

# WHO AMR Curriculum Assessment Tool for Medical Education

Strengthening AMR Education for a Competent Global  
Health Workforce

Regional Workshop on  
Advancing WOAHA AMR  
Standards in Veterinary  
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# Presentation outline

- The Foundation of AMR Educational Standards
- Goals & Objectives of the Assessment Tool
- Development & Methodology
- Key Elements of the Tool & Structure
- Application: Medical, Veterinary & One Health Education
- Conclusion: Curriculum Review: A Holistic Ecosystem (Not a Standalone)



## **The Global Framework (2018–Present)**



## **The Curriculum Assessment Tool**



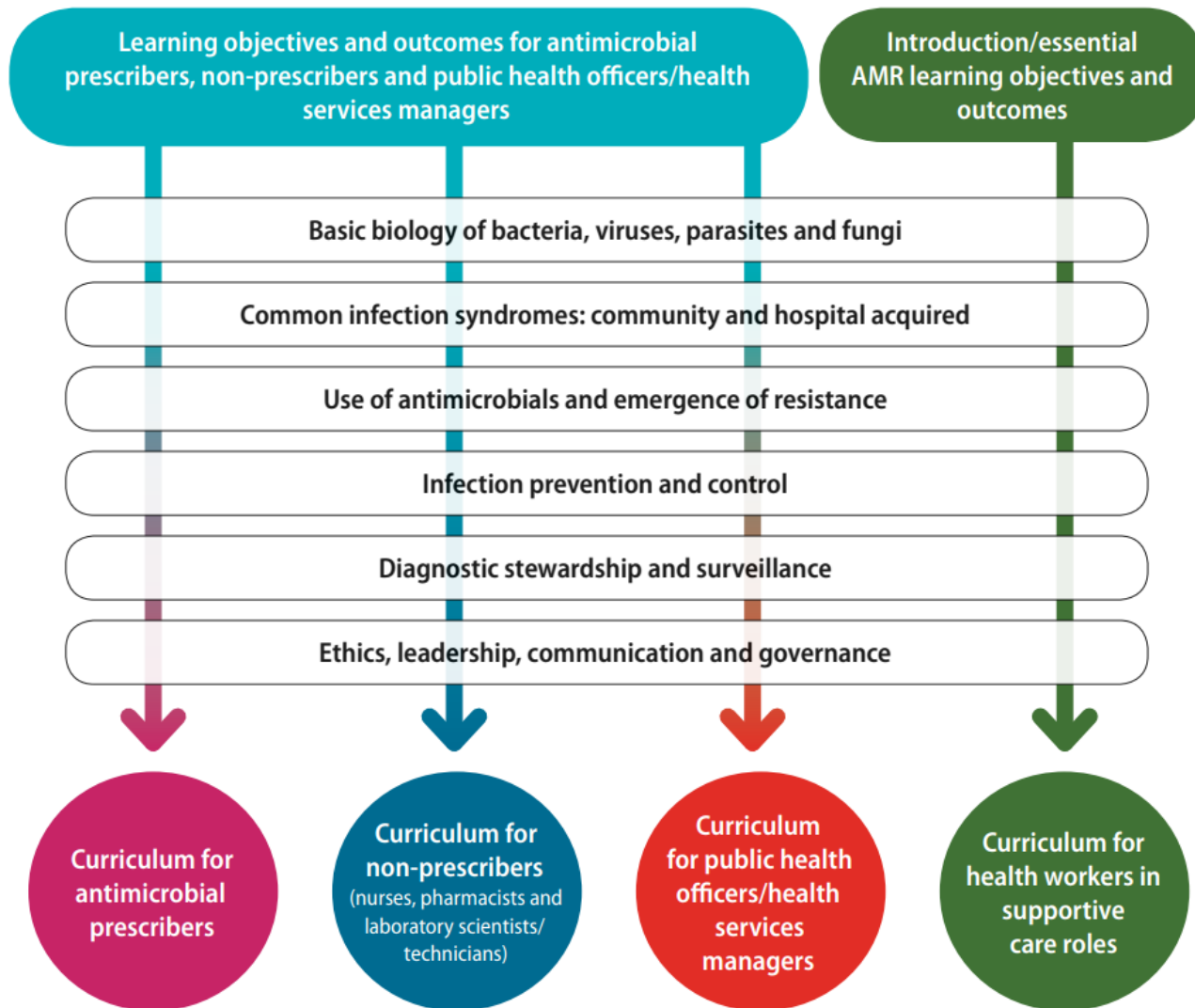
## The Global Framework (2018–Present)

