SQU Med J, December 2010, Vol. 10, Iss. 3, pp. 310-311, Epub. 14th Nov 10
Submitted 24th May 10
Revision Req. 23rd June 10, Revision recd. 27th June 10
Accepted 29th June 10

EDITORIAL

Medical Education is on the Move once more

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In 1908, the Carnegie Foundation for the Advancement of Education in the United States authorised a study and report on the schools of medicine in the United States. Abraham Flexner (a high school principal) was requested to conduct the study under the direction of the Foundation. Flexner visited all medical schools in North America, a total of 150 undergraduate and 12 postgraduate schools in the US and 8 undergraduate schools in Canada. His report was published in 1910 [Figure 1].[1] The Report changed the face of medical education in that region, and it is justifiable to say that the changes induced by the Flexner Report are what have made North American medical education the current world gold standard. Given the unprecedented status that the Report attained in medical education, and the current "Flexner Centenary", it is not inappropriate to encourage debate on the current status of medical education and its future direction.

In the April issue of SQUMJ, Hans Karle, President of the World Federation for Medical Education, wrote an article on how to define a medical school.[2] In his article, Dr. Karle reflects on the status of medical education worldwide since the Flexner Report. He argues that there are some new trends in the international medical education arena that resemble conditions which pertained before the publication of the Report. These include the emergence of many "proprietary" medical schools, and the fact that medical education is becoming a trade commodity and the spread of cross-border providers of medical education. In addition, he suggests rational criteria for the foundation of medical schools that include ownership, curricula of the schools and accreditation systems.

Hans Karle's article is timely. The Carnegie Foundation has just published a new study by Cooke *et al. Educating Physicians: A Call for Reform of Medical School and Residency* [Figure 2].[3] This study was conducted between 2005 and 2006 and case-studied, with detailed analysis, both undergraduate and graduate medical education in 11 medical schools and 3 non-university teaching hospitals in the USA. In contrast to the Flexner Report, the purpose was not to evaluate educational programmes at these institutions but, rather, to learn from their innovations and challenges.[4]

It is not the intention of this author to excerpt or abstract from the Flexner Report or the new study by Cooke *et al*., nor to discuss the issues these publications raised. As a matter of fact, this is not required. Both publications are succinctly and clearly presented by Irby *et al*.[4] However, a number of points that were discussed in this respect are worthy of being reiterated.

Undoubtedly, Flexner's critique of the mediocre quality, inadequate curricula/facilities, the profit motive of many schools and teachers, and the nonscientific approach in preparing doctors, acted as the fuel which made the changes he recommended a reality.[5] Adopting his critical approach and the principles he laid down is an invaluable strategy for providing and maintaining good quality medical education in any school of medicine.

Conceptually, the Flexner Report contained no new educational ideas that were unknown to the medical educators of his time.[6] The Report's significance was in portraying the discussion on medical education as a discussion on "public" education. The extraordinary development in medical education that took place after the Report would not have occurred without this "public" catalyst.[6]

At present, involving the "public" in medical education has transpired, though by a different route.

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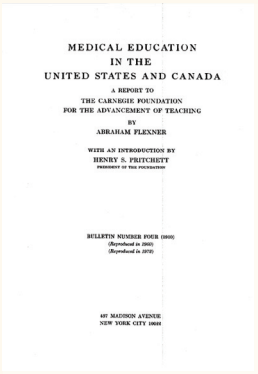

Figure 1: Front Page of Flexner's Report 1910

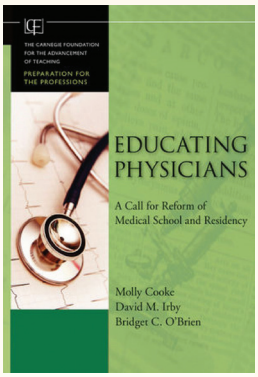

Figure 2: Cover Page of the New Carnegie Foundation Report on Medical Education, 2010

Nowadays, medical schools have an increasing obligation towards society and stakeholders whose credence could influence future medical education.

Involvement of the "public" in all forms of education, including medical education, represented by accreditation and ranking agencies, is gaining more perceptible authority. These agencies hold education providers accountable to the public in more ways than one. Indeed, accreditation agencies 'dictate', with varying degrees, how medical schools should perform and manage their affairs and even how they should design their curricula in accordance with pre-established standards.[6] The standards candidly relate undergraduate education to postgraduate training. The same notion is emphasised in the title of the Cooke *et al*. report.[3] Hence, it is inescapable that undergraduate medical education and postgraduate training should be closely linked.

The principles that were advocated by the Flexner Report created new developments which made medical education more challenging. The introduction of new student-centered educational strategies instigated a partial departure from the apprenticeship model. As a result, the contact between the teacher and the student was reduced. In return, the level of mastery of skills and the professionalism of students was affected. Involving clinicians in research compromised, to a certain degree, the importance of patient care and teaching.[4]

These developments, *inter alia*, evolved in the face of a vast growth in the knowledge base and ever increasing public expectations of health care delivery. However, although these developments made medical education more complex, they probably paved the way for innovation in medical education and led to the introduction of new educational concepts and strategies as well as new learning modalities.

In conclusion, the Flexner Report put medical education on the move with the principles it laid down. Not only that, Flexner's critical analysis of the condition of medical education prior to the Report was the essence which made the impact of his Report on medical education as immense and perpetual as it was. Consequently, with the adoption of these principles, no one strategy in medical education would last for all the time; 'new' ideas will always need to be 'renewed' to make 'pristine' ones, and 'novel' ideas will always evolve. For a medical school that is aspiring to be respected in the international arena, a vision of scientific rigour and educational excellence should be the driving force for its mission to prepare graduates that will make future high quality physicians.

For the most part, the changes that have been witnessed since the Flexner Report impacted on the 'form' of medical education with the aim of fulfilling its 'purpose' *viz*. to prepare competent doctors who can safely practice contemporary medicine and maintain a high level of professionalism. Amidst all the inevitable changes, we should hold fast to the purpose and never be carried away by the form.

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