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COMMENTARY

Excellence in teaching and learning in medical schools

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Over the past decade, the move to recognise excellence in universities has been reflected in increasing attention being paid to university league tables. Without doubt, these have influenced the behaviour of universities, governments, funding agencies, academics and students. Hazelkorn (2010) illustrated this with the results from an international survey. Almost two-thirds of higher education leaders made strategic, organisational, managerial or academic decisions based on the international rankings and 50% used the rankings for publicity and official presentations. In her book, *Rankings and the Battle for World-Class Excellence: How Rankings are Reshaping Higher Education*, she catalogues the extraordinary influence of the university rankings. Dutch immigration law, for example, prioritises entry for foreigners with qualifications from the world's top 150 universities. The biggest players in the university rankings game are the Times Higher World University Rankings and the Shanghai Academic Ranking of World Universities. These have become the arbiters of how well universities are fairing in the global pecking order.

Rankings of universities, while now an unavoidable part of academic life, have proved to be highly controversial. The rankings have been widely criticised as an over-simplistic approach largely based on data that are conveniently available in a wide range of countries and based on what can be measured rather than what is relevant and important (Harvey 2008). Rankings, it has been argued, concentrate on research and pay lip service to education (Hazelkorn 2010). Concepts such as teaching quality are excluded as obtaining independent objective measures of teaching quality, are expensive and time-consuming (Van Dyke 2005). The Shanghai ranking which has attracted much attention was based exclusively on research performance. In the revised Times Higher rankings, teaching has a 30% weighting made up of a reputational survey (15%), PhD awards per academic (6%), undergraduates admitted per academic (4.5%), income per academic (2.25%) and PhD awards/Bachelors awards (2.25%) (Baty 2010). These are not what many educators would recognise as appropriate indicators for quality teaching and learning.

Among the many detrimental consequences associated with university rankings, a fundamental problem is that they do not appear to reward teaching. The Organisation for Economic Cooperation and Development (OECD) at a ministerial meeting in Tokyo underlined that rankings and international league tables are only as valid as the information on which they are based and can lead to distortions in institutional behaviour. They concluded that 'the bias in the information base of existing rankings towards research outcomes could detract from efforts to improve educational performance' (OECD 2008).

While excellence in teaching has not featured prominently in world ranking tables, the concept of teaching excellence has attracted attention from academics, governments and the public and is now part of the everyday language and practice of higher education (Skelton 2005). In the UK, the Higher Education Academy (HEA) was established with the goal of delivering excellence in teaching and learning (DfES 2003). In Australia, the Australian Learning and Teaching Council (www.altc.edu.au) was established with the aim of 'improving the student learning experience by supporting quality teaching and practice', and does this through a range of grant, fellowship and award schemes. Excellence in teaching has also been recognised in publications such as the *Journal on Excellence in College Teaching* which addresses Ernest Boyer's call for a forum to present the scholarship of teaching and learning in universities. Increasingly worldwide the importance of teaching is recognised through the promotion system and awards and through staff development programmes. Few would challenge the need for excellence in teaching and learning in our universities. 'The argument that teaching should be treated seriously as a professional activity with equal status to research has been made repeatedly and with increasing intensity' (Skelton 2005).

There is currently no mechanism at a global level for a professional peer-review of excellence in teaching. Most medical schools in much of the developed world are under regular accreditation by national and/or regional accreditation bodies. Well-known examples include the GMC in the UK, LCME in the USA and the AMC in Australia. Most of these bodies have similar standards against which they accredit schools, and many are closely aligned with the standards articulated by the WFME (WFME 2003). Other accreditation bodies and councils are emerging around the world, such as those in the Caribbean. Accreditation is a vital process, and is an important mechanism for assuring quality. There is a need, however, for another form of quality assurance and enhancement recognising excellence that rightly falls outside the formal accreditation process and is the remit of professional educational bodies. Without such a mechanism how can any legitimate claims of excellence, or out-performance of peers be measured?

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AMEE, in collaboration with leading international authorities in medical education and educational bodies with a commitment to excellence in the area, is exploring the establishment of a mechanism whereby world-class excellence in education in medical schools can be recognised against an agreed set of standards or 'benchmarks'. The programme will recognise the importance of teaching alongside research as a mission of a medical school. It will complement the work already done by the WFME and other bodies in setting basic standards for medical schools. It is not proposed to initiate a global accreditation process, but rather a global process for driving and recognising world-class excellence in medical education. The aim of the initiative is to recognise and promote outstanding performance and excellence in teaching and learning in medicine, taking into account the difficulties and contexts in which a school is operating. The approach will be based upon a 'differential effectiveness' that recognises that the characteristics of excellent teaching will vary according to local contexts (Creemers & Kyriakides 2008).

A Foundation Board for the initiative met in Glasgow in September 2010. Members of the Board are Khalid Bin Abdulrahman (Saudi Arabia), Emmanuel G Cassimatis (USA), Sir Graeme Catto (UK), Robbert Duvivier (Netherlands), Matthew Gwee (Singapore), Ronald Harden (UK), Hassan Khan (Pakistan), Tadahiko Kozu (Japan), Pat Lilley (UK), Stefan Lindgren (Denmark), Alberto Oriol Bosch (Spain), Madalena Patricio (Portugal), Pablo Pulido (Venezuela), Trudie Roberts (UK), James Rourke (Canada), Cees van der Vleuten (Netherlands) and David Wilkinson (Australia).

The Board agreed that a consultation process be initiated involving a wide range of stakeholders. It is proposed that eventually a holistic assessment of excellence in a medical school will be made but that, in the first instance, specific aspects will be identified as a focus for the assessment. For the purposes of a feasibility study, two areas have been selected – assessment and student engagement. The latter includes issues such as student-centred learning, collaborative and peer-to-peer learning and student participation in decision-making and activities, such as curriculum planning and the evaluation of teaching. It is likely that a third area – the social responsibility of a medical school – will also be addressed in the feasibility study. Excellence in teaching is a contested concept and it is recognised that it will be necessary to develop criteria for what this means in practice. The criteria that could be adopted and the evidence in each of the three areas that might be sought to support an award for excellence will be studied. It is likely that this will include qualitative and quantitative measures.

The internationalisation mission of a twenty-first century university has been set out by Scott (2006). It is suggested that the postmodern university will likely internationalise its missions of teaching, research and public service in the global 'information age'. Through agreements such as the Bologna Process, the importance of international recognition for teaching has been recognised. The AMEE School Programme for International Recognition of Excellence in Education (ASPIRE) is being developed to promote excellence in medical education and to allow schools to be recognised internationally for their excellence in teaching and learning.

We believe that schools will welcome the opportunity to be part of the ASPIRE initiative and that the approach will be a major driver for quality assurance and excellence in medical education. The benefit to the school seeking international recognition of excellence in medical education, aside from the impetus to improved quality, will be the opportunity to promote their attainment of the criteria. Universities now need to market themselves aggressively and to compete to attract students and funding. Teaching excellence is one way of staying ahead of the competition.

A university and a medical school can have multiple missions to benefit society. These include both research and teaching. Excellence in each needs to be evaluated and recognised. The entrepreneurial university requires an enhanced capability for monitoring and demonstrating its excellence in teaching and learning. This, it is hoped, will be provided by the ASPIRE programme when it is implemented. Encouraging, demonstrating, recognising and rewarding excellence in medical education is an important strategy to enhance the quality of medical graduates, and hence contribute to improved health outcomes for our patients.

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