Challenges & Opportunities Graduate Entry Medicine (GEM)

Abstract:

Graduate Entry Medicine (GEM) provides both challenges and opportunities for students and teachers alike. These are global issues for Ireland and the UK which are gaining in momentum and synergy with medical education in the USA. They provide an important chance to revisit the tenets of a good doctor and how best to select students for training from an enormous pool of potential applicants. In the UK and Ireland there is a move to Graduate Entry Medicine (GEM) courses to supply the number of doctors being trained from traditional undergraduate courses as they are no longer straight from their undergraduate degree. Similarly, those students straight from a degree with a strong biomedical approach may have difficulties changing to an ethos of SDL and so learning on a concentrated course. Similarly, there is an important chance to look at e-learning and the other resources that may be available for them. There is a need for regular formative assessment so that they know how they are doing and so reduce anxiety regarding their performance. This should facilitate the necessary empathy their teachers have with the concerns of GEM students. GEM students will be acutely aware that on qualification they will be starting at the bottom of a career structure with doctors from traditional courses who are younger, particularly when they may have held a more senior job in a previous career. However, their applications for jobs should be stronger post qualification as they already have a degree on their CV.

Generic Challenges

With a shortened fast-track GEM course the curriculum will to a certain extent be new and so changed with an emphasis on self-directed learning (SDL). For directors of GEM courses there is a need to acknowledge the array of different learning styles as it may be hard for some students to adapt being a student again particularly if they are not straight from an undergraduate degree. Similarly, those students straight from a degree with a strong biomedical approach may have difficulties changing to an ethos of SDL and so learning on a concentrated course. Similarly, there is an important chance to look at e-learning and the other resources that may be available for them. There is a need for regular formative assessment so that they know how they are doing and so reduce anxiety regarding their performance. This should facilitate the necessary empathy their teachers have with the concerns of GEM students. GEM students will be acutely aware that on qualification they will be starting at the bottom of a career structure with doctors from traditional courses who are younger, particularly when they may have held a more senior job in a previous career. However, their applications for jobs should be stronger post qualification as they already have a degree on their CV.

Opportunities

For existing medical schools a graduate entry stream will bring the challenge of finding enough medical teachers particularly given economic cutbacks in many Western countries. There is a need in all medical curriculums to promote interprofessional learning (IPL) and ensure that there are adequate clinical placements when these doctors qualify. Unfortunately, European Working Time Directives (EWTDs) have impacted on students educational experience, particularly on a shortened GEM course. These may result in limited exposure to clinical situations and with junior doctors working shift systems, devaluation of the apprentice model of training and so a lesser involvement with clinical hospital firms. With increasing numbers of students in a locality it is important for course organisers to be aware that this potentially can lead to issues of teaching fatigue. For those schools who attract international students from the USA or Canada it is important to create links and work with these countries. This is to ensure that there are enough internships for those wishing to return straight away when they qualify and also that they undertake the professional exams of these countries in tandem, e.g., United States Medical Licensing Examination USMLE in the USA and those required of the various Boards in Canada. Perhaps GEM may speed forward the possibility of a global generic medical qualification. This remains an important challenge as the core generic skills required to be a doctor can be debated and in some cases may be specific to countries with different spectrums of disease.

For medical teachers there is often a real buzz about these students with their diversity of entry to the course who are hungry for knowledge and skills to become good doctors. In addition, if there is an emphasis in GEM courses, it is on small group work where there is a particularly useful opportunity for them to learn from each other and get use to working in a team preparing them for a future health service. Given the likely variety of different learning styles this should be a positive experience particularly if any difficulties in the group dynamics are addressed early in the
course so that group work becomes a productive and safe learning experience. It could be argued that GEM is generating a new breed of doctors with enhanced life skills. It is also a second chance for some students who were not selected to train in medicine for their first degree immediately on completing secondary education. With the promotion of SDL and so principles of adult learning, students are encouraged to take responsibility for their own learning and are not quite as a spoon fed as those on a traditional undergraduate course, even though they may wish to be. As a result they will hopefully gain the skills of lifelong learning (LLL) through the identification of learning needs as they develop a problem-solving approach to case studies and so patients. This will prepare them well for the expected introduction of revalidation (re-accreditation) of doctors. At times of difficulty in the recruitment and retention of doctors it is anticipated the doctors from a GEM course will be less likely to drop out as they are surer about their chosen career.

Research in GEM
There are huge potentials for educational research when trying to ascertain the potential impact of GEM. There is an opportunity to look at differences between schools which are both new and are graduate entry only, such as Limerick in Ireland and Warwick in the UK. Similarly, to study the impact of graduate entry streams in pre-existing medical schools where they are building on already well organised courses and how the transition and integration is managed between the two courses, particularly when students merge midway in their studies. The biggest question of all is whether GEM students make good doctors and indeed better doctors and so is an enhancement in medical education.

A study from Birmingham in the UK suggests that on average the academic performance of GEM students at the university is better than mainstream students. A further question is comparing those students who entered a GEM course with a science degree and those with a degree in the humanities. To answer these questions requires a determined effort and collaboration of GEM schools in the UK and Ireland to enrol their students in longitudinal studies whereby comparisons can be made. This research should feedback as to how best select students to study medicine through the development of improved aptitude tests.

Overall it is important to prepare doctors for the health needs of the 21st Century and to recognise what should be special of all medical graduates and that they are: caring (sympathetic & empathetic), competent (fit to practice), good practitioners (with appropriate professionalism) and self-directed lifelong learners motivated by clinical curiosity.

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