersect in complex ways. The study calls for more inclusive approaches to global medical education governance that meaningfully engage Global South perspectives and priorities rather than simply requiring conformity to Global North standards.

Future policy development in this increasingly interconnected space linking international physician migration, medical education accreditation, and global politics must account for the sociopolitical dimensions revealed by this analysis. Only through such comprehensive understanding can global medical education policies achieve their stated

goals of quality improvement while avoiding the harmful unintended consequences documented in this case study.

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Author contributions
All authors contributed to the conception of this paper. JK and DM wrote the initial draft, which was reviewed by all authors, with MAR supervising subsequent revisions.

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Data availability
The anonymised data collected is available from the corresponding author on request.

Declarations

Ethics approval and consent to participate
Ethical approval was obtained from the University College London Research Ethics Committee (3069/001). The research was completed in accordance with the UK Government Social Research Service (GSR) guidance on Social Media Research.

Informed consent
This study involves the analysis of anonymised and publicly available social media posts, and therefore consent was not sought from authors of posts analysed.

Competing interests
The authors declare no competing interests.

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