

# Aspiring for Excellence in Health Professions Education (HPE)

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The question is, why should we aspire for excellence in HPE? Are the current standards of medical education not par excellence? What is excellence in medical education? To understand this, we need to understand the historical narrative of health professions education.

Flexner presented a report in 1905 which brought a major change in the delivery of medical education.<sup>1</sup> Before Flexner, teaching and learning were decentralized. Learning was based on apprenticeship. Flexner report brought the centralized system of teaching in universities and hospitals. It promoted a system which was teacher centred, emphasized factual knowledge, autonomy of the disciplines and hospital based teaching. This approach was challenged, when medical educationists presented new theories and strategies of learning. Benjamin Bloom presented the taxonomy of cognition<sup>2</sup> and attitude and Dave<sup>3</sup> gave the taxonomy of psychomotor skills. In early 1986 Harden published the SPICES model of learning strategy<sup>4</sup> which was in total contrast to the teacher oriented strategy. In the 80's, Burrows presented the idea of problem based learning. Newer teaching methods, assessment tools and instruments have since been devised. Newer curricula have emerged. Problem based learning, competency based curriculum, OSCE, OSLER, OSTE, miniCEX, DOPS, CBL, CBD; the list is very exhaustive.

There is a tremendous change occurring in medical education globally. Geographic distribution of many diseases is changing. There have been dramatic shifts in the health care delivery and healthcare professionals are more accountable now.<sup>5</sup> The effects of this global change are evident in the national scenario as well. There is a need to produce health professionals that provide better care to

patients. This has led to rapid increase in the educational institutions for health professionals, and hence for the curricular changes and adoption of newer teaching learning methodologies to equip the graduates with desirable outcomes.

Medical education is an on-going process which must adapt to the profession's changing dynamics with respect to technology, patient needs, and service-delivery. To produce medical graduates that provide excellent health care, we need defined standards of excellence in delivery of medical education to these professionals. This needs change in curriculum, in assessment methodology and requires intensive faculty development. Implementing these changes is an uphill task. Change management is a science. In case of health professionals, it requires changing the mind-set and training them in these new methods and techniques. In the good old days, a doctor would get a basic degree in his profession and could join academia on these grounds. He would then, with passage of time, learn the art of teaching and assessment. But in this era and age, this seems difficult without formal training in the art of teaching. This need was recognized long ago, when in formal education, a graduate had to have a licence to teach, that is to obtain a degree in teaching which could be a certificate, diploma or master in education. But in health professions, this need was recognized a little late. The first medical education department was set up in Chicago Illinois in 1950's. Till 1997, only 7 MHPE registered programs were delivering masters in medical education. This number went up to 76 in 2012.<sup>6</sup> According to the data available on FAIMER's website, the number has reached up to 113.<sup>7</sup> In addition to that, 24 doctoral programs are now offering PhD in medical education.<sup>8</sup> This is leading to the concept of Professionalization of Health professions education defined as the process of giving a professional character, identity, or status to HPE as a profession. It involves establishing a suitable and accreditable qualification, satisfying both

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national and international needs of medical education.<sup>9</sup>

It is very important to understand how the change was brought in Flexner's time. Teaching and training were based on apprenticeship system before Flexner. The system was not centralized and there were no uniform standards, to give a doctor the license to treat a patient. This change took few decades to be fully implemented. It was difficult for the apprenticeship system to be completely abolished. Now, when we are moving away from the traditional system to integrated system, with learning and assessment methods more suitable for student centred learning, the history is repeating itself. Medical education is a continuing process. Curriculum is a race track by definition, which needs to be revisited regularly. To achieve excellence we have to move forward and accept the change.

Pakistan has also seen the impact of this global change. Before 2009, there were only few medical schools, who were delivering their curricula according to the global demands and changing international accrediting standards. However as a test run, PMDC awarded the responsibility of designing and implementing an integrated curriculum according to the changing needs of medical education. Islamic international medical college stands out in this respect to be one of the few medical schools to develop MBBS curriculum which it has successfully implemented. The process needs to be understood nationally. It has been discussed in numerous meetings and conferences of medical education that after 2021 medical schools will be accredited based on delivering medical education according to the newer philosophies and demands of the professions which target excellence.

Till not very late, only CPSP (College of Physicians and Surgeons) was awarding a diploma in HPE. Now there are 07 programs in Pakistan which are delivering masters in HPE. The change is written very clearly on the wall. We have to move from traditional to integrated curriculum with the newer learning

strategies and assessment tools across the national front. The clock is ticking fast. The world accrediting bodies are aiming at excellence in medical education. WFME, FAIMER and ASPIRE are setting the standards globally. We need to realize this and adapt to the new system in time.

In the beginning of the article we asked, what was excellence? Excellence is defined as "the quality of being outstanding or extremely good." Excellence in medical education aims at producing best health professionals, so excellent health care is provided to the patients and eyes are no more set on standards of minimal acceptable quality.<sup>10</sup> In essence, we have to realize that we cannot provide our patients the best healthcare, if we don't aspire for excellence in medical education.

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