

## Rejecting political correctness

**Karol Sikora**, dean elect of Britain's first private medical school, thinks the school will widen access to education. Others beg to differ.

**Deborah Cohen and Kristina Fišter** report

Known for his outspoken views on NHS reform and private medicine, Karol Sikora, professor of cancer medicine and honorary consultant oncologist at Imperial College London's School of Medicine, is now grappling with medical education.

After being approached by Buckingham University's vice chancellor, Terence Kealey, himself a doctor, Professor Sikora was appointed dean elect of Britain's first private medical school at Buckingham University, the only UK university not directly funded by the government. He finds the challenge of implementing a new medical course appealing.

"There's going to be a shortage of doctors in 20 years' time, and according to the Wanless report it will be about 25 000 [see *BMJ* 2002;324:998]. Although medical school entry has doubled over the last 10 years, it's still too small," he said. "The trouble is that they [existing educational initiatives] all use the same system of education. We want to get away from this dreadful political correctness in medical education that exists now. The main drivers of medical education in British medical schools are not doctors; they are professional medical educationalists, often from a sociology background."

After looking at several graduate programmes the Buckingham team charged with implementing the new medical curriculum is hoping to devise its own course. Current plans are that the course will comprise three years of full time study, with only four weeks of holiday a year, but with a part-time, distance learning foundation year. Overseeing the foundation year are Open University professors Michael Stewart and Janet Grant, and it will include biosciences, clinical skills, and extended weekend residential courses once a month. They hope to start the course in 2007.

One of Professor Sikora's criticisms of current medical

education hinges on what he describes as "social engineering." He explains: "They're pushing these awful social engineering programmes that ... are taking students from deprived backgrounds. But how you define a deprived background is very difficult and very judgmental."



Karol Sikora: schools are pushing "social engineering programme"

He said that the course at Buckingham would widen access, and access will be governed by students' motivation. He also hopes that the course will attract students from business backgrounds to cope with the demands of modern health-care delivery. "What we're going to do at Buckingham is produce doctors that are not just able to cope with this but are able to understand the strategies behind the reforms going on in health care," he explained.

The cost of the course is an issue. It will not get government funding, such as the money that is provided under the research assessment exercise. "Initially the course will be more expensive than other graduate courses, but this will change. Eventually, it's

clear that this government, and almost certainly a Conservative government's agenda in education, is to make students pay."

He believes that costs will be offset by its being a fast track course, which will mean that students will have a shorter time not earning money and will be younger when they graduate. He hopes bursaries and charitable grants will be available to students who will struggle to meet the costs.

Another potential pitfall is a lack of house jobs in the United Kingdom for graduating students, and the school is looking locally to see how posts can be provided. If the health

But Leigh Bissett, chairman of the BMA's medical students committee, does not agree with Professor Sikora's views. "I would challenge Professor Sikora's assertion that medical education is currently dominated by 'political correctness' and 'social engineering.' Let's not forget that students from the highest social classes make up the majority of applicants to medical school and are twice as likely to be accepted. Moves to redress this imbalance have focused on encouraging students from non-traditional backgrounds to believe that they can become doctors—not on letting them in with lower grades.

"I can't see how a move to greater private provision of medical education would expand access. It's likely that only the most affluent students will be able to afford the fees at Buckingham, which could hamper efforts to ensure that it is the most capable students—not just those with the richest parents—who study medicine. On top of this, higher course charges could encourage graduates to seek non-NHS work or leave the UK altogether in order to pay off the substantial debts they would accrue."

Professor Robert Souhami, executive director of Cancer Research UK and former dean of University College London Medical School, agrees that the accusations of social engineering are unfounded. "Perhaps he thinks that medical schools apply some sort of quota according to social class. I do not know of any evidence that that is the case. It is absurd to claim that this will widen access to medicine except for students from well to do UK families or from families overseas who are able to afford the fees."

He also questioned the validity of a three year programme. "Professor Sikora will need to convince the GMC and others responsible for the maintenance of educational standards in the United Kingdom that his private medical school can maintain standards while drastically shortening the curriculum. He has some detailed work to do to make a convincing case for this unlikely proposition. This case is not helped by accusing existing medical schools of social engineering, with an unspoken subtext implying that standards are, by this means, being lowered." □  
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