- **Global Action Plan on AMR:** Authoritative framework for AMR education. It elevates AMR from a narrow clinical concern to a **universal competency standard**, forming a critical pillar of any effective National AMR Strategy
- **WHO Competency Framework:** Established the core competencies required for health workers to effectively address AMR.
- **AMR Curricula Guide:** Defined the quality standards for both AMR-specific (technical stewardship) and AMR-sensitive (general prevention) training.



## The Curriculum Assessment Tool

- **The Missing Link:** Translates global standards into a practical diagnostic for universities and medical schools.
- **Targeted Guidance:** Sets clear institutional expectations for undergraduate medical and health science curricula.
- **Goal:** Ensures that pre-service training produces a workforce equipped for standardized, high-quality AMR clinical practice.

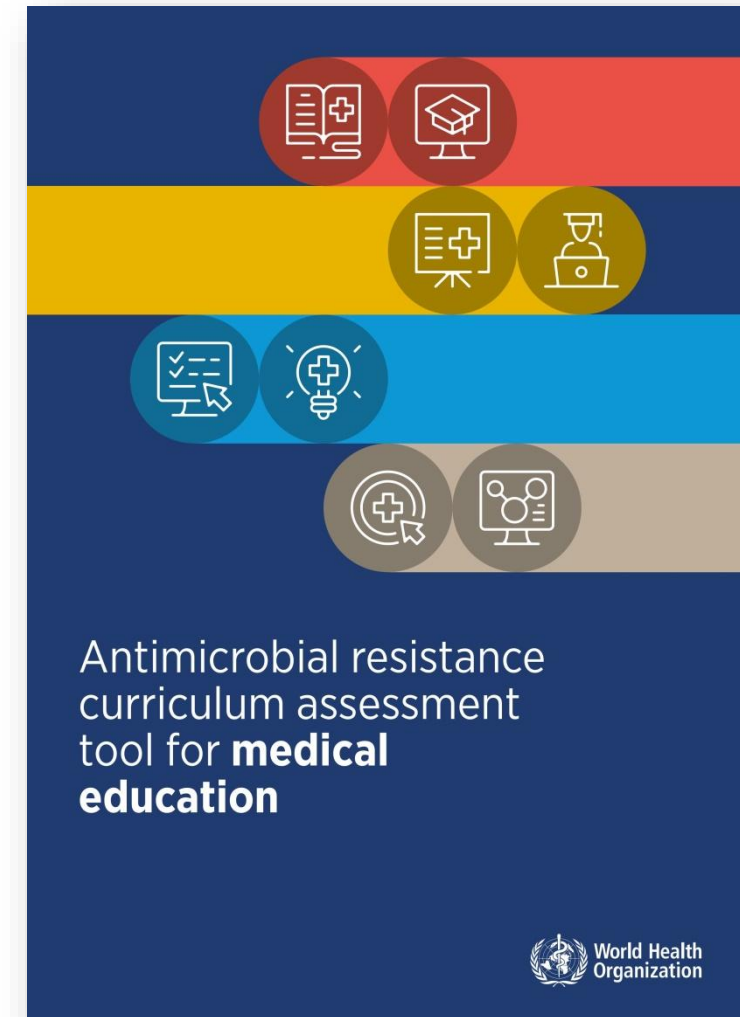


- The curricula guide follows a **matrix model**, combining desired learning objectives with the **modular application** of respective domains and subdomains in achieving the outlined learning outcomes suitable to audience.
- It gives the **structure of the training modules**, with specific learning objectives and suggested assessment methods
- Also gives a brief outline of an institutional AMR **curricula review**, and the methodologies to be used.

