

The Australasian and New Zealand
Association *for* Medical Education



ANNIVERSARY

25th

ANZAME the first 25 years 1972 - 1997

From Cocktails to Bush Dances

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Foreword

■ Bill McCarthy



■ N 1969, when the first medical education conferences in Australia were held in Sydney, medical education was something the teachers gave to the students. The curricula in the medical schools were dominated by lecture presentations, essay examinations and clinical “viva” assessments. Medical education, as a discipline to be studied and developed, was a concept virtually unknown in Australia. George Miller, now the doyen of world medical education, had not sold a single copy of his seminal book *Teaching and Learning in the Medical School* in Australia.

A small but enthusiastic group of “young Turks” believed it did not have to stay that way. Using a conference on assessment as the inducement, and building on the enthusiasm generated by the first two meetings of medical school teachers, the Australasian and New Zealand Association for Medical Education (ANZAME) was formed in 1972.

Today, medical education is a scientific discipline, teaching is student centred, “problem solving” provides the basic philosophical and psychological underpinning of the new medical curricula, and creative change has become the modus operandi of the medical school. These quantum leaps are in no small measure due to the dedication and enthusiasm for ANZAME of those young turks, and the growing band of competent and committed medical educators who took up the challenges and made Australian medical education the interesting and diverse discipline it is today. ANZAME can be justifiably proud of its history and accomplishments documented here.

The origins and early years of ANZAME

■ Paul Finucane ■ Lorraine Spiers

The build-up

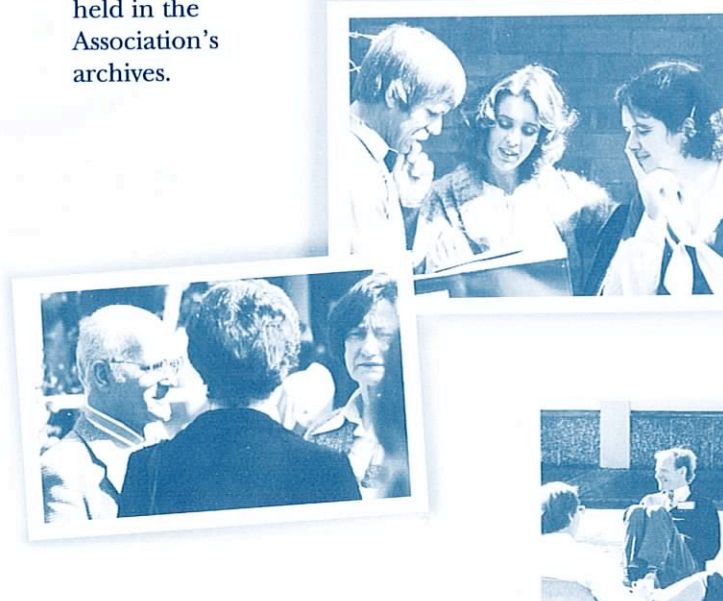
The birth of ANZAME in 1972 was preceded by a significant gestation period. Two annual conferences on medical education organised by Bill McCarthy (later to become the Foundation President of ANZAME) were held in New South Wales in 1969 and 1970. Here the idea of forming an association gained momentum. At the 1970 conference, Bill McCarthy and David Brown suggested the possibility of a National Association for Medical Education and this idea was discussed without any resolution being reached. Following the Conference Bill McCarthy and Gerry Milton circulated a questionnaire to the hundred or so people who had attended. Seventy replies were received. Among the questions asked was: "Do you think an Association should be formed specifically to discuss matters relating to teaching and examining in the universities and medical schools?" Sixty-five replies were in the affirmative and five in the negative.

Respondents were further asked: "What do you think are acceptable activities for such an Association?" The replies to this question were presented at the 1971 Conference (held at the University of New South Wales) where they formed the basis for further discussion. Happily, detailed minutes of this 1971 meeting are held in the Association's archives.

The records show that 21 people contributed to a debate which was chaired by Frank Rundle. The group was exclusively male and medical, contained quite a few professors and a smattering of medical school deans. Among those present were Rod Andrew, Bill Blessing, David Brown, Bill Corliss, Ken Cox, Ian Findlay, Gus Fraenkel, Fred Katz, Geoff Long, Bill McCarthy, Gerry Milton, and Malcolm Whyte. Bill McCarthy introduced the proposal to set up an Association for Medical Education and outlined some of its proposed functions. He suggested a broadly based group of people with a common interest in the educational processes of any of the health professions generally, to function largely as a catalyst for communication and development of medical and paramedical education. The long and involved discussion which followed covered such matters as whether the Association should be representative of the medical schools, whether schools and departments should join officially, the relationship to other educational bodies and similar matters.

While the proposal met with strong support, there was some initial concern about "the proliferation of organisations and societies". Finally, a motion was put by Geoff Long and seconded by David Brown in the following terms: "That this meeting supports the establishment of an Association for Medical Education in Australia". After further discussion the motion was carried unanimously on the voices.

