

Professionalising medical education

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Origins of medical education

Initially apprenticeship

First European medical school Bologna (1200)

Mid 19th/early 20th Century

- formalisation of regulation of medical education (GMC founded 1858)
- increasing inclusion of “science”
- clinical clerkships

100 years ago



Sir William Osler
1849-1919



Abraham Flexner
1866-1959

Medical teachers

“See one, do one, teach one”

“...medical teachers should be trained in teaching methods and should be appointed because of their ability to teach – not their ability for research.”

Anon, 1948. The medical curriculum, *Lancet*, 833

GREAT MOMENTS IN SCIENCE

NICE
WORK,
YOU'VE
ISOLATED
THE
FUNDING
GENE

NIK
SCOTT



Now

- Faimer website lists 126 MSc programmes in Health Professions Education in 31 countries
- Multiple textbooks of medical education
- GMC recognises trainers in UG medical education
- Many universities promote on basis of teaching and scholarship

Challenges in medical education

The stakes are higher:

“Medicine used to be simple, ineffective and relatively safe.

Now it is complex, effective and potentially dangerous.”

(Chantler, 1999)

Challenges in medical education

- Rapid expansion in breadth and depth of knowledge base

Overloaded!



Challenges in medical education

- Rapid expansion in breadth and depth of knowledge base
- Changing expectations of patients and employers
- Balance between “education” and “training”
- Equipping graduates for life long learning
- New educational approaches and technologies
- Local factors – healthcare system, cultural, PG training etc
- Mobility of learners/graduates

Why professionalise medical education?

- Evidence that “good teachers” effect student outcomes e.g.
 - Wright et al, 1997: “improvement of student learning begins with improvement of relatively ineffective teachers”
 - Griffith et al, 2000: Improved exam performance of students exposed to clinical faculty with high rating for teaching
- Regulator requirements (WFME, CAAM, LCME, GMC....)

What is a “good teacher”?

“I expect you all to be independent, innovative critical thinkers who will do exactly as I say”



Academy of Medical Educators (UK)

Professional standards for medical, dental and veterinary educators

Core values of a “good teacher”

- Promotes quality and safety of care
- Demonstrates professional identity and integrity
- Committed to scholarship and reflection in education
- Demonstrates respect for others

<http://www.medicaleducators.org>

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Professional standards for medical, dental and veterinary educators

Practice domains

- Designing & planning learning
- Teaching & facilitating learning
- Assessment of learning
- Educational research & scholarship
- Educational management & leadership

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Assessment of learning:

Purpose of assessment

- Level 1: aware of the general purpose of assessment
- Level 2: relates assessments to the educational outcomes
- Level 3: designs complex assessment strategies and blueprints

Why professionalise medical education?

“Perkins does the work of two men. Unfortunately, they’re both incompetent.”



Conclusions

- Increasing recognition of the complexity of medical education
- Medical schools must have access to relevant expertise
- Central control/direction of learning and assessment in schools
- Development of teachers and evidence of effectiveness
- Regulators must set standards for educational expertise and practice but still allow space for innovation