

A HISTORY OF



ASME

1957 - 2007



A HISTORY OF



This brief history of ASME has been written to mark the 50th anniversary of the founding of the Association in 1957.

The scientific and technical advances that have transformed medicine during the lifetime of ASME have made the need for medical education to be effective and efficient more pressing than ever.

This in turn, makes the case for medical educators to be as professional in their educational responsibilities as in they are in their clinical work.

The commitment by ASME to strengthening the evidence base for medical education is as relevant now as it was in 1957.

The strength of its membership indicates that this commitment is shared by increasing numbers of doctors and others with educational responsibilities across the continuum of undergraduate, postgraduate, and continuing education.



A handwritten signature in blue ink, appearing to read "Lesley Southgate". The signature is fluid and cursive.

Dame Lesley Southgate  
President



## ORIGINS

The particular stimulus for the creation of the Association for the Study of Medical Education (ASME) was a fundamental change in policy by the General Medical Council (GMC) in 1957. Almost exactly 100 years after its establishment in 1858, the Council abandoned its requirement for a minimum prescribed undergraduate curriculum in each Medical School. Instead, recommendations were issued actively encouraging the Universities to experiment in developing new approaches to medical education.

This liberalising initiative by the GMC had a long gestation. It can be traced back to the publication of the Report of the Goodenough Committee in 1944. In retrospect the confidence of the war-time Government in setting up the Committee in 1942 was remarkable. The remit of the Committee was to anticipate the demands that a National Health Service would make on medical graduates and, in modern jargon, to examine whether existing medical training was fit for purpose. In 315 pages it expounded on the major deficiencies it found in the quality and quantity of training provision by the Universities and Medical Schools in the United Kingdom. One of the most important of its recommendations was to give additional powers to the GMC to visit and assess the progress made by the Universities in developing and reforming their undergraduate medical curricula.

After the War and the creation of the National Health Service in 1948, the Royal College of Physicians in London through its Teaching Committee, and the Royal Society of Medicine stand out as key agencies stimulating the GMC to utilise its new powers to foster innovation in medical education to meet the challenges



*Lord Brain*

created by scientific advances in medicine. It was recognised by the mid-1950s that a forum was required to facilitate communication between all the agencies involved with a view to fostering the “objective study of medical education”<sup>1</sup>. The key individuals involved included Sir Russell Brain (later Lord Brain) in the College and Dr J G McCrie, Dean of the Medical Faculty in Sheffield who was exploring the possibility of creating a teaching section of the Royal Society of Medicine.

It appears to have been readily agreed that a new and completely independent organisation was required. All the medical schools and licensing bodies were invited to meetings at the Royal College of Physicians in London and by the end of 1957 the Association for the Study of Medical Education was founded.

## Early Aims of ASME

The choice of the title “Association” signalled that the aspiration of the organisation was to bring interested parties together. It did not seek to have executive responsibilities and this was crucial in its success in engaging the whole of the medical education community in its activities. From the outset it pursued an open policy of welcoming all with an interest in both undergraduate and postgraduate medical education into its membership, creating two categories of membership from the outset: Corporate and Individual. This welcome was not restricted to medical teachers in the United Kingdom and the Association has always had overseas members. By 1966 the membership included teachers from 24 different countries, 337 individual members in total, and 113 corporate members. As associations for the study of medical education have developed in other countries, the international dimensions of the activities of ASME have not been lost. Comparable figures for 2006 show that the Association has 1,439 Individual members and 96 Corporate members.

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<sup>1</sup> ASME John R Ellis *British Journal of Med Educ* 1966 1 p2-6. As Editor, Sir John Ellis provided an overview of the origins of ASME in the first issue of the *British Journal of Medical Education* (now *Medical Education*).

The original constitution of the Association set out the following purposes:

- To exchange information about medical education
- To organise meetings on topics concerning medical education
- To maintain a bureau where information about medical education is collected, stored and made available
- To encourage, promote, and conduct research into matters concerned with medical education

These aims are essentially the ones encapsulated in the present constitution of ASME apart from acting as a “bureau”. Initially this aim was addressed by the ASME office acting as a portal through which medical teachers from other countries contacted colleagues with similar interests in the UK. The rapid expansion of information about developments in medical education in the 1960s meant that the establishment of a library resource was beyond the capacity of the organisation. Instead, as will be described later, the Association launched its own scientific journal in 1966 to capture and disseminate the evidence base for high quality medical education.

Reports of early conferences organised by the Association show a focus on aspirations for change in the medical curriculum and the related political and organisational implications. By the early 1960s a more technical pedagogic flavour is discernable with conferences addressing specific teaching methods such as “The use of Television in Teaching”.

