Leading article

Quality assurance in medical education

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Dr Bayley has referred to the role of the Royal Colleges in his perceptive paper on 'quality assurance' in postgraduate and continuing medical education.¹ The colleges have certainly been able to exercise considerable influence over the selection of those seeking to follow a career as specialists by demanding high standards from candidates for the diplomas of membership of the medical colleges or fellowship of the surgical colleges which are mandatory requirements for entry into higher specialist training.

The inspection of training posts by the colleges or by the relevant higher training committee has done much to raise standards and the Health Departments have agreed that no post may be filled unless educational approval has been granted. Of course the system is not perfect. The interval between the inspection of posts is up to five years so that the chance of any individual incumbent meeting a college inspector is small. Furthermore the criteria for the approval of posts are broad and sometimes may appear to be interpreted liberally. Nevertheless, the ultimate sanction of withdrawing educational approval, though seldom used unconditionally, has had a salutary effect on the attitude of employing authorities toward the educational needs of their junior hospital staff.

It is fashionable to lament the lack of objective evidence of the benefits of educational efforts, but the search for objective ways of evaluating methods of teaching and of assessing the progress of trainees remains elusive. The surgical colleges are beginning to favour the concept of exit examinations towards the end of higher specialist training and they encourage and sometimes require their trainees to

keep log books in which they record their experience during training. The medical colleges have resisted any suggestion that there should be exit examinations nor do they consider log books appropriate for the medical specialties. Even so there has been disquiet in some specialties both about the content and the quality of the training in approved posts and some more formal assessment of the progress of trainees is being considered. Whether this should be undertaken by means of questionnaire or by more regular interviews than take place at present is a matter for debate. The respective roles of the Higher Training Committees with their Specialist Advisory Committees and the postgraduate deans require the most careful consideration.

The benefits of programmes of continuing medical education are even more difficult to evaluate, but it is important that these issues should be raised, particularly on account of the rapid changes taking place in clinical practice and in the field of health care delivery. The most important achievement of the Christ Church Conference held in 1961 was to stimulate the development of an educational atmosphere in district hospitals and to encourage the provision of appropriate teaching facilities. In addition, the need for all consultants to recognize their responsibility for the training of their junior staff was emphasized. The juniors too must take advantage of the educational opportunities which their posts provide for in the final analysis it is the attitudes of both the trainers and the trainees which will be the major factors determining the effectiveness of any educational programme.

Reference

1. Bayley, T.J. Quality assurance. *Postgrad Med J* 1988, **64**: 473-474.

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Received: 18 February 1988