

AMEE Education Guide no. 28: The development and role of departments of medical education

MARGERY H. DAVIS¹, INDIKA KARUNATHILAKE² & RONALD M. HARDEN³

¹Centre for Medical Education, University of Dundee, Scotland, UK; ²Faculty of Medicine, University of Colombo, Sri Lanka; ³IVIMEDS, Dundee, Scotland, UK

SUMMARY *A department of medical education is becoming an essential requirement for a medical school. This publication is intended for those wishing to establish or develop a medical education department. It may also prove useful to teachers in medicine by providing information on how such a department can support their activities. This will vary with the local context but the principles are generalizable. Medical education departments are established in response to increased public expectations relating to healthcare, societal trends towards increased accountability, educational developments, increased interest in what to teach and how to educate doctors and the need to train more doctors. The functions of a department of medical education include research, teaching, service provision and career development of the staff. The scope of its activities includes undergraduate and post-graduate education, continuing professional development and continuing medical education. These activities may be extended to other healthcare professions. Flexibility is the key to staffing a department of medical education. Various contractual arrangements, affiliations and support from non-affiliated personnel are needed to provide a multi-professional team with a range of expertise. The precise structure of the department will depend on the individual institution. The name of the department may suggest its position within the university structure. The director provides academic leadership for the department and his/her responsibilities include promotion of staff collaboration, fostering career development of the staff and establishing local, regional and international links. Financial support may come from external funding agencies, government or university sources. Some departments of medical education are financially self-supporting. The department should be closely integrated with the medical school. Support for the department from the dean is an essential factor for sustainability. Several case studies of medical education departments throughout the world are included as examples of the different roles and functions of a department of medical education.*

Background

There is increasing interest in medical education as a discipline or speciality. Many medical schools have established a medical education department and advice regarding setting up a medical education department is sought frequently by individuals, groups and institutions who are interested in the concept. Such departments have various titles. Ones in common use include medical education unit, centre for medical education, centre for educational research, office of research in medical education or centre for educational development. The term 'department of medical education' has been used in this booklet when referring to

such departments or units. The booklet outlines the case for establishing a medical education department; discusses the possible functions and scope of the activities of such departments; looks at the range of options for organizational structure; identifies the possibilities for staffing; and provides a checklist of what to do to set up a medical education department and, importantly, what not to do. A number of case studies of medical education departments throughout the world are included, written by current staff. The guide has been written for those institutions or individuals with an interest in establishing a new department of medical education or developing an existing one. It should also provide all medical teachers with suggestions as to the support and assistance they might expect from such a department.

The need for a department of medical education

The establishment of a department of medical education can be seen as a response to various pressures, expectations and changes in society, education and medicine. These pressures include increased public expectations relating to healthcare, which place increasing demands on healthcare professionals; societal trends towards increased accountability; educational developments that call for increased sophistication on the part of teachers in the health professions; the increased scope of and specialization within medicine that focus attention on what to teach and how to educate doctors; and the need to train more doctors within existing resources.

Increased public expectations

Heightened public expectations increase the demands that are made on healthcare professionals. These demands are created by the explosive increase in methods of patient investigation and management that increase the range of services which can be provided. Public expectations are further fuelled by articles in the lay press and media. Changes in both what is taught and how it is taught are needed if these expectations are to be met. Changes in healthcare policy by countries throughout the world alter how health services are provided; for example, care in the community in the UK and managed care in the USA. This has an impact on medical education. There are conflicting priorities for

Correspondence: Professor M.H. Davis, Centre for Medical Education, University of Dundee, Tay Park House, 484 Perth Road, Dundee DD2 1LR, UK Tel.: +44 (0)1382 631971; fax: +44 (0)1382 645748; email: m.h.davis@dundee.ac.uk