

## AMEE ANNUAL CONFERENCE MÜNSTER (FRG) 1989

### OPENING CEREMONY

#### AMEE in Münster 1989: Medical Education Today and Tomorrow

Prof. Gunnar Ström, MD, DMS, FRCP  
Edin, Chairman of AMEE

The Association for Medical Education in Europe has assembled in Münster, Federal Republic of Germany to hold its annual conference of 1989 and to try to achieve its purpose, which is to promote the study of medical education and to foster communication among medical educators in the countries of Europe. Any success of our endeavours will be due to the work of the individual participants of this Conference and to the members of AMEE.

Medical education is closely related to the practice of medicine in health care. At the European level, this is borne out by the close relationship and mutual support between AMEE and WHO in the form of its European Office. WHO has inspired through great ideas and achieved unique practical improvements for health all over the world. A symbol for much of its present work is the struggle for Health for All by the year 2000, and the consequent priority for primary care. For Europe, it was an important step forward when the new European health-for-all policy was adopted in 1984 by the European WHO Regional Committee, and a number of targets were formulated to make development more realistic. This policy was later accepted by national governments, and therefore is a model to which medical education in all these countries has to be adapted. The adaptation will depend mainly on medical schools, universities and educators, their interest, creativity and strength of action, and of course, their loyalty to the policy of their own country. But medical schools and educators must exercise critical analysis and evaluation as well, and we have to realise that there exist several alternative ways in which to reach the goals of the policy. Therefore theory (medical schools) and practice (health authorities) above all must cooperate for the common good, and all engaged shall have to adapt their opinions and plans to emerging new knowledge and experience. AMEE conferences are one of the places where such cooperation takes place.

The initiative of the World Federation for Medical Education, so brilliantly led by our former president of AMEE, Professor Henry J. Walton, Edinburg, resulted in the Edinburg Declaration of 1988, and the Lisbon Initiative and other regional meetings between governments, WHO and educators. The stage is now set for practical implementation of reforms. The reforms aim at improving the quality and relevance of health care. It may then often be suitable to start by experiments on a smaller scale, closely assuring quality and refining methods, and later continue with large scale changes. This will take time. So much more important, therefore, that we all start now. AMEE will contribute inter alia through its working group on health policy and medical education, chaired by Professor Alberto Oriol Bosch, Barcelona. This group will present its work regularly at forthcoming AMEE conferences.

We probably all intuitively agree on the importance of the quality of medical education for the quality of medical care and health care. But we also understand that the quality of health care depends on more factors than education. It may be useful to look for a moment at the wholeness of care and its determining factors. They may be ordered as follows, in a simplified way, into six main areas.

- 1) Nature, new diseases, population demography, climate, etc.
- 2) Population, culture, and the needs, demands and expectations of people.
- 3) External factors, resources, organisation, rules, salaries and incentives, buildings, equipment, etc.
- 4) Professionalism and inner factors, the self-developed standards of quality of care personnel, leadership, relevance of measures, traditions, peer review and quality control, specialisation, use of technology, instruction of newcomers, empathy, ethics and moral behaviour, communication, etc.

- 5) Recruitment and education of care personnel.
- 6) Research and development.

It is the areas of professionalism, education and research that today are at the center of interest to medical schools, professional associations/societies and educational groups (such as AMEE), since these areas can be more influenced by our own decisions and actions than other areas. There are a number of critical issues, such as methods of selection of students and teachers, development of leadership, degree and type of specialisation, technology assessment, quality assurance, continuing education, affective atmosphere and empathy, etc., and the whole combination of reforms of the Edinburg Declaration.

In many of our countries today, there are problems of health care which may even in some cases amount to a crisis (defined as a state of serious alarm whose causes and cures are not well-known). Reforms of education are usually therapeutic in such states but seldom enough: Efforts to improve professionalism and broaden research may also be needed. This emphasizes the fundamental need for cooperation between medical schools, educational groups and professional associations, and also the need for the interest of authorities in "inner factors", education and research.

It is generally agreed that one basic goal of medical education is to produce physicians/health personnel with adequate competence to give good health care. Professional competence includes knowledge, the use of knowledge, skills, attitudes and behaviour, experience. But it is a classical fact that medical education, like any other university education, has two more basic goals in scientific thinking and personal development. The three goals combine in reality, at least in medical education of good quality. This year's AMEE Annual Conference has chosen "Scientific Thinking" as its main topic because of its importance and because of criticism sometimes heard (as at the AMEE conference in Nijmegen) that not even basic subjects as anatomy or physiology always give due consideration to training in the principles and methods of science.

Personal development as part of medical education was discussed at the AMEE conference in Jerusalem. The definition of this concept is an important first step, to be followed by a discussion of objectives, methods and results.

This was included in the AMDE conference preceding the present AMEE conference. Perhaps personal development is worthy of a more thorough discussion at some forthcoming conference.

The personal development of a student during his/her basic education period, and after, could include considerations of the student's personal health, awareness, life habits, etc. - certainly not to force any opinion or habit on the student but to give him/her the opportunity to reflect on the concept of health and the function of one's own body, physical, mental and social. A now classic definition of health was given by WHO early, as a state of complete physical, mental and social well-being, and not only the absence of disease and infirmity. This definition has been criticized as overwhelming and utopian, mainly because the word "complete" has been interpreted as "maximal". If "complete" is instead interpreted as "combined", i.e., not only physical but also mental and social, and well-being is meant to represent a long-term steady state, the WHO definition could be useful. As pointed out earlier by others, well-being may be meant to represent not only the subjective feeling "to feel well", but also a functional state "to function well" (take care of oneself and of one's daily job), and perhaps also a good environment. If a student gets the opportunity and motivation to reflect on his/her own personal health in this way, and try the effect of different life habits, he/she will probably better understand the measures for protection and promotion of health and prevention of ill-health, which are included in health care.

In our societies, research has now taken an accepted place as the strongest mechanism for development of technology and (if properly used) culture. In my own country, Sweden, research is said to spend about 3% of our gross national product at present, while health care takes about 9%. Our general policy is that every branch of society needs knowledge based on scientific grounds. In addition, it is accepted that professionals need continuing education to keep up with development. And every medical discipline, be it physiology or surgery, has lively international contacts with visits and conferences which can be paid through existing grants or foundations. We may wonder why this state has not yet come to characterize medical education. There are but few grants for educational research in medicine, at least in most countries. There is only little formal study/education in educational

principles/methods for medical teachers, and even less continuing education in the field. And international the exchange of educators or young teachers under training is made difficult by a lack of channels for grants.

The role of educator usually takes about one-third of a medical professor's time, clinical services and administration taking the rest. It is perhaps time to consider the role of educator as equally important as the other roles, and plan research, continuing education and international contacts accordingly.

AMEE has an important purpose but a sparse budget. AMEE would like to expand certain of its ambitions, such as to promote international contacts between educators and young teachers, to function as a clearing house for material on objectives, examinations, curricula, and pro-

grammes, to organize special annual conferences, to support the development of European centers of excellence within medical education, to offer external examiners or evaluators to nations who ask for them, to document and review methods of medical education, to keep registers of educational research and researchers in Europe and elsewhere, etc. It seems that AMEE ought to consider new ways to make it possible to expand activities in this way. All AMEE members are invited to contribute to this discussion.

To end, an AMEE conference must not only be scientific and useful, but also pleasurable, stimulating and joyful. Our hosts have done their best, which is much indeed, to prepare this conference for its double role. Let us thank them warmly and reciprocate by demonstrating clearly our educational well-being.