## Organisational Structures

Reading through the reports of Council meetings over the past fifty years, two features stand out: first, there are signs of the gradual evolution of Council and its Executive Committee reflecting the maturity of the Association and the shifting medico-political environment in which it has functioned. Until the 1970s, Medical Schools and Faculties retained their traditional structures, and were led by part-time Deans who, along with their clinical and pre-clinical colleagues,

could be regarded as powerful and enthusiastic amateurs with regard to teaching and learning. The apprenticeship model of clinical training dominated medical education and ASME Council itself was the forum within which the Universities and Colleges as Corporate members debated the educational and related medico-political issues of the day. In doing so Council fulfilled one of the primary aims of the organisation but in striving for consensus there is a feeling emerging from the reports that great patience was required on the part of the officers of the Association in achieving agreement on actions and initiatives. This leads to a second key feature; the extraordinary contribution made by a few individuals who led the Association over the first 25 years of its existence.

Mention has already been made of Lord Brain and Dr McCrie who were respectively the first Chair and Vice-Chair of Council. They had the foresight to recruit John Ellis as the first General Secretary, a role he admirably fulfilled until 1972, launching and becoming the founding editor of the *British Journal of Medical Education* in 1966. He carried out these tasks initially in accommodation generously provided by the Royal College of Physicians and then in the London Hospital Medical College at Whitechapel where he was Dean from 1968 to 1976. Knighted for his services to medical education, he can be regarded as the driving force behind all the early initiatives achieved by the Association. As he pointed out in 1966 in the first issue of the Journal, the independence of the Association was bought at a price. Reliance on income from membership subscriptions of one guinea for individuals and five guineas for institutions could not meet the aspirations of ASME Council to conduct and disseminate research into medical education. Initial grants from the Rockefeller and Leverhulme Foundations



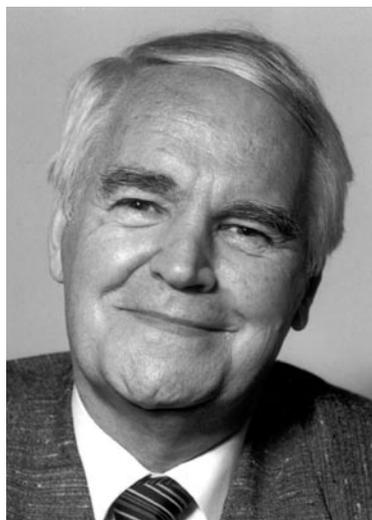
*Sir John Ellis*

were vital in ensuring the viability of the Association in its early days. Even so, the generosity of Lord Cohen when President of the Association and President of the GMC was needed to keep the organisation going when it went through a cash crisis in the 1960s. Portrayed as an austere figure in his other roles, Lord Cohen was unfailingly and unassumingly helpful in his support for ASME. It is fitting that these two major figures in establishing ASME are recognised via the annual award of the Sir John Ellis Prize for the best submission of original work by a student and the Lord Cohen Lecture delivered at each Annual Scientific Meeting.



*Lord Cohen*

Following these founders and pioneers, the outstanding figures in the Association in the latter decades of the 20th Century were based in Scotland. Henry Walton was a member of ASME Council from 1968, Chair from 1972 to 1975, and Editor of *The British Journal of Medical Education* from 1975 until 1998. His international vision for ASME and the Journal mirrored those of John Ellis and he was instrumental in creating the Association for Medical Education in Europe and the World Federation for Medical Education, becoming the President of both organisations. It was



*Professor Henry Walton*

the success of ASME in pioneering the objective study of medical education that made these initiatives possible and Professor Walton was strongly supported by ASME Council in his European and world roles. The international scope of the Journal was recognised by adopting the title *Medical Education* in January 1976 when its publication in partnership with ASME was taken over by Blackwells from the British Medical Association.



*Professor Ronald Harden*

Following the retirement of John Ellis as General Secretary in 1972, it was immediately clear that a direct replacement was not possible. The number of members and their increasing aspirations for the Association meant that a full time Administrator was required, with members of the Executive taking on specific responsibilities for meetings, research, and communications. The new office was established in Dundee in 1974 with Jill Rogers as the first Administrator, working closely with Ronald Harden, initially in his capacity as Meetings and Research Secretary and subsequently as General Secretary. His energy and output of papers, booklets, and textbooks as Secretary first of ASME and then of AMEE has been extraordinary. His papers on the Objective Structured Clinical Examination are the most cited of any in the medical education literature. During his period as ASME Secretary perhaps his greatest contribution was the creation of the ASME booklet series giving succinct and authoritative information on a range of issues ranging from the construction of curricula to assessment techniques.