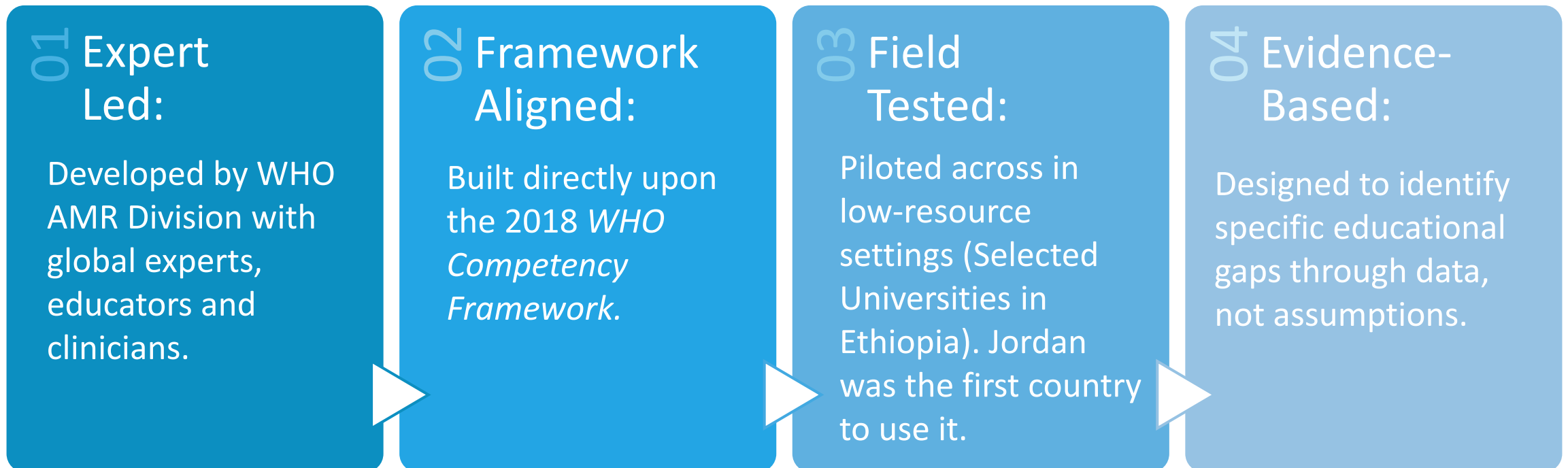
# Goals & Objectives of the Assessment Tool

**Purpose:** Aligning medical education with global AMR standards.

- **Assess Robustness:** Evaluate if curricula meet the *WHO Competency Framework for Health Workers*.
- **Strategic Design:** Guide the review and enhancement of **AMR-specific** and **AMR-sensitive** content.
- **Stakeholder Engagement:** Facilitate structured, periodic dialogue between faculty, national committees, and leadership.
- **National Context:** Enable curriculum mapping at both the university and national levels.

