

## New WHO Publication

*Competency-based Curriculum Development in Medical Education, An Introduction*, by William C. McGaghie, George E. Miller, Abdul W. Sajid and Thomas V. Telder, Geneva, World Health Organization, 1978 (*Public Health Papers* No. 68; ISBN 92 4 130068 X). 91 pages. Price. Sw.fr. 9.-, US\$ 4.50. French and Spanish editions in preparation.

Rapid advances in medical knowledge and the varied roles and functions of physicians according to the setting in which they work have created a serious dilemma for medical schools. While faculties expect graduates to be thoroughly grounded in basic and clinical sciences and proficient in the latest techniques for managing disease, society expects them to have the professional competence required to meet the most urgent health needs of all the people they are expected to serve. These goals overlap but are not identical, and few schools have successfully resolved the problem.

To overcome an increasing discrepancy between what is taught and what is required to meet the functional needs of medical practice, medical schools usually think in terms of altering the curriculum content while preserving the subject-centred educational structure that many observers believe may have undesirable consequences both for initial student learning and for the medical care graduates later provide.

An alternative approach put forward in this WHO Public Health Paper is to plan the educational programme around the professional functions a physician must perform rather than around the disciplines which have traditionally formed the framework for curricula. The educational emphasis is then on learning how to practise medicine, not merely on accumulating knowledge about medical practices. Such a curriculum-described as competency-based-is intended to yield a health professional who can practise medicine at a defined level of proficiency, in accordance with local conditions, to meet local needs. Once students have mastered an acceptable repertoire of professional practices, not simply an arbitrary amount of medical knowledge, they are judged ready to begin work as physicians. A competency-based curriculum also demands new skills on the part of teaching staff. This monograph describes the steps they need to take in designing and carrying out such a programme.

The main chapters-illustrated with examples from established programmes-deal with identifying the elements of competence (through the analysis of physician practices, critical elements of physician behaviour, and the nature of health

care needs); defining and organizing mastery learning; assessing competence; and preparing teachers, students, and institutions for new educational programme directions. To take account of the very different needs of WHO Member States, the authors emphasize the process of curriculum construction rather than its content. While they attach priority to health problems relating to communities and the preservation of health, they give due weight to individual care and the cure of disease.

Whatever readers' views about the content and emphasis of medical education today, they should find it rewarding to test their conclusions about curriculum against the process described in this volume. Its first objective is to give them new insight into what may be needed to improve curriculum development.

A second, more difficult, objective is to suggest strategies by which these principles and procedures can be translated into the curriculum practices of medical schools.

The authors' principal focus is medical education. However, the solution of curriculum problems in the education of health workers other than physicians is equally important in producing practitioners who can meet the world's health needs. The principles outlined here have general application, and should be useful to other health professions and occupations as they can be in medical education.