Although the individuals mentioned above made outstanding contributions over many years, the overriding impression gained from reviewing the papers is the achievement of the Association in drawing many people together in a generous spirit of collaboration and co-operation to advance the study of

medical education. Although subscription levels have risen from a guinea, it remains a lean organisation, heavily dependent on the success of its courses and conferences and its Journals. Although the ASME Council and its membership always wishes to do more, particularly in supporting young researchers, its primary aim of providing a forum for those involved and interested in medical education is being served. Individual membership at the end of 2006 stands at 1,439 which is more than double that of ten years ago. Attendance at the Annual Scientific Meeting is now in the region of 300, again twice the number attending in the early 1990s. These numbers indicate a healthy and sustainable base on which to plan the next fifty years.

## Achievements and Milestones

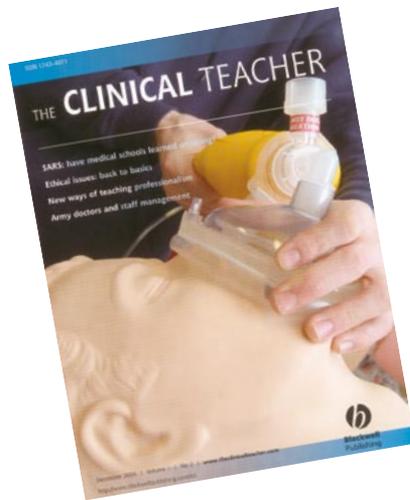
### • The Journals

*The British Journal of Medical Education* (now *Medical Education*) has been successful both academically and commercially since its launch in 1966. There are several indicators of this ranging from it enjoying the highest impact factor in its field to the fact that submissions of papers for consideration have more than quadrupled over the past ten years. Mention has been made of the huge contributions of Sir John Ellis and Professor Henry Walton as Editors.

The growth in the standing of the journal over the last ten years reflects the professional approach that Professor John Bligh brought to his Editorship and his skill in creating an active team of Deputy Editors recruited from across the world, supported by a similarly international group of experts on the Editorial Board. The policy of ASME in promoting the international scope of the journal from a UK base has not always been easy to sustain but has proved to be the right one for both the Association and *Medical Education*.



The success of Medical Education made it possible in 2004, again in partnership with Blackwells, to launch *The Clinical Teacher*. This journal aims to provide a bridge between research and practice by presenting the analysis and synthesis of the evidence base for medical education in a format that will engage busy clinicians who have educational responsibilities.



#### • **Sponsored Research**

In the late 1950s the Association explored the effectiveness of television programmes in medical education with the support of the Leverhulme Trust. In the absence of alternative providers, ASME itself with the BBC produced the televised material and then sought to evaluate its effectiveness. In the early 1960s ASME, again with support from the Leverhulme Trust conducted a major survey of medical students to ascertain their perceptions of the training they were receiving and their career intentions. This informed the deliberations of the Royal Commission on Medical Education (The Todd Report 1965) which had John Ellis as one of its members.



*Dame Lesley Southgate  
President, 2006*

Throughout its existence ASME has conducted surveys of Medical Schools and Faculties. Two stand out for comment. They were conducted in 1979 and 1982 by Dr Janet Gale of the Open University and were timed to assess the changes taking place in the undergraduate curricula across the UK in response to the

Medical Act of 1978 which extended the responsibilities of the GMC to assure the integration of different components of the medical courses as well as the quality of the components. The surveys also covered the emerging postgraduate training programmes and were succinct yet comprehensive documents that captured the innovation taking place at that time.

A similar exercise was carried out in the late 1990s but from a consumer perspective and, indicating the technological advance that had taken place, produced in an electronic format available on the ASME web-site. The number of hits on the web-site indicated that this was a valuable resource for potential medical students. It revealed the same rich diversity of approach by Medical Schools as the previous surveys. Given this diversity, objective comparisons between courses remains a major opportunity for research.

## Booklets/Publications

ASME Booklets have had a long and distinguished history. They have generally served as succinct handbooks providing practical guidance on such things as curriculum planning and techniques of assessment. However, a number of successful booklets have provided summaries of the theoretical basis for educational practice. A notable feature of the series has been the long shelf life of many of the booklets and it is revealing that the booklet on small group teaching by Henry Walton combined educational theory with practical guidance had the longest duration of sales, stretching over 15 years.



In 2005 the Association decided to launch a completely new series of publications and appointed Dr Tim Swanwick as the series editor. The first phase of this initiative will see 28 publications produced by the end of 2007 with the possibility of a second series in 2008/9. A significant factor in persuading ASME Council to commit significant resources to this project was the recognition that more and more doctors are seeking formal qualifications in teaching and that they need high quality introductions to the relevant research literature and methodologies. This latest venture together with the launch of *The Clinical Teacher* is testimony to the continuing vitality and relevance of the Association as it celebrates its 50th Anniversary.



L - R, Dr Graham Buckley (Chairman), Dr Kathy Boursicot (Treasurer), Professor Frank Smith (Chief Executive), Dame Lesley Southgate (President), Dr David Blaney (Chief Executive Elect).



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