Opening Editorial: Accessing Medical Education

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**Abstract**

Accessing medical education.

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**Opening Editorial**

So let me kick off. Why did I become a doctor? Despite the well-known stereotypes that exist of being Asian and pursuing a career as a doctor or engineer, I in fact was initially keen on becoming a dentist. It was only after undertaking work experience in the field that I knew I couldn't stomach the poor oral hygiene I was seeing. Hats off to fellow dentists out there. I was never very good at physics so engineering was out (although I confess to being a pseudo engineer). I have always been amazed by their ability to create and innovate. Just think of aviation as one example.

With medicine I was interested by the complexity and variety from a personal side. And my many school teachers were highly motivating and encouraging. After all, at 18 no one truly knows what they want and where they will end up. Even doctors in training switch track. I will avoid saying the standard interview response here of loving chemistry and biology (although it is technically true) and wanting to help people (numerous other professions do that). I am someone that needs variety. And someone that finds people interesting. And medicine offered the variety, the complexity and of course people.

So why did I enter the field of medical education? Well the truth of it is that as I approached my final year of medical school I felt hard done by. Surprisingly I did well enough academically and non-academically to score the post I wanted. I had however undertaken a PBL course which had been sold at the time as one that promoted lifelong learning and excellence in the field. I would agree with the former. But my frustration of paying fees to attend weekly tutorials led by non-experts with little or no feedback made me question whether this is a truly safe and effective method of instruction. I spent many discussions with seniors (yes I surrender… I question seniors) highlighting this, yet was told that I was wrong or misguided. Being on the receiving end of PBL for five years was
not suited to me as a learner. Of course, for some it may have worked wonders. Or maybe it has been implemented poorly. The complexity of medicine surely requires expert guidance and feedback for the betterment of patient safety.

I commenced my educational journey immediately after medical school determined to understand how best to teach and assess learners. I am still unsure. However, what I am sure of is that learners often do have valuable insights into the drawbacks of certain approaches and this has been a particular interest of mine. Particularly when it is dismissed. A further interest has been exploring educational practices East and West. Is it right to accept all Western forms of instruction globally? I would argue not. The East in many cases still relies on the master mentee approach and having experienced it myself I admit to gaining expertise, focus, discipline and respect for my seniors. Do we also need to spend excess amounts employing tech heavy practice when I have seen excellent outcomes at institutions which are less resource fortunate in this regard?

Culture also has significant implications in terms of gender and medical education. We are certainly seeing movement in a positive direction in the West; in the UK for example, eight medical royal colleges are led by women (Gulland, 2017). This is not easily representable elsewhere currently (Ramakrishnan et al, 2014). But for an array of reasons.

Mobility of doctors is becoming more of an issue. In the UK, this has been highlighted as a crisis particularly among junior doctors as described recently (Oliver, 2017). With the advent of technology, I began to observe interesting educational movements outside my region. The internet and social media has led us to gain access to information from other parts of the world, their knowledge and skillset. Accessing medical education elsewhere can be to gain opportunities that do not exist at the time or interests that are initially not understood by all. It often depends on personal curiosity, open mindedness and a desire for flexibility. Every opportunity gained is a positive one and can help bring alternative perspectives to the field (Rimmer, 2017).

Medical education is brilliant. Learners are brilliant. Their ability to access and absorb information continues to amaze me. We should admire that and recognise their diversity will be valuable to health care. And for me as I continue my journey, I always must question what is it that they want and how best can we accommodate that. After all they are the future whether we are able to accept it or not. They are individuals just like our patients. Yet we continue to misunderstand them.

So enough about me and over to you. Why did you enter medicine or health care? What sparked your interest in health professions education? Has gender or culture helped or hindered the process? Is workforce planning an issue? Is the desire to mobilise problematic?

It is time we actually started understanding each other.

**Take Home Messages**

Let the debate begin!

**Notes On Contributors**

Neel Sharma is a clinician, scientist and medical educator in training, UK.
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Bibliography/References

Gulland A. (2017). Medical leaders celebrate the ascent of woman. BMJ;358:j3250
https://doi.org/10.1136/bmj.j3250

Oliver D. (2017). Junior doctors' working conditions are an urgent priority. BMJ;358:j4407
https://doi.org/10.1136/bmj.j4407

https://doi.org/10.1089/jwh.2014.4736


Appendices

Declarations

The author has declared the conflicts of interest below.

Dr Neel Sharma is the Guest Editor of themed issue - Accessing Medical Education.

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