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Building capacity in medical education research in Australia

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Abstract

ANZAME (the Australian and New Zealand Association for Medical Education) shares two significant concerns about medical education in Australia that were raised in articles published recently in the Journal.

Keywords

research, education, medical, australia, capacity, building

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Building capacity in medical education research in Australia

Ian G Wilson on behalf of the ANZAME Committee of Management

TO THE EDITOR: ANZAME (the Australian and New Zealand Association for Medical Education) shares two significant concerns about medical education in Australia that were raised in articles published recently in the Journal.^{1,2}

The first concern is the status of health professional education (HPE) research in Australia. In 2007, the ANZAME Committee of Management investigated the profile of HPE research with the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC); both noted they would accept grant applications for such research. At that time, the ARC indicated that they did not have any HPE research expertise among their reviewers. A number of nominations, which included ANZAME members, were made, and the comments of Roberts and Conn¹ suggest this has been successful.

HPE research was further assisted by an Australian Bureau of Statistics "Field of Research" classification. Professor Brian Jolly was instrumental in achieving this classification code. Fortunately, the code occurs in the education section, as ARC guidelines state they will not fund medical or dental research.

At each annual ANZAME conference, educational research is discussed and presented. While Roberts and Conn are correct in stating that other local conferences on education have arisen in recent years,¹ this year's ANZAME conference was the largest ever, and showcased a wide range of research, both completed and in progress. ANZAME also promotes research through seeding grants, by providing particular supports to students who undertake educational research, and by publishing educational research articles in the Association's journal, *Focus on Health Professional Education*.

The second concern is the need for significant increases in the number of health professional educators to meet the needs of increasing numbers of students and young professionals. Such educators are invariably

swamped by the aspects of their work related to program delivery and service requirements, at the expense of research activity. Brooks' proposal to establish academic centres² may go some way to overcoming this. However, we need to develop the HPE expertise that will enable new and innovative educational programs to be developed, implemented and evaluated. How are we going to recruit and train HPE academics for these roles?

Earlier this year, ANZAME put out a draft position statement to highlight some of the issues and to indicate our support for promoting academic pathways.³ Workshops at the recent ANZAME conference further refined a set of recommendations. It will take vision, time, commitment, and a real increase in funding to ensure we have the trained personnel in place to achieve the required outcomes.

HPE in Australia and New Zealand has matured — it now needs support for ongoing research and careful workforce planning to ensure the high quality of health professional educators is maintained.

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1 Roberts C, Conn JJ. Building capacity in medical education research in Australia. *Med J Aust* 2009; 191: 33-34.

2 Brooks PM. The challenge for academic health partnerships. *Med J Aust* 2009; 191: 26-27.

3 ANZAME position statement on the link between workforce and health professional education in Australia and New Zealand — draft. http://www.anzame.unsw.edu.au/PDF/pos_%20state_%20wkforce_%20hlth_%20prof_ed.pdf (accessed Dec 2009). □