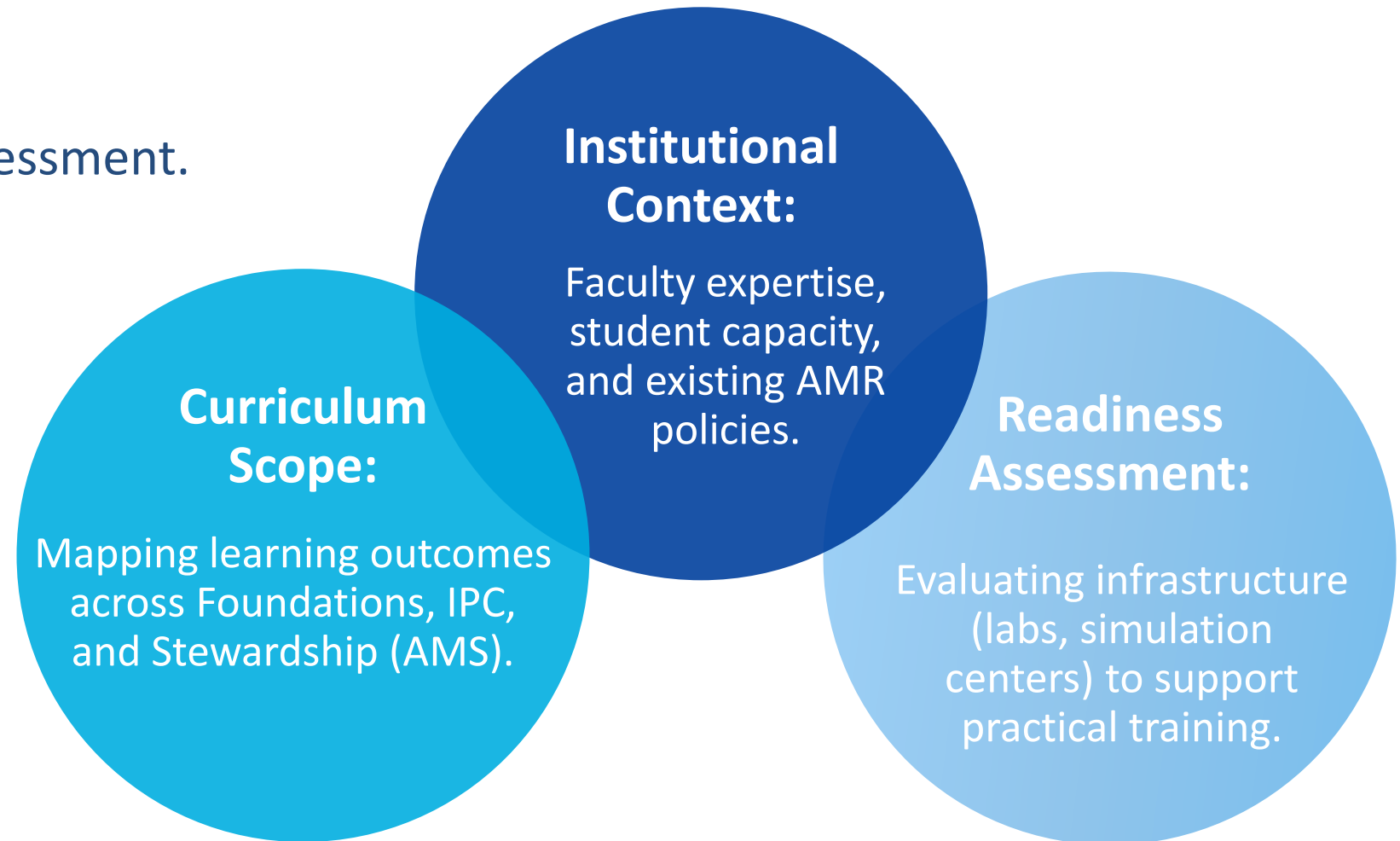


**Process:** A consensus-based, global standard.

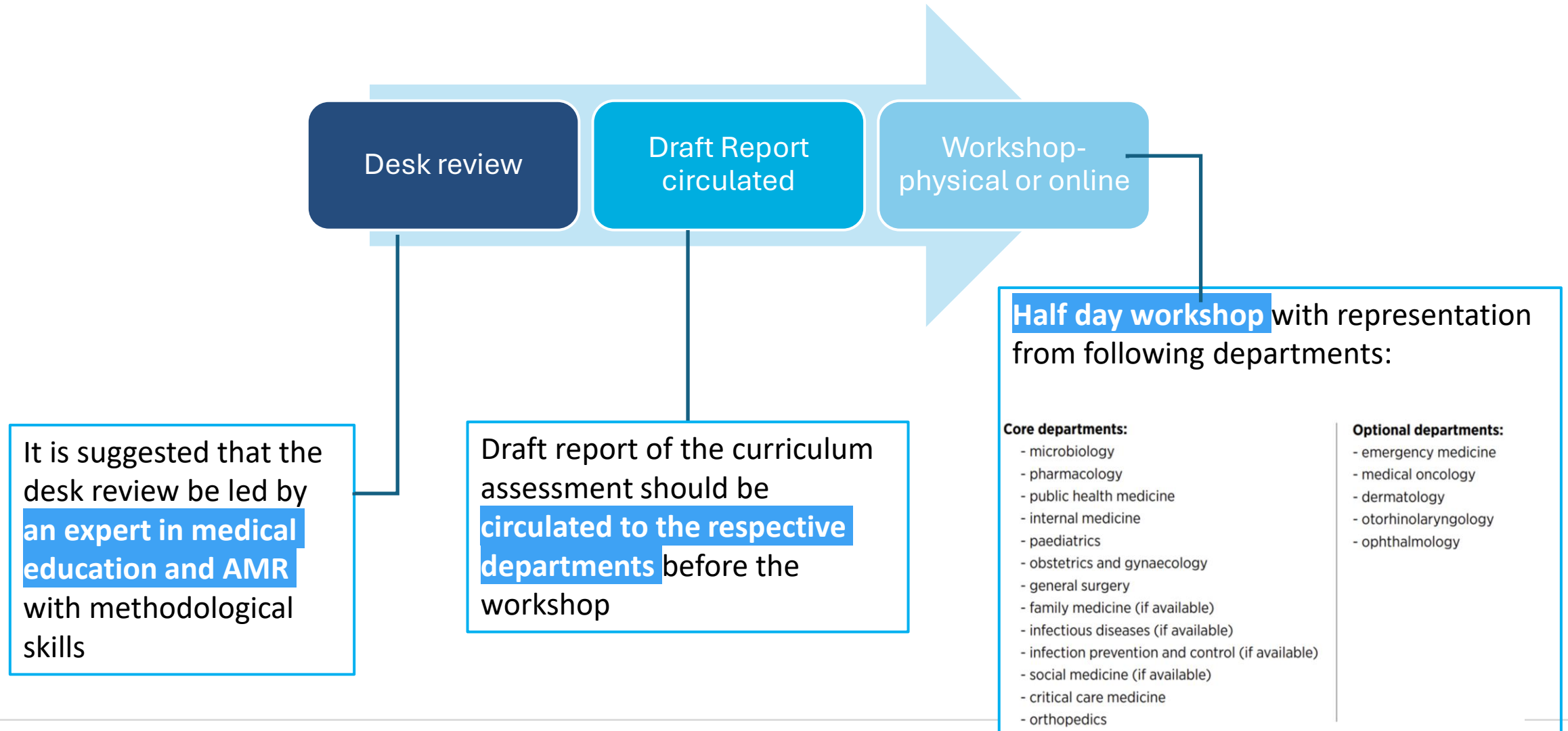


## Structure:

A three-part holistic assessment.



# Recommended process for assessment



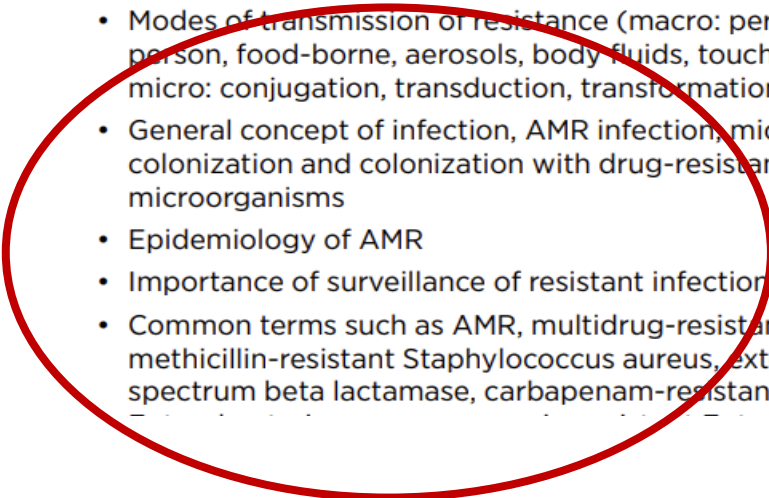
# Structure of the assessment tool

Divided into subjects and departments for ease-of-use

- A Well covered
- B Covered but needs minor improvement
- C Covered but needs major improvement
- D Not covered

