

LETTERS TO THE MJM

MEDICINE IN THE 21ST CENTURY

Medical students are no longer taking a passive role in their education. Medicine in the 21st Century, a publication by United Kingdom (UK) Medical students, attempts to open the way for greater student involvement in educational reform and reflects a growing international trend.

In 1993, the General Medical Council (the governing and licensing body for UK doctors) published clear guidelines on the required outcomes that medical students should meet upon graduation (1). These principles acknowledged the need to tailor undergraduate education towards developing a learning process and the skills of interaction with patients and colleagues, thereby building foundations for lifelong learning and effective patient-physician partnerships. Such broadening of the doctrine led to increasing diversity in undergraduate medical curricula with an emphasis on student-selected components. This provided the opportunity for students to govern some of their education, while simultaneously guaranteeing that the core competencies required of the profession would also be met. Such a radical revision of the foundations of the profession provoked further innovative thinking outside of the mainstream infrastructures including serious considerations of the potential merits of a virtual medical school (2).

In addition to these changes, increasing numbers of UK medical schools are updating their courses. Some are moving towards problem based and skills orientated teaching, where the emphasis is on the integration of core knowledge with real life patient scenarios, and encouraging the development of thought processes particular to the task of being a doctor. Entrance to the profession and the arena in which learning is achieved is also shifting with the advent of single entry foundation courses for health professionals, and the devolvement of some teaching responsibilities from hospitals to primary care.

But what about the 'consumers' of medical education? Are future doctors simply passive, detached observers of these processes of reform, or are they using the opportunities of change to input their own views? North America in particular has seen dynamic activity on this front. The American Medical Students Association (AMSA) has its own "bill of rights" in which it states: "Medical students have the right to shape the content of their education, they practice what they preach". In this

case, the various official bodies and working groups involved in ongoing curriculum development are augmented by a strong student presence at both local and national levels so as to influence and hopefully improve the learning experience for their colleagues. AMSA has instituted many successful reforms, for example, the recent acquisition of a grant from the National Institutes of Health (NIH) to start teaching complementary and alternative medicine in medical schools.

Here in the UK, we have not been idle either; we have seized the opportunities that the aforementioned reforms have granted us. In the UK, medical students have made sure that their voice is heard on a whole range of issues. The British Medical Association (BMA), which is both the UK doctor's trade union and a professional body, has its own Medical Students Committee (MSC), which has over 13,000 members, and represents the UK's biggest single voice for future doctors. Past successes have included the addition of students to the official quality inspecting teams which visit and inspect medical schools, improving equity of treatment of students with health difficulties, and the contribution by students to key negotiations of the content and structure of undergraduate curricula.

The BMA's MSC recognised the need to reflect and input on the implementation of official recommendations set out by the GMC. This led to the genesis of "our own" policy document titled *Medicine in the 21st Century*. In this publication, the MSC sets out students' rights and responsibilities as professionals in training, delving further than existing guidance on standards in medical education. This is achieved by being specific in areas where the official guidance is too broad, and by looking at education holistically as part of a wider experience of living and training as future professionals. The spectrum of subjects covered includes: funding, careers advice, pastoral care, occupational health advice, and research. *Medicine in the 21st Century* was sent out for consultation last year and received positive feedback from the key players in UK medical education, including the Council of Heads of Medical Schools (the authoritative voice of UK Medical school leaders) and the General Medical Council. However, some were concerned that the document placed a disproportionate emphasis on students' rights, and said less about their responsibilities. The theme of the document remains to provide a simple but realistic agenda for change; one of partnership between current professionals and future professionals so as to provide for the basic academic and non-academic needs of medical students.

It is envisaged that *Medicine in the 21st Century* will be more than a dry policy statement, but an effective lever for change at both a national and local level.

Indeed, it is already opening discussions with the regulators of medical education. Students currently involved in feedback and assessment of existing courses will be best placed to use the document to suggest improvements to their Deans, curriculum design teams, staff-student committees, and similar bodies. Furthermore, the publication of the document on the BMA medical students website, will allow more medical students to access it, and highlight any deficiencies in their own training programmes, encouraging them to raise these matters locally.

The broad scope of *Medicine in the 21st Century* sets it apart from other documents on standards in medical education. Not only does it cover the "bread and butter" subjects of curriculum content, finance, welfare, and admission policies, but also several current "hot topics" including pre-graduation careers advice, elective research, and postgraduate study. Students have a unique perspective on education. It is sometimes difficult for those designing curricula and writing legislation, to appreciate the end product, its interpretation, and its shortfalls at grass-roots level. This perspective needs a comprehensive and coherent voice; this is the heart of *Medicine in the 21st Century*. The emphasis on students' responsibilities, as well as their rights, flows throughout. It states: "The stresses and strains of the medical degree can be considerable; learning how and where to seek help is an important skill that will benefit students not only as an undergraduate, but also throughout their medical career." This emphasises the importance of professionalism and self care.

The issues surrounding equal opportunities for students in medicine has been a source of contention in the past, particularly regarding physical disability (3), *Medicine in the 21st century* explicitly calls for, "Medical schools [to] ensure that appropriate measures are in place to enable students with disabilities, including those suffering from dyslexia, to complete the course...medical schools should show flexibility and innovation when determining the process by which curriculum outcomes are met."

The issue of equal opportunities doesn't end there. The document is the first of its kind to finally

acknowledge the religious and cultural diversity of those studying medicine, and the implications this may have. *Medicine in the 21st Century* states; "Medical students should not be penalised for participation in religious or cultural events...[but] should give prior notice of their religious commitments when they impinge on the medical course".

The constant evolution of medical education reflects a need for the relevance, effectiveness, and values of medical education to keep up with scientific advance, as well as the expectations of society; this way, tomorrow's doctors will be equipped to function safely and effectively in tomorrow's world. Medical students as professionals in training, stakeholders in the education they receive, and as grass-roots consumers of medical education, must seize this opportunity to argue for full participation in the development and implementation of new initiatives. In *Medicine in the 21st Century*, UK medical students have set out their own ideas of how to move forward in improving the overall package of education. It is imperative that students continue to be encouraged by senior medical educators in engaging with these issues, and contributing their unique perspective.

Sincerely,

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Competing interests: BR and RS were on the BMA MSC medicine in the 21st Century Working group. NF was deputy chair of the MSC 2002-2003. BR and NF have served as observers on the GMC's Education Committee

REFERENCES

1. General Medical Council. *Tomorrow's doctors*. London: GMC, 2002.
2. Barratt H. Virtual medical school will soon be a step closer to reality. *student BMJ* 2002;10:309. (September).
3. McDonald R, *Discrimination in Medicine*. *BMJ* 22 June 2002; 324:S199

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