

Research on the Quality Assurance System of Medical Professional Education in Colleges and Universities under the Transnational Joint Training Model

Xue Wang

West China School of Medicine, West China Hospital, Sichuan University, Chengdu Sichuan 610041

Abstract: This paper briefly introduces the transnational joint training model and the quality assurance system of medical professional education in colleges and universities, and analyzes the influence of factors such as the synergy of policies, regulations and accreditation standards, the sufficiency and balance of resource allocation, the transnational adaptation of the teaching staff, and the medical professional curriculum system on the establishment of the assurance system. The key points of the guarantee system construction are explored in the dimensions of strengthening policy and accreditation coordination to build a quality foundation, promoting the integration of educational resources to build a quality foundation, building an international faculty to ensure educational quality, and constructing a modular and international medical curriculum system.

Keywords: Transnational joint training; Universities; Medical professional education; Quality assurance system

DOI:10.12417/3029-2328.25.09.002

There are various types of cross-border joint training models, including common ones such as dual-degree joint training models based on credit recognition and course alignment, exchange student joint training models based on mutual student exchange, and research cooperation joint training models based on research projects. In the context of the transnational joint training model gradually becoming a common model for modern professional talent cultivation, it is naturally necessary to explore the corresponding path for the construction of the transnational education quality assurance system.

1. Definition of the Transnational Joint Training Model and Quality Assurance System

1.1 Transnational joint training model

The cross-border joint training model is an extended and deepened talent cultivation model based on the traditional "study abroad + local learning" model. It emphasizes that all cooperating entities jointly develop the curriculum system, practical links and graduation requirements to ensure that the curriculum content is in line with international standards. It also emphasizes the cultivation of cross-cultural competence, the two-way flow of resources across countries, and the mutual recognition of credits or degrees. Transnational joint training models have advantages such as strong international competitiveness, sharing of quality resources, and global network expansion, but they also face challenges such as high costs, high adaptation pressure, degree certification risks, and difficult time coordination.

1.2 Quality assurance system for medical education in colleges and universities

The quality assurance system for medical education in colleges and universities ensures that the training of medical professionals meets industry standards and the needs of the medical and health care industry. It needs to cover the entire process and all aspects of medical professional education, ensure the participation of multiple parties, and provide strong support and guarantee for the training of medical professionals through strong professionalism and strict supervision. The quality assurance system for medical education in colleges and universities can be divided into two major parts: external and internal. The external quality assurance mechanism involves policies and systems, professional accreditation systems, post-graduation education evaluation mechanisms, performance assessment mechanisms, international accreditation alignment mechanisms, etc. The internal quality assurance system includes organizational and institutional guarantees, full-process quality monitoring mechanisms, multi-distance supervision and evaluation mechanisms, and continuous improvement and feedback mechanisms.

2.Factors Influencing the establishment of the quality Assurance System for medical Professional Education in Universities under the Transnational Joint training model

2.1 Synergy of policies, regulations and accreditation standards

There are differences and even conflicts among different countries regarding the approval of qualifications for medical programs, enrollment and student status management, and restrictions on clinical practice policies. If effective coordination and unification cannot be achieved in practice, it will inevitably lead to a lack of compliance in the training programs of medical professionals in transnational universities. In addition, there are significant differences among the medical education accreditation systems of various countries and regions, mainly manifested in different focuses of accreditation indicators, inconsistent accreditation effects in different countries and regions, asynchronous accreditation cycles, and the difficulty of coordinating on-site assessment in teaching links, which also make it difficult to form highly unified accreditation standards for cross-border joint training programs.

2.2 Adequate and balanced allocation of resources

To guarantee the quality of medical education in universities under the transnational joint training model, it is necessary to ensure that resources are adequately and evenly allocated. However, medical education itself is characterized by high investment and high threshold, and the corresponding total amount of resources is extremely limited. Coupled with the influence of uneven spatial distribution, cross-border misallocation of resources, and the lack of a cross-border coordination mechanism for resource allocation, it is often difficult to effectively ensure the fullness and balanced allocation of resources in practice.

2.3 The cross-country fit of the teaching staff

There are barriers to mutual recognition of professional qualifications and practice licenses among medical faculty in different countries, and it is difficult to achieve uniformity due to differences in qualification standards among countries, geographical restrictions on clinical teaching qualifications, and collaborative management of qualification renewal. In addition, there are differences in the core curriculum content, practical teaching standards, teaching assessment standards, and supervision and management mechanisms for medical faculty in different countries. Coupled with the teachers' own deficiencies in bilingual teaching ability and cross-cultural teaching design ability, it will greatly affect the construction of the transnational medical professional education quality assurance system.

