

## **POLICY DOCUMENT**

### **MEDICAL CURRICULA FOR THE 21ST CENTURY PROFESSIONAL**

#### **Background**

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia. AMSA believes that all communities have the right to the best attainable health. As such, AMSA has a key role in advocating for medical curricula that equips future generations of health practitioners with the necessary knowledge and skills to deliver the highest quality of care to patients and the community.

In 1910, a series of reviews on the education of healthcare professionals, including the landmark Flexner report [1], led to the integration of biomedical science into the clinical practice of graduating doctors. This concept led to prolific contributions to health from healthcare professionals, including pharmaceutical and diagnostic discoveries, as well as the mitigation of global pandemics, and is still the basis of medical education today. However, as we enter the 21st century, health systems around the world, including in Australia, face a new range of complex and integrated challenges that include: rapidly changing population demographics and disease patterns; vast prevailing health inequities within and between countries; the changing role of the doctor with increases in patient empowerment; and the increasing role of Information Technology.[2]

In light of these new and varied challenges, we must be proactive in making sure medical education dynamically adapts to ensure that medical professionals are graduating with a skill-set appropriate to need. The potential mismatch between current medical curricula and patient needs means future doctors may graduate with competencies that are misaligned with the requirements of patients and the health system. This includes a narrow technical focus without contextual understanding; poor teamwork; predominant hospital orientation at the expense of primary health care; and quantitative and qualitative imbalances in the professional labour market.[2]

Now more than ever, a national and global enabling environment for instructional and institutional change has been created, as signified by:

1. A strong and growing consensus within Government, academia and civil society [2, 3, 4];
2. Strong, ongoing higher educational reform initiatives at the international level, lead by the European Union, and North America [5, 6, 7]; and
3. An increasing dialogue and awareness within the education community [8, 9].

The viewpoint of medical students in Australia provides a unique insight into medical education from the perspective of the learner. Feedback from ThinkTanks, workshops and surveys indicates that Australian medical students have a strong desire to share their views on the positives and negatives of their curricula and its delivery, and would like to see AMSA not only deliver this position to relevant medical education bodies, but also be proactive in driving this debate.

Health professionals occupy a privileged and unique position as 'knowledge brokers', working at the interface between the generators (universities) and recipients (patients) of knowledge in our healthcare system. Such a privilege creates an obligation to educate and produce medical graduates that uphold values centred on responsiveness to patient and community needs, and the equitable distribution of opportunities for good health.

This policy calls for a re-evaluation of medical education in light of the changing needs of our patients and health systems in this new century. Its scope is to identify and specifically

address new skills and competencies rather than passing explicit judgments on existing content, much of which is as relevant today as it was at the turn of the last century.

### **Position Statement**

1. AMSA believes that healthcare should be directly based on the needs of the population, and that the health inequities which exist within and between populations are a priority for the delivery of healthcare. In order to achieve this vision, medical curricula should aim to prepare graduates to deal with the patients and populations they will serve.
2. AMSA believes that medical curricula in Australia requires update and reform in order to achieve this vision.

### **Policy**

AMSA accordingly calls on:

1. Australian Medical Schools and the Australian Medical Council to facilitate the development and implementation of medical curricula that:
  - 1.1 instils a respect for the rights and dignity of the individual and community, and the skills to advocate for the social conditions necessary for the realisation of these rights;
  - 1.2 equips health practitioners with leadership and advocacy skills to be responsive to the needs and health priorities of the community, by redirecting services and resources to areas of need;
  - 1.3 provides the skills and attitudes necessary to engage with the broader political, economic, environmental and social determinants of health, including interdisciplinary and transdisciplinary collaborations with key stakeholders from across health and non-health professions;
  - 1.4 acknowledges and promotes an understanding that actions within a seemingly confined healthcare setting have broader social and economic implications;
  - 1.5 provides graduates with the skills necessary to apply global research, experiences and resources to local practice and health priorities;
  - 1.6 Recognises the expertise of other health disciplines, and integrates their function into medical education with the aim of improving patient care in multidisciplinary teams; and
  - 1.7 embodies transformative learning methods that focus on developing leadership attributes towards producing enlightened change agents. This includes an emphasis on:
    - 1.7.1 critical reasoning to guide the capacity to search, analyse and synthesise information for decision making;
    - 1.7.2 the achievement of a set of competencies necessary for any medical graduate, which cover a broad range of abilities including scientific expertise, communication, teamwork, professionalism, the ability to create, apply and translate medical knowledge and to advocate on behalf of health;
    - 1.7.3 a transition from non-critical adoption of educational models, to creative adaptation of global resources to address local priorities; and
    - 1.7.4 the use of reciprocal international teaching and learning resources through information technology to provide high quality education to health professionals Australia-wide.
2. The AMSA Executive to:
  - 2.1 publicly support and collaborate with organisations and initiatives that work to promote the principles expressed above;
  - 2.2 in line with these principles, lobby State and non-State actors to pursue institutional and curricular reforms to Australian medical schools; and
  - 2.3 facilitate a robust, widespread national dialogue by encouraging educational and service activities pertaining to the above principles within and between AMSA

ThinkTanks, local Global Health Groups, Medical Students' Societies and individual members-at-large.

## **References**

- [1] Medical Education in the United States and Canada, Flexner, 1910.
- [2] Health Professionals for a new century: Transforming education to strengthen health systems in an interdependent world, The Lancet, 2010
- [3] A Healthier Future for All Australians: Final Report of the National Health and Hospitals Reform Commission, Recommendations 98, 100-104; 2009
- [4] Medical Education in an era of Health Care Reform, Cohen, 2011
- [5] The CANMEDS Physician Competency Framework, 2005
- [6] Educating physicians: a call for reform of medical school and residency, Carnegie Foundation, 2010
- [7] Scaling Up, Saving Lives: Task Force for Scaling Up Education and Training for Health Workers, Global Health Workforce Alliance, World Health Organisation, 2008
- [8] Interprofessional Health Education in Australia: The Way Forward, 2009
- [9] Framework for Action on Interprofessional Education and Collaborative Practice, World Health Organisation, 2010.