

Competing interests: None declared.

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Monitoring the medical education revolution

The impact of new training programmes must be evaluated

This is a time of great change in both undergraduate and postgraduate medical education. The General Medical Council's recommendations for *Tomorrow's Doctors*¹ have stimulated educational innovations and new curriculums in all British medical schools. Key changes include early patient contact from the beginning of the course; more emphasis on patient centred communication skills; an increased focus on ethics, culture, and ethnicity; and more training in the community. Different approaches to teaching are being introduced, such as special study modules to stimulate self directed learning,¹ problem based learning as a method of integrating different strands of the curriculum,² and shorter courses for graduates.³

At the same time postgraduate education is undergoing profound changes, with the "modernisation" of specialist training.⁴ The establishment of the Postgraduate Medical Education Training Board (PMETB, www.doh.gov.uk/medicaltrainingintheuk/pmetbord.htm), to set and maintain standards across all UK postgraduate medical training, will undoubtedly affect current practice. Moreover, with the introduction of appraisal and revalidation,⁵ the concepts of life long learning, portfolio careers, and accreditation for continuing medical education are here to stay.

Many of the educational initiatives that have been introduced both in and outside the UK seem logical, but educational policy is not necessarily being informed by evidence. Research in medical education is of value,⁶ but it is often ignored.⁷ Where is the clear evidence of effectiveness to argue for these changes?

The establishment of the Best Evidence Medical Education initiative (BEME, www.bemecollaboration.org), an international collaboration of medical educationalists who gather evidence to support educational interventions and make recommendations for good practice, has been a welcome advance. In 1999 the *BMJ* issued guidelines for evaluating papers on educational interventions.⁸ Medical education journals, including *Medical Education*⁹ and *Medical Teacher*¹⁰ have also asked for greater rigour in educational research.

Early last year the *BMJ* started a new section called Learning in Practice.¹¹ The section aims to break down

barriers between educationalists and clinicians, facilitate understanding of challenges in medical education, and stimulate those involved in teaching to think critically about how they do it.

Interesting and innovative educational initiatives are undoubtedly abundant, and we would like to encourage more submissions for the Learning in Practice section.⁸ To help further understanding of medical education and the many changes that are taking place, we are introducing a new page entitled "What the educators are saying" (p 1393). This will highlight important and interesting publications from the medical education literature. The aim is to ensure both an international perspective and to cover undergraduate and postgraduate issues.

Medical education is in the midst of a revolution and the pace is unlikely to slacken. There is an urgent need to monitor this new international culture in medical education, learn from each other's experiences, and establish evidence for best practice.

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