

ARCHIVED: WORLD MEDICAL ASSOCIATION DECLARATION OF RANCHO MIRAGE ON MEDICAL EDUCATION

*Adopted by the 39th World Medical Assembly Madrid, Spain, October 1987
and rescinded at the WMA General Assembly, Pilanesberg, South Africa, 2006*

PREAMBLE

Medical Education is a continuum of learning beginning with admission to medical school and ending with retirement from active practice. Its purpose is to prepare medical students, resident physicians and practicing physicians to apply latest scientific advances for the prevention and cure of human diseases and the alleviation of presently incurable diseases. Medical Education also inculcates into physicians ethical standards of thought and behaviour, that emphasize service to others rather than personal gain. All physicians, whatever their practice, are members of one profession. As members of the medical profession, all physicians must accept the responsibility for not only maintaining high personal standards of medical education but also for maintaining high standards of medical education for the profession. This education must be grounded in the following principles:

PRINCIPLES OF MEDICAL EDUCATION

- PRINCIPLE I
BASIC PRINCIPLES OF MEDICAL EDUCATION

Medical Education includes the education leading to the first professional degree, the clinical education that is preparatory to the practice of general medicine or a specialty and the continuing education that must undergird the lifelong work of the physician.

The profession, the faculties and other educational institutions, and the government share the responsibility for guaranteeing the high standards and quality of medical education.

- PRINCIPLE II
UNDERGRADUATE MEDICAL EDUCATION

The goal of medical education is to educate physicians who are entitled, consistent with their training, to practice the profession without limitation.

The first professional degree should represent completion of a curriculum that qualifies the student for a spectrum of career choices, including patient care, public health, clinical or basic research, or medical education. Each career choice will require additional education beyond that required for the first professional degree.

- PRINCIPLE III
EDUCATION BY THE FACULTY

Medical Education leading to the first professional degree must be conducted by an organized faculty. The

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faculty must possess the appropriate academic qualifications that can only be achieved through formal training and experience. The selection of faculty should be based upon the individual's qualifications without consideration of age, sex, race, creed, political persuasion and national origin.

The faculty is responsible for creating an academic environment in which learning and inquiry can thrive in a maximal way. As such, active research to advance medical knowledge and the provision of the highest quality of care must occur in academic settings to demonstrate the highest medical standards. The goals, content, format and evaluation of the educational experiences provided are the responsibility of the faculty with participation of National Medical Associations. The faculty is responsible for providing its own obligatory basic curriculum in an academic environment of freedom in which learning and inquiry can thrive in a maximal way. Frequent reviews of the curriculum, allowing for the needs of the community and for input from practicing physicians should be conducted by the faculty, to the extent that community needs do not harm the quality of medical education. Recognition of faculty requires that library resources, research laboratories, clinical facilities, and study areas be available in sufficient quantity to meet the needs of all learners. In addition, the proper administrative structure and academic records must be maintained. When the necessary elements are available the clinical education of practitioners and specialists can be sponsored by either a university or a hospital.

- **PRINCIPLE IV**
CONTENT OF MEDICAL EDUCATION

The educational experience should include the study of the biological and behavioral sciences and the socio-economics of health care. These sciences are basic to the understanding of clinical medicine. Critical thinking and self-learning should also be required, as should firm grounding in the ethical principles upon which the profession is built.

- **PRINCIPLE V**
CLINICAL EDUCATION

The clinical component of medical education must be centered on the supervised study of patients and must involve direct experiences in the diagnosis and treatment of disease. The clinical component should include personal diagnostic and therapeutical experiences with gradual access to responsibilities. An adequate relation of the numbers admitted for training and teaching at the bedside of the individual patient must be observed.

Before beginning independent practice, every physician should complete a formal program of clinical education. This program, usually of at least one year's duration, should be characterized by a supervised increase of responsibility for the management of clinical problems.

The faculty is responsible for determining that students who receive the first professional degree, have acquired a basic understanding of clinical medicine, the basic skills needed to evaluate clinical problems and take appropriate action independently, and have the attitude and character to be an ethical physician.

- **PRINCIPLE VI**
SELECTION OF STUDENTS

A broad liberal education is highly desirable before embarking on the study of medicine. Students should be selected for the study of medicine on the basis of their intellectual ability, motivation, previous training, and character. The numbers admitted for training must not exceed the available educational resources and the needs of the population. Selection of students should not be influenced by age, sex, race, creed, political persuasion or national origin.

- **PRINCIPLE VII**
POSTGRADUATE MEDICAL EDUCATION

It is desirable that the doctor takes up postgraduate medical education following the first professional degree, and he should make his choice between specialising for patient care, public health, clinical or basic research, or medical education. Formal programs of clinical education should precede the practice of unsupervised medicine including both general medicine and specialty. The medical profession is responsible for determining the satisfactory completion of programs of clinical education that follow the first professional degree.

- **PRINCIPLE VIII**
CONTINUING MEDICAL EDUCATION

All Physicians are committed to lifelong learning. These educational experiences are essential if the physician is to keep abreast of developments in medicine and if the physician is to maintain the knowledge and skills necessary to provide high quality care; scientific advances are essential to an adequate health care of the people. Medical schools, hospitals and professional societies share the responsibility for developing and making available to all physicians opportunities for continuing medical education.

The demand to provide medical care, prevent disease and give advice in health matters calls for the highest standards of undergraduate postgraduate and continuing medical education.