AMSE – Declaration on Clinical Staff of Medical School (June 2011)

Nada Cikes

UNICA Workshop London
29.November 2011

- Association of Medical Schools of Europe
- A forum for european medical faculties
- First Annual Conference: Groningen1980

  Lisbon 2007:”Linking Medical Schools with Teaching Hospitals and Health Centres”

  Ljubljana 2011:”The staff of the medical school - challenges and opportunities".
- Members: Medical Schools from Aarhus to Ankara
- www. amse-med.eu

A synthesis – the AMSE Lisbon Declaration

- **AMSE - Lisbon Declaration on the relationship between Medical Schools and Healthcare Systems**
- The Association of Medical Schools in Europe (AMSE) recognises that there is a common set of issues across Europe relating to the relationship between Medical Schools and the health systems in which they operate.
- Closer working between Medical Schools and University Hospitals is essential, involving dialogue between Deans and Chief Executives. Clear clinical and clinical academic leadership of affiliated hospitals is required.
- The tensions identified between Medical Schools and their affiliated hospitals include differences in time frame: a hospital must meets its targets, where diagnosis and treatment must be made in hours, days or weeks as required; a Medical School has a perspective of years and decades, educating students for a lifetime of evolving clinical practice, and supporting research that may not demonstrate its significance for many years. Financial challenges are important: the budget of the hospital is always much greater than that of the Medical School. There are problems for institutions caused by the lack of communication over policy between Ministries for Health and for Education, or equivalent.
- Medical Schools must strive to form close ties with all affiliated organisations in the health care system in which they operate, appreciating the wide range of settings in which the student must train, in order to gain the diversity of experience necessary to develop as a well-rounded, competent doctor.
- The provision of experience and training for students in Primary Care settings allows them to develop an understanding of the full spectrum of disease seen in the community, complementing experience from the specialised cases treated in a tertiary hospital setting. Through affiliation with a Medical School, Primary Care practices, and other organisations, gain in prestige and a potential increase in patient volume. Practitioners themselves gain opportunities for continuing professional development. Such incentives could be outlined to General Practices by Medical Schools seeking to establish teaching and research networks in Primary healthcare. The development of relationships between Primary, Secondary and Tertiary centres and the Medical School, benefits the community in which these organisations are based, leading to inward investment in research and development and so an increase in the wealth, and ultimately health, of the local population.
- Teaching and research in community settings and within University Hospitals should be seen as the essential components of medical education: the two complementary sides of the same coin.
- Medical Schools must recognise and plan for the training needs of the 21st Century doctor, providing the skills to allow these healthcare professionals to adapt to changing patterns of disease, of healthcare provision, evolving patient expectations, and so preparing them for future healthcare challenges.
- Students themselves are changing, not only in relation to their technological proficiency on entrance to Medical School but also in respect of their attitudes and values. Models of medical training should recognise this and seek to harness such developments.
- AMSE is fully supportive of an independent system of accreditation and quality assurance of medical education in all settings, including medical schools, teaching hospitals and other healthcare settings, and of efforts to drive up standards of medical education. AMSE, with the World Federation for Medical Education (WFME), is to build on success in leading the Quality Assurance taskforce under MEDINE 1, by taking a lead in MEDINE 2, and will further explore issues relating to Quality Assurance at its Annual Conference in Barcelona, 2008.
- AMSE can act as a vehicle through which best practice across Europe, and more widely, can be shared. In developing relationships with University Hospitals and Primary Care, the following principles could prove helpful:
- Clear **leadership** from Medical School Deans in relation to strategy and policy in the development of teaching strategies and other areas of mutual interest, including research, in affiliated organisations, both hospitals and community services.
- The need to develop a **common set of goals and objectives** in partnership with these affiliated bodies.
- Obligatory **involvement** of the Medical Faculty in appointments for staff at affiliated healthcare providers.
- Recognising that, although Europe may have much to learn from models internationally, for example in North America and other parts of the world, Medical Schools should not seek simply to impose external models on European structures, but to **develop and implement systems that are appropriate for local need**.
- Effective high-level **communication** between the Medical School and its healthcare partners, with appropriate **cross-representation** on the relevant governing bodies
- Assuring mentors and tutors in all organisations are well-trained and fully qualified, and that there is strong Quality Development and **Quality Assurance** of their role, and of education and of other activities.
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  Professor David Gordon
- President, Association of Medical Schools in Europe

AMSE – Ljubljana Declaration on the Staff of the Medical School

AMSE Annual Conference

University of Ljubljana School of Medicine

Ljubljana, Slovenia 16 – 18 June 2011

The most important task of medical school administration

- the recruitment and continuing support of staff and students
- Essential:
  - to recruit, motivate, reward and retain excellent staff
- particularly important in view of the challenges facing medical education in the future

The specific issues of academic staffing in the medical school

- the questions of parity and equity with the health care system
- medical school must maintain its academic mission, while at the same time working together with its health care partners
- delivery of education, clinical care, and research – together with health care partners

Responsibilities of academic clinical staff

- clinical care
- leadership and innovation in the health care system
- teaching
- research

- difficulties in the recruitment and retention of clinical academic staff in medical schools - because of inadequate recognition and reward of multiple responsibilities

In many countries exists a disparity between salaries and conditions of work for clinical staff of the medical school and salaries and conditions that are available for their colleagues in the health care system - this is not tolerable.

- Governments, medical regulatory authorities, medical professional associations, and other responsible bodies must ensure that conditions and salaries for academic clinicians are always considered together with, and matched to, health care system salaries and conditions of work.

- Salaries, and conditions of employment and work, must reflect all the responsibilities in clinical work, teaching, research and in management.

Plan of work and reward

- planning of work in the domains of teaching, clinical work, research, and other activities must be clear and honoured
- time agreed for research and teaching must be assured
- greater responsibility and commitment of time must be matched by financial reward.
- plan of work for the individual academic must be associated with a system of regular appraisal, and a personal development programme (supported) .
- the plan of work must include realistic targets to be met. Staff who persistently fail to meet realistic targets in teaching or in clinical performance, should not be retained.
- planning of the job requires tripartite agreement (individual academic, management of the medical school and the management of the relevant clinical service or facility)

Summary:

the recruitment, reward and retention of medical school clinical academic staff requires:

- Adequate and protected time for teaching, research, clinical activities and personal development. This timetable should be tailored to the talent of the individual, and annually monitored and discussed
- Equitable conditions of employment and reward, related to the plan of work and performance of the individual academic
- A supportive, well-resourced academic and clinical environment