2.4 Medical Professional Curriculum System

Under the transnational joint training model, the construction of the quality assurance system for medical professional education in colleges and universities is greatly influenced by the medical professional curriculum system. At present, the training objectives of medical programs in different countries' universities are often based on the development needs of the domestic medical and health care industry, lacking coordination with the demands of cross-border occupations, and are easily affected by differences in the positioning of medical occupations among countries, mismatch of educational levels and training stages, and difficulty in implementing international common standards. In addition, joint education among medical programs in universities in different countries and regions, There are also problems such as misaligned course structures and knowledge modules, limited adaptation of teaching languages and textbook resources, non-intercommunication of course evaluation methods and standards, large cross-border barriers to clinical practice resources, difficulty in unifying cross-border differences in practical skills standards, asynchronous cross-border knowledge updates, and unsmooth student feedback mechanisms, which further affect the high-level practice of the joint education program.

3. Construction of a quality assurance System for medical education in Colleges and universities under the transnational joint training model

3.1 Strengthening policy and accreditation synergy to build a quality foundation

Under the transnational joint training model, strengthening policy and accreditation synergy can lay a solid foundation for the quality of medical professional education in higher education institutions. Strengthen top-level design, with promoting cross-border policy coordination as the key, to break down the restrictions and impacts of institutional barriers between different countries on joint medical education from a macro perspective. Governments should enhance communication and cooperation, and through official dialogue, clarify the bottom-line rules and flexibility of educational sovereignty and medical regulatory rights of each country, and establish a consensus on core rules to fundamentally provide support and guarantee for the construction and implementation of the transnational joint training model. Countries can rely on regional education alliances or bilateral education agreements to prioritize policy coordination at the regional level and promote cooperation by clarifying the bottom line of admission standards for joint training programs, practicing the principle of mutual recognition of academic credits, and opening up channels for academic degree certification. Countries should also focus on the alignment of medical practice access policies to ensure that the courses of cross-border joint training programs fully cover the core content of practice examinations in partner countries, thereby ensuring a close alignment between talent cultivation and practice requirements. The cooperating countries should clarify and formulate detailed rules for the management of the transnational medical joint training program. The education authorities and medical regulatory authorities of each country should consult and jointly introduce corresponding access standards for the joint training program, clarify the application conditions, restrictions on the scale of operation and exit mechanisms, and establish a dynamic filing and public announcement system for the program to regulate the bottom line of operation. On the basis of the interconnection of top-level policies, the cooperating countries should also promote the coordination and unification of cross-border accreditation standards, and provide necessary guarantees for the implementation quality of joint training programs through mutual recognition of accreditation standards and joint accreditation mechanisms. Open up channels for quality accreditation, give priority to promoting mutual recognition of medical education accreditation systems among countries and regions that have established a cooperative foundation, clarify equivalence assessment indicators, and jointly promote the localization adaptation and promotion of international medical education standards, so as to bring the accreditation systems of all countries closer to the same direction and standards. Countries that have not yet achieved mutual recognition should establish a joint accreditation mechanism for cross-border medical joint training programs, jointly form a joint accreditation expert group including accreditation experts, medical education experts, and representatives of clinical physicians, and develop a unified joint accreditation evaluation index system based on curriculum synergy, teacher fit, practice quality, student development, etc., and clarify the joint accreditation process. In order to achieve mutual recognition based on one accreditation. In addition, the cooperating countries should build a cross-country collaborative implementation platform at the micro level, sharing teaching data, practice data, quality data, etc. through an information sharing platform and strengthening dynamic supervision. At the same time, a cross-country quality dispute coordination mechanism and third-party quality assessment agency should be introduced to effectively resolve implementation conflicts in policy and certification collaboration and enhance the objectivity of supervision.

3.2 Promote the integration of educational resources to build a solid quality foundation

The comprehensive integration of educational resources can lay a solid quality foundation for medical education in higher education institutions under the transnational joint training model. In response to the problems of insufficient and unbalanced allocation of resources in transnational joint training, the cooperating countries need to establish transnational resource coordination committees based on resource integration, sort out the core resources of all parties and jointly build resource lists, prioritize resources in accordance with the training objectives of medical

