

### LET'S NOT WORRY ABOUT THAT

In March 2005, the conference "Medical education towards 2010: shared visions and common goals" was held in Canberra. Sponsored by the Committee of Deans of Australian Medical Schools and the Australian Medical Council, it was attended by nearly 200 delegates from Australian medical schools, clinical colleges, postgraduate education bodies and other stakeholders. Its ambitious agenda tackled issues such as forging links between medical education and health systems; professionalism in education and practice; and curriculum development, assessment and review. Recently, a detailed conference report was released, along with a raft of recommendations. These included calls for yet more reviews of clinical teaching and learning and potential teaching environments; marrying medical education with other health workforce needs; and provisions for rational processes in career development.

The Canberra conference's recommendations are not new. Since the groundbreaking Flexner Report of 1910 which endorsed modern medical education principles, there have been innumerable reviews. What is remarkable is the repetitiveness and constancy of their recommendations: the need for medical education to reflect societal needs; to address medical workforce issues; to cope with burgeoning medical knowledge; and the need for generalism. Recommendations consistently advocate teaching in ambulatory care; an emphasis on social and behavioural sciences; the teaching of lifelong learning and self-learning skills; and centralising curriculum control.

But there is a problem. Educational reform is heavy on rhetoric and recommendations, but light on hard evidence on whether educational reforms lead to better clinical outcomes or better doctors. It seems that the need for evidence is taught, but not pursued. Is research for rigorous evidence in medical education just too hard, or does its absence reflect a "let's not worry about that" attitude?



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