

# Excellence in medical education – Can it be assessed?

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## I. SUMMARY

The ASPIRE-to-Excellence Initiative was established in 2013 to provide a mechanism where Excellence in teaching in a medical school received international recognition. Excellence was recognised in one or more of the following areas – Student Assessment, Student Engagement with the curriculum, Social Accountability of the medical school, Faculty Development and Simulation. Dental and Veterinary schools were included in the programme in 2015. To date, 23 schools from 12 countries around the world have received an ASPIRE award in one or more of the areas.

Experience gained with the ASPIRE-to-Excellence programme has established that it is possible to develop criteria on which excellence can be assessed and that schools benefit from participating in the programme and from the feedback received. The ASPIRE-to-Excellence initiative has created de facto standards for best practice in each of the areas assessed.

## II. THE IMPORTANCE OF TEACHING

The importance attached by universities and medical schools to their teaching responsibilities has come under scrutiny. Does the school make explicit the appropriate learning outcomes expected of the student? Does it offer a suitable range of learning opportunities and experiences to facilitate the students' achievement of the learning outcomes? Does it have a valid, reliable and fair system of student assessment? Are staff trained with regard to their teaching responsibilities and are students engaged in the curriculum planning and development? These questions are key in relation to the responsibilities

a medical school has in training doctors who will be competent to meet the needs of the community they will serve following qualification.

## III. THE BIRTH OF ASPIRE

When excellence in teaching is considered and when the issue of evaluating excellence in teaching is raised, the question frequently asked is whether it is possible to evaluate excellence in teaching in the same way as excellence in research. The evidence used to assess research excellence includes the number of research papers published and their citations and the research grant income received. What criteria can be used to determine excellence in teaching? Indeed, is this possible? David Wilkinson, then Dean of the University of Queensland, Australia suggested that excellence could be measured. He highlighted at a meeting during the Asia-Pacific Medical Education Conference in Singapore in 2010, the need for a form of quality assurance that recognised excellence which rightly falls outside the formal accreditation process as the remit of professional education bodies. He argued that a programme should be established that goes beyond the traditional accreditation process and that recognised that the education programme in a school can be subjected to peer review against an agreed set of standards or benchmarks that identified world-class excellence in education. AMEE, a leading international medical education organisation, he proposed, should respond to this challenge by establishing a mechanism where excellence in education in a medical school was recognised. The ASPIRE-to-Excellence initiative was born.

A review of current practice at that time showed that no similar initiative existed. Over the past decade the move to recognise excellence in universities had been reflected in increasing attention being paid to university league tables with the results of university rankings placing universities in a global pecking order (Harden & Wilkinson, 2011). Such rankings paid no or little attention to teaching. The Shanghai ranking was based exclusively on research performance and quality of teaching, as most people would define it, had only a limited impact in the Times Higher rankings (Table 1). While there was growing pressure to treat teaching seriously as a professional activity with equal status to research (Skelton, 2005), there was no mechanism available at a global level for professional peer-review of excellence in teaching. National accrediting bodies and the World Federation for Medical Education were concerned, and correctly so, with basic standards and not with the assessment of excellence. The ASPIRE-to-Excellence initiative as proposed met the need for a mechanism where excellence in education could be assessed. The aim of the initiative was to recognise and promote outstanding performance and excellence in teaching and learning in medicine.

An ASPIRE-to-Excellence Foundation Board made up of international leaders in medical education was established and met for the first time in Glasgow in 2010. Membership of the current Board is given in table 2.

#### IV. THREE QUESTIONS

Three initial questions were addressed. Should an ASPIRE award recognise excellence across all aspects of the medical school performance or should excellence be recognised relating to specific aspects of the teaching? Should a single standard for excellence be established or should a school be rated at different levels and receive a gold, silver or bronze award? Finally, what criteria should be used to assess that excellence had been achieved?

With regard to the first question there was agreement that while eventually there might be a holistic assessment of excellence of a medical school's teaching programme, at least in the first instance the assessment should focus on specific aspects of the programme. Three very different areas and elements of the teaching programme were agreed. These were the assessment of students, the engagement of students in the education programme and the social accountability of the medical school. The areas were chosen by the ASPIRE Board as they were considered important and reflected both traditional values for schools (such as ensuring that they graduated competent doctors), as well as newer concepts (students

being partners in their own education and the importance of societal contributions that medical schools should make to their local health care provision). In 2015 a fourth area, faculty development, was added and in 2016 a fifth area, simulation. Curriculum is planned as a new area for 2017.

