

WMA STATEMENT ON MEDICAL EDUCATION

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PREAMBLE

The practice of medicine is dynamic and continues to evolve. Medical education represents a continuum of learning that commences with undergraduate medical school and endures until a physician retires from active practice. Its goal is to prepare practitioners of medicine to apply the latest scientific knowledge for the promotion of health and the prevention and cure of human diseases and the mitigation of symptoms of presently incurable diseases. Medical education also comprises the ethical standards governing the thought and behaviour of physicians. All physicians have a responsibility to themselves, the profession and their patients to maintain a high standard for their medical education.

BASIC PRINCIPLES OF MEDICAL EDUCATION

Medical education consists of basic medical education, postgraduate medical education, and continuing professional development. The profession, the faculties and educational institutions, and the government share the responsibility for guaranteeing that medical education meets a high quality standard throughout this continuum. The aim of medical education is to develop competent and ethical physicians that deliver high quality healthcare to the public.

BASIC MEDICAL EDUCATION

The goal of basic medical education is to instruct students in the practice of the profession, and to supply the public with well-qualified physicians. The first professional degree should represent the completion of a curriculum that qualifies the student for a spectrum of career choices, including, but not limited to, patient care, public health, clinical or basic research, or medical education. Each of these choices will require additional education beyond the first professional degree.

SELECTION OF STUDENTS

A general liberal education is beneficial for anyone embarking on the study of medicine. A broad cultural education in the arts, humanities, and social sciences, as well as biological and physical sciences, is advantageous. Students should be chosen for the study of medicine on the basis of their intellectual ability, motivation, previous experiences, and

character and integrity. The numbers admitted for training must meet the needs of the population and be matched by appropriate resources. Selection of students should not be influenced by age, sex, race, creed, political persuasion or national origin, although the mix of students should reflect the population.

FACULTY

Basic medical education must be taught by a structured faculty. The faculty must possess the appropriate qualifications that can only be achieved through formal training and experience. The selection should not be based on age, race, creed, political affiliation, or national origin.

The faculty must foster an academic environment in which learning and inquiry are encouraged and can thrive. As such, active research to advance the body of medical knowledge and the quality of care must take place in academic settings that promote the highest medical standards. The goals, content, format and evaluation of the education provided are the responsibility of the faculty. Medical schools should ensure continued growth of the teaching skills of the faculty.

The faculty is accountable for providing its own basic curriculum in an academic environment that allows learning to flourish. The faculty should review the curriculum frequently, allowing for the needs of the community and for input from practising physicians. Furthermore, the faculty is responsible for regularly evaluating the quality of each educational experience and for reviewing each other.

In addition to competent faculty, the institution must require that library resources, research laboratories, clinical facilities, and study areas be available in sufficient quantity to meet the needs of all learners. Moreover, a proper administrative structure, including but not limited to academic records, must be maintained in order to provide the most comprehensive education.

CONTENT OF BASIC MEDICAL EDUCATION

The educational content should equip the student with a broad base of general knowledge in the whole field of medicine. This includes a study of the biological and behavioural sciences as well as the socio-economics of health care. These sciences are basic to an understanding of clinical medicine. Critical thinking and self-directed learning should also be required, as should firm grounding in the ethical principles upon which the physicians will function and in the principles of human rights. The student should also be introduced to medical research and its methodology at this stage.

CLINICAL EDUCATION

The clinical component of medical education must be centered on the supervised study of patients and must involve direct experiences in the diagnosis and treatment of disease. The clinical component should include personal diagnostic and therapeutic experiences with a

gradual increase in responsibilities. An appropriate balance among the patient base, trainees and teachers must be observed.

Before beginning independent practice, every physician should complete a formal program of supervised clinical education. This clinical experience should range from primary to tertiary care in a variety of inpatient and outpatient settings, such as university hospitals, community hospitals and other health care facilities.

The faculty and medical schools have the responsibility to ensure that students who have graduated and received the first professional degree have acquired a basic understanding of clinical medicine and the basic skills needed to evaluate clinical problems and take appropriate action independently, and exhibit the attitude and character to be an ethical physician.

POSTGRADUATE MEDICAL EDUCATION

It is highly desirable, and in many jurisdictions it is already a requirement, that a graduate from a basic medical education institution participate in a postgraduate training program prior to obtaining a license. Postgraduate medical education, the second phase of medical education, prepares physicians for practice in a medical specialty. Postgraduate medical education focuses on the development of clinical skills and general and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. This learning process prepares the physician for the independent practice of medicine in that specialty.

The programs are based in communities, clinics, hospitals or other health care institutions and should, in most specialties, utilize both inpatient and ambulatory settings, reflecting the importance of care for adequate numbers of patients in the postgraduate medical education experience. Postgraduate medical education programs, including Transitional Year programs, are usually called residency programs, and the physicians being educated in them, residents. A resident takes on progressively greater responsibility throughout the course of a residency, consistent with individual growth in clinical experience, knowledge, and skill.

The education of resident physicians relies on an integration of didactic activity in a structured curriculum with diagnosis and management of patients under appropriate levels of supervision and scholarly activity aimed at developing and maintaining life-long learning skills. The quality of this experience is directly related to the quality of patient care, which is always the highest priority. Educational quality and patient care quality are interdependent and must be pursued in such a manner that they enhance one another. A proper balance must be maintained so that a program of postgraduate medical education does not rely on residents to meet service needs at the expense of educational objectives. A resident is prepared to undertake independent medical practice within a chosen specialty on the satisfactory completion of a residency.

PROFESSIONAL DEVELOPMENT OF PHYSICIANS

Continuing professional development* is defined as the educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. Physicians should strive to further their medical education throughout their careers. These educational experiences are essential to the physician's continuing professional development: to keep abreast of developments in clinical medicine and the health care delivery environment, and to maintain the knowledge and skills necessary to provide high quality care. The goal of continuing professional development is to sustain and enhance the competent physician. Medical schools, hospitals and professional societies all share a responsibility for developing and making available to all physicians effective opportunities for continuing professional development.

The demand for physicians to provide medical care, prevent disease, and give advice in health matters calls for the highest standards of basic, postgraduate, and continuing professional development.

* Note on terminology

There are different uses of the term 'Continuing Professional Development' (CPD). One way to describe it is all those activities that contribute to the professional development of a physician including involvement in organized medicine, committee work in hospitals or group practices, teaching, mentoring and reading, to name just a few. One of the components of CPD should be Continuing Medical Education, which in many jurisdictions is specially defined and possibly required for licensure.