Likert style responses based on consensus

No.	Theme	Sub-themes	Response	Comments
<b>Microbiology</b>				
1.1	Basic concepts of microbiology and infection	<ul style="list-style-type: none"> <li>General microbiology, including cell structure and Gram staining of common pathogens</li> <li>General concept of infection and modes of transmission</li> <li>Basic concepts of immune response</li> <li>Normal flora, colonization and microbiome</li> </ul>	<div style="border: 1px dashed black; border-radius: 10px; padding: 5px; display: inline-block;">             Select item              Select item              A              B              C              D           </div>	
1.2	Mechanisms and epidemiology of AMR	<ul style="list-style-type: none"> <li>Introduction to AMR and its impact</li> <li>Genetic mechanisms of AMR</li> <li>Modes of transmission of resistance (macro: person-to-person, food-borne, aerosols, body fluids, touch, surfaces; micro: conjugation, transduction, transformation, vertical)</li> <li>General concept of infection, AMR infection, microbiome, colonization and colonization with drug-resistant microorganisms</li> <li>Epidemiology of AMR</li> <li>Importance of surveillance of resistant infections</li> <li>Common terms such as AMR, multidrug-resistant, methicillin-resistant Staphylococcus aureus, extended-spectrum beta lactamase, carbapenam-resistant</li> </ul>		



List of curricular elements under each theme

# Structure of the institutional readiness tool

A Yes, fully in place | 
 B Yes, partial | 
 C Planned | 
 D No, but a priority | 
 E No | 
 F Uncertain

Likert style

responses based on consensus

No.	Question	Response
<b>Policies on AMR education and training</b>		
1.1	Is there a mandatory or recommended policy or guidance requirement for all prescribing staff to be trained in AMR?	Select item
1.2	Is there a national, subnational or local strategy or policy on AMR education to which your institution refers?	Select item
1.3	Is there current, evidence-based standard treatment guidance for management of infectious conditions to which your institution refers?	Select item
1.4	Does the institution conduct regular training in AMR, AMS and IPC for different cadres of health-care workers?	Select item
<b>Infrastructure for delivering AMR education and training</b>		
2.1	Does your institution have a functional clinical microbiology laboratory for practical, hands-on training for students?	Select item

5 different sections and 22 questions looking at infrastructural and functional arrangements



**Focus on curricular gaps:** Any gaps in the AMR curriculum identified during assessment should be discussed with the relevant departments. Initially, focus on the **C and D responses** in the curriculum assessment tool



**Remedial plan for each department:** Each department should be able to make a brief, short-term remedial plan with **specific learning objectives and intended learning outcomes** to fill the gaps identified during the assessment.



**Improving institutional readiness:** Some deficiencies identified in the assessment tool for institutional readiness can be remediated through interventions by the management of the institution or university. A **list of interventions that could be made without significant investment** could be prepared, discussed and submitted to the management.

**Impact:** Graduating "AMR-Ready" clinicians and AMR Champions.

- **Prescriber Competency:** Ensuring students master correct antibiotic selection, dosage, and duration
- **Clinical Integration:** Moving AMR training from the lab to the bedside (Medicine, OB/GYN, Surgery, Pediatrics, etc.).
- **Patient Safety:** Embedding Infection Prevention and Control (IPC) as a core clinical duty.

**Expansion:** Addressing the human-animal-environment interface.

**Sector Adaptation:** Swapping human prescribing for Veterinary Medicinal Products (VMP) and herd-level stewardship.

**Zoonotic Link:** Addressing AMR transmission through animal husbandry and food systems.

**One Health Strategy:** Using the tool to bridge gaps between medical and veterinary faculties.

**The Funding Catalyst:** Data from these assessments creates a compelling, evidence-based case for investment.

**Core Principle:** Curriculum review is the "*Check*" in a continuous **Plan-Do-Check-Act** cycle. It is ineffective without the context of design and the authority of regulation.

## 01 The Regulatory Ecosystem

(The Framework)

- ✓ Compliance
- ✓ Benchmarking

## 02 The Development Workflow

(The Blueprint)

- ✓ Intentional Design
- ✓ Constructive Alignment

## 03 The Review & QA Cycle

(The Pulse)

- ✓ Closing the Loop
- ✓ Evidence-Based

## 04 Challenges & Unique Features

(The Context)

- ✓ Adaptability
- ✓ Resource Integration