In relation to the second question there was agreement that the aim was not to identify "the best school" in each field but to recognise with an ASPIRE award all schools who had achieved the required standard of excellence. To date this has been seen as an absolute standard with schools either achieving it or not achieving it. Schools who demonstrated elements of excellence but not overall excellence in an area were commended on the aspects where they did demonstrate excellence. There is ongoing discussion, however, as to whether the ASPIRE-to-Excellence initiative should recognise excellence at different levels with gold, silver and bronze awards.

The final question related to the basis on which excellence would be assessed in a school in the different areas where a school chose to be assessed. An international panel of medical education experts under the guidance of a chair was established for each of the three initial areas and later the other areas. These panels worked independently and developed and refined the criteria for excellence in their area under the overall auspices of the ASPIRE Board. The criteria that resulted from the deliberations are described for each of the themes on the ASPIRE website (<https://www.aspire-to-excellence.org/Areas+of+Excellence/>).

Although the review process for each Theme Panel is slightly different, all applications are reviewed by teams of three Panel members who independently grade submissions against the individual criteria of the theme. Discrepancies in scoring between assessors are discussed and if agreement cannot be achieved more reviews are sought. Once consensus is reached, the Panel Chair then makes recommendations to the ASPIRE Board. Awards are then announced and presented at the annual AMEE meeting. Applications are confidential and unsuccessful schools are provided with detailed feedback to support their development and encourage further progress and successful reapplication.

Pilot studies were undertaken in each of the areas to test the criteria developed and the working of the review process.

## V. PROGRESS TO DATE

The number of submissions and the number of awards made since the ASPIRE-to-Excellence programme was launched in 2013 are summarised in Table 3. Faculty development was launched as a theme in 2016. To date 23 schools from 12 countries around the world have received an ASPIRE-to-Excellence award. The schools together with the area where excellence in education is recognised are given in Table 4.

Since 2016, ASPIRE recognition has been extended to include veterinary and dental schools. In 2016 submissions were invited on a fifth area – Simulation. Seven submissions were received for this category by the closing date of 28th February 2017.

Each year, successful schools receive a trophy and are presented with their awards during a plenary session at the annual AMEE Conference.

	% Weighting
Reputational survey (teaching)	15%
PhD awards per academic	6%
Undergraduates admitted per academic	4.5%
Income per academic	2.25%
PhDs/Undergraduate degrees awarded	2.25%

Table 1. THES world university ranking criteria and weighting for teaching

Member	Country
Dan Hunt	USA (Chair)
Khalid Bin Abdulrahman	Saudi Arabia
Ducksun Ahn	Korea
Robbert Duvivier	Australia
Matthew Gwee	Singapore
Ronald Harden	UK
Martin Hart	UK
David Irby	USA
Barry Issenberg	USA
Hassan Khan	Pakistan
Tadahiko Koza	Japan
Pat Lilley	UK
Stefan Lindgren	Denmark
Cristina Manzanares	Spain
Nivritti Patil	Hong Kong
Madalena Patricio	Portugal
Pablo Pulido	Venezuela
Trudie Roberts	UK
James Rourke	Canada
John Tegzes	USA
Cees van der Vleuten	Netherlands
Theanne Walters	Australia

Table 2. Membership of ASPIRE-to-Excellence Board as of March 2017

Year	Assessment		Student Engagement		Social Accountability		Faculty Development		Total Submissions	Total Awards
	Sub	Awards	Sub	Awards	Sub	Awards	Sub	Awards		
2013	7	2	12	6	10	3			29	11
2014	3	1	6	1	5	2			14	4
2015	2	0	7	6	7	0			16	6
2016	1	0	2	1	4	4	5	2	12	7
Totals	13	3	27	14	26	9	5	2	71	28

Table 3. Submissions and ASPIRE awards in the themes assessment, student engagement, social accountability and faculty development

