How medical education has gone from sore spot to bright spot

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Timothy M. Smith
Senior News Writer

Only a little more than a decade ago, medical education in the U.S. faced a day of reckoning much like the one that emerged with the publication of the landmark Flexner Report 100 years earlier. This time, though, it was the result of a 2010 report by the Lancet Commission on Education of Health Professionals for the 21st Century, which called for nothing short of “major reform in the training of doctors and other health care professionals for the 21st century.”

Widespread changes were needed, the report noted, because a constellation of systemic problems—including missing curricular content, outdated approaches to teaching methods and inadequate diversity among trainees—had combined to produce ill-equipped graduates.

A paper, one of a series published in a supplement to the journal Medical Teacher, examines the efforts of the AMA Accelerating Change in Medical Education Consortium to tackle each of the needs laid out by the Lancet Commission by piloting and sharing groundbreaking ideas and projects.

Change needs opportunity

The consortium is the community created by the AMA Accelerating Change in Medical Education initiative, which was launched in 2013 to foster advancements in undergraduate medical education. The initiative first awarded $1-million, five-year grants to 11 medical schools. Today the consortium has 37 members, representing one-fifth of allopathic and osteopathic medical schools in the U.S. It expanded in 2019 to graduate medical education with the launch of the AMA Reimagining Residency initiative.

Reflecting upon the body of literature that informed its launch, the “strong systems orientation of the Commission’s interprofessional and international author group aligns well with the AMA’s ambition to not only impact medical education at individual grantee sites but to influence medical education at a systems level,” wrote the authors, who include senior medical education staff at the AMA and co-chairs of the consortium executive committee.
The consortium’s projects have been focused on these five key areas of medical education.

**Systems orientation.** This would gain its fullest expression as the construct of health systems science, the study and understanding of how care is delivered, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery.

“As the consortium has matured, participants are increasingly outward-looking—embracing a responsibility for advocacy at a systems level to improve medical education,” the authors wrote.

**Informative, formative and transformative learning.** The Lancet Commission recognized these three levels of education, which focus on development of knowledge and skill, developing the values of a professional and preparing learners to act as change agents and leaders, respectively. One highlight from the consortium is its work to support master adaptive learning principles. The AMA has published an instructor-directed textbook, *The Master Adaptive Learner.*

**Interdependence.** In its first five years, the consortium published 168 collaborative papers, “and the community has adopted an open-access orientation, sharing materials freely among institutions,” the authors noted. “Interdependence of member educational programs with their affiliated health systems and communities has also been strengthened by the local process of innovation.”

**Workforce.** Awardees included those with proven success in and creative approaches to addressing targeted workforce needs, such as enhancing primary care capacity and workforce diversity. In addition, collaborative themes emerged that support preparedness and well-being.

**Enabling actions.** Foremost among these was the funding provided by the grant process, but they also included conferences, an evaluation group and collective advocacy to align accreditation and licensing processes in support of innovation.

“Innovation in medical education is challenging—if it were easy, all the Lancet Commission’s envisioned reforms would be adopted quickly and universally,” the authors wrote. “The AMA Accelerating Change in Medical Education initiative is one successful model that has demonstrated the ability to implement deep and lasting changes that improve the way we train our future health care workforce.”

Other papers in the supplement highlight specific tactics member schools have implemented to address the Lancet Commission’s recommendations. They also describe medical schools’ successes and lessons learned, as well as their areas of need in future work.