specialties, and establish a rapid negotiation mechanism for resource use conflicts. Sign special agreements on resource integration and define quantifiable responsibilities, regulate the resources to be invested by other countries and the conditions to be guaranteed by one country, and establish and improve the mechanism for supplementing resource gaps. Classify and integrate medical education resources to ensure that each type of resource can directly serve the quality assurance of medical professional education. Strengthening the integration of the curriculum system, sharing digital resources, and enhancing the co-construction of resource standards can ensure that teaching resources meet the certification standards of various countries and provide cross-language teaching materials, and allow partner universities to obtain high-quality resources from universities in other countries through digital platforms based on resource access rights. Promote mutual recognition of the system of practical resources, and effectively address the problem of uneven quality of practice in different countries and regions by means of two-way certification of clinical bases, unified compilation of cross-border clinical practice manuals, clear practice goals and assessment standards, and the establishment of a dual-mentor system for co-management of the practice process. Steadily advance the synchronous integration of supporting resources by opening up research resources, strengthening language and cultural support, and emphasizing the coordination of logistical resources to ensure the sustainable advancement of transnational medical training programs.

3.3 Build an international faculty to ensure the quality of education

Strengthening the guarantee at the faculty level is the key to improving the quality of medical education under the transnational joint training model. Under the guidance of government education authorities and medical departments, universities need to establish a unified access standard for teachers across countries, ensure that teachers have medical practice qualifications recognized by both cooperating countries and a certain number of years of clinical or research experience, and also pass bilingual/multilingual teaching ability tests and master cross-cultural teaching methods. Comply with the teaching norms of both universities. In order to avoid the undermatching of teachers due to the selection led by a single university, the transnational medical education program should conduct multi-stage evaluations of teachers through a combination of two-way assessment and student participation, including joint interviews, teaching demonstrations, clinical practice assessments, etc. At the same time, a dynamic assessment and exit mechanism should be established to ensure that the quality of teachers meets the requirements at all times. Build a coordinated development system for transnational training, provide basic, advanced and management-level training opportunities and resources for theoretical instructors, clinical instructors and research instructors in a stratified and classified manner, actively promote the pairing of transnational mentors, establish collaborative teaching and research groups, build transnational academic exchange platforms, and continuously promote the improvement of faculty levels. Establish a collaborative mechanism for transnational teacher management, clarify the division of rights and responsibilities, standardize the management system, establish an emergency plan for transnational teacher teaching emergencies, and build a two-way interactive full-process supervision mechanism covering pre-class, in-class, after-class and special supervision to effectively regulate international teacher management.

3.4 Build a modular and internationalized medical curriculum system

Promoting the modularization and internationalization of the medical curriculum system under the transnational joint training model can guarantee the quality of transnational medical professional education from the perspective of the curriculum system. Based on the standards of authoritative international organizations such as the World Federation for Medical Education and the World Health Organization, the basic medical modules, clinical skills modules, professional ethics modules, scientific research and innovation modules that the curriculum should cover are clearly defined, and then the local certification requirements of medical education in the countries of the joint training are further embedded to form the core framework of the modular curriculum. The medical curriculum system is divided into core compulsory modules, characteristic elective modules, and international practice modules,

etc., to ensure that the basic abilities of medical students meet the standardized requirements while adapting to local needs and students' interests, and strengthening the cultivation of clinical and research practical abilities. In basic medical textbook cases, the differences in physiological data of different races are added. In clinical medical practice, global classic cases are introduced and the differences in cross-border diagnosis and treatment pathways are compared. In medical ethics content, discussion topics are designed for cross-border medical scenarios. Bilingual or multilingual stratified teaching models are adopted to effectively break down the cognitive and communication barriers in medical curriculum teaching.

4.Closing remarks

As mentioned above, in the context of globalization, the transnational joint training model has become an important model for cultivating high-quality medical professionals, and a transnational medical professional education quality assurance system needs to be established for it. Medical colleges and universities should be guided by relevant national policies, fully consider their own actual situations, actively participate in transnational joint training programs, reasonably take various measures to strengthen the quality guarantee of transnational medical professional education, continuously promote the improvement of education quality, and cultivate a large number of high-quality transnational medical compound talents.

References:

- [1] Lin Yu,Ye Yishan,Wang Li mengmeng,et al.Practice of Internationalization of Medical Education in the Context of Globalization in the Training System of Top-notch Innovative Talents in Clinical Medicine[J].Higher Medical Education in China,2025(01):40-42.
- [2] Chen Kehan,Luo Fan,Chen Shuliang,et al.Analysis and Reflections on the Current Situation of International Education in Basic Medical Specialties[J].Educational Teaching Forum,2024(48):1-4.
- [3] Zhou Yuehong,Wang Minghua.A Preliminary Study on Internationalization of Higher Medical Education[J].Modern Distance Education of Traditional Chinese Medicine in China,24,22(16):10-13.