School	Country	Award
2013		
Southern Illinois University School of Medicine	USA	Assess, St. Eng, Soc Acc
Aga Khan University	Pakistan	Assess, St. Eng
University of Maribor	Slovenia	St. Eng
International Medical University	Malaysia	St. Eng
University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences	Australia	St. Eng
University of Minho	Portugal	St. Eng
Northern Ontario School of Medicine	Canada	Soc Acc
Hull York Medical School	UK	Soc Acc
2014		
University of Leeds, School of Medicine	UK	Assess
University of Southampton	UK	St. Eng
Memorial University of Newfoundland	Canada	Soc Acc
University of New Mexico, School of Medicine	USA	Soc Acc
2015		
The Charité – Universitätsmedizin, Berlin	Germany	St. Eng
University of Leeds, School of Medicine	UK	St. Eng
Utrecht University, Faculty of Medicine	The Netherlands	St. Eng
Uppsala University, School of Medicine	Sweden	St. Eng
Schulich School of Medicine and Dentistry	Canada	St. Eng
Chulalongkorn University, Faculty of Medicine	Thailand	St. Eng
2016		
The School of Veterinary Medicine and Science, University of Nottingham	UK	St. Eng
Florida International University, Herbert Wertheim College of Medicine	USA	Soc Acc
Brody School of Medicine, East Carolina University	USA	Soc Acc
University of Leeds, School of Medicine	UK	Soc Acc
Leaders in Indigenous Medical Education (LIME) Network	Australia	Soc Acc
University of California, San Francisco	USA	Fac Dev
Royal Veterinary College, University of London	UK	Fac Dev

Note: Assess= Student Assessment, St. Eng= Student Engagement with the curriculum, Soc Acc= Social Accountability of the school. Fac Dev= Faculty Development

Table 4. Schools recognised with an ASPIRE-to-Excellence Award

## VI. CONCLUSIONS

The ASPIRE-to-Excellence programme now in its fifth year has attracted favourable publicity and generally considered to be successful (Ahn & Ahn, 2014; Hunt & Harden, 2016; Patricio, 2016; Roberts, 2016). Experience gained in the ASPIRE programme has clearly established that it is possible to recognise excellence in teaching. Development of the criteria for

excellence was a major activity which required a year's work by each panel and pilot testing in schools. With the experience gained the application of the criteria has evolved over time and the evidence required to assess whether a school has met the criteria as set out has been refined. A separate submission from students in the school is seen as an important part of this process. Some criteria such as, in the case of the student engagement

theme, full participation in a curriculum committee are seen as non-negotiable, while others such as responsible for the production of learning resource material are desirable but not essential.

It has become obvious that some schools, but not all schools, value the opportunity to assess and promote their excellence in teaching. The number of schools submitting for an application in one or more of the categories is still relatively small. Obviously ASPIRE Awards are relatively new and so schools may not be aware of the scheme but maybe some schools are wary of being judged and found not to be excellent. When the University Teaching Excellence framework was introduced in the UK some elite universities threatened to boycott the scheme and indicated that they did not wish to take part in an exercise where their teaching was assessed. It became apparent however that this was an unacceptable position to take.

Many elite medical schools while on the surface supporting the principles underpinning the ASPIRE-to-Excellence programme, have themselves not subjected themselves to an ASPIRE review. One reason may be that they fear they have more to lose than to gain from engaging with the assessment and that a possible rejection could damage their standing. It may be that as the importance of teaching as a function of a medical school is increasingly recognised and valued opting out of an exercise that assesses excellence in the area will be less attractive.

The benefits of submitting an ASPIRE-to-Excellence application have been documented. More than 90% of schools surveyed reported that the ASPIRE submission process and the feedback received as a result had a significant impact on their school, that it encouraged staff to reflect on their practice and often resulted in improvements. The ASPIRE award winners have now established an ASPIRE Academy which serves as a network of schools where excellence in education has been recognised.

In practice the ASPIRE-to-Excellence initiative has created de facto standards for best practice in the areas assessed. Schools who have not applied for an award have used these standards to evaluate their own education programme and used them as a basis for the further development. An awareness of what is recognised as excellence in a university is a component of striving towards excellence.

### Notes on Contributors

Professor Ronald M Harden OBE MD FRCP(Glas) FRCS(Ed) FRCPC is the General Secretary of AMEE and Professor of Medical Education, University of Dundee, UK.

### Declaration of Interest

The author declares no competing interests.

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