Early ANZAME conferences



Most of the discussion which followed centred on the process of forming the Association. A working party was set up to develop a draft constitution and examine other issues such as the role of the Association and its membership. Six people were elected to form the working party: Bill Corliss, Ian Findlay, Fred Katz, Geoff Long, Bill McCarthy and Frank Rundle. It was decided that the next meeting would function as the foundation Conference.

The title of this *History* comes in part from the concluding remarks at this 1971 conference. Having thanked the participants and organisers, Frank Rundle drew things to a close by uttering the immortal words: "And now, gentlemen, without further ado ... cocktails."

The formation

The 1972 conference was held in Canberra 10 - 11 August and was attended by 120 medical and other health professional educators and medical students from all states of Australia and from New Zealand. The stated purposes of the conference were (a) to provide an opportunity for discussion of medical education in Australia, (b) to provide an opportunity for presentation of current educational research in Australian medical schools and (c) to undertake the formation of an Australian Association for Medical Education. Fifteen invited papers were given at the meeting, all delivered by doctors and dealing exclusively with issues related to teaching within medical schools.

An afternoon session was devoted to the formation of the Association. After a brief introduction by Bill McCarthy and discussion of the draft constitution, the Association was formed and the first Executive was elected. According to the minutes recorded at this session, the name, the Australasian

Association for Medical Education (AAME) was finally chosen. Other items discussed were eligibility for membership (no decision was reached on membership for non-doctors); policy relating to the election of the Executive; and the need to establish links with other educational bodies (1972 also saw the foundation of the European Association for Medical Education and the World Federation for Medical Education).

As an aside, Bill McCarthy remembers that there was quite a debate about the use of "Australasian" rather than "Australian" in the title.

We sought out the meaning of the word 'Australasian' at the time and the explanation is to be found in one of our earlier *Bulletins*. The word 'Australasian' was coined by a French cartographer, Maltebrun, to describe the rim of south-east Asia going down to include Australia and New Zealand. It is thus more broad in its meaning than current usage might suggest. We therefore decided that we should use the original meaning of Australasian so that we might in future include the Pacific south-east in membership of the Association.

Returning to the formation of the Association on 11 August 1972, the final agenda item was the election of the first executive and from a list of 13 nominees, Bill McCarthy, David Brown, Fred Katz, Bill Burnett, Rod Andrew, David Bleakley, David Newble, Gerry Milton, Ian Findlay and Sue Telleson were elected. At the inaugural Executive meeting later that day the following office bearers were elected: Bill McCarthy (President), David Brown (Secretary) and Ian Findlay (Treasurer).

The early years

The second meeting of the AAME Executive was held in October 1972 at Sydney Hospital. Here the constitution and by-laws were amended to rename the Association the Australasian and New Zealand Association for Medical Education. Membership fees were set at \$10 for individual membership, \$2 for student membership and \$100 for corporate membership. The format for annual conferences was debated and it was agreed that each should have a central theme and sub-themes. Themes and venues for the next four conferences were agreed, reflecting the major educational issues of the time. These were: *Assessment in Medical Education*, Canberra, 1973; *Teaching Outside the Walls*, Brisbane, 1974; *Integrated Teaching*, Melbourne, 1975; and *Selection and Career Choice*, Adelaide, 1976.

The early meetings of the Executive were sometimes held in the evenings at the home of the President, Bill McCarthy, at Longueville, Sydney, generally starting at 6 pm and finishing towards midnight. Minutes of these meetings reveal that a newsletter was well established by 1973. Links were being established with international organisations such as the World Federation for Medical Education and the World Health Organization. The Association clearly was already influential. The Federal Minister for Health, Dr D Everingham, opened the 1973 Annual Conference in Canberra, and WHO nominated Dr D MacFadyen as its official observer. By this time, the membership consisted of 224 individuals, nine medical schools and eight student associations.

ANZAME seems to have been financially sound from its inception. By 1973, it had assets of \$2,968 and this clearly allowed the employment of "a typiste (*sic*) at a cost of \$14 for one day per week". Sources of revenue came from membership fees and registration fees at annual conferences. The 1974

conference fee was \$15 for individual members and \$5 for students. Trade exhibitions at annual conferences, largely from manufacturers of audio-visual aids, were also an important revenue source.

In addition to the annual conference, by this time ANZAME was organising regular workshops in various regional centres on such topics as *Problem-Orientated Medical Records*, *Large Audience Teaching*, *Construction of Self-instructional Programmes* and *Teaching of Anatomy*. At the 1974 AGM, there was discussion about the need for more small group discussions at annual conferences. Here also, the needs of students were highlighted and it was decided to set up a fund to help students attend workshops and conferences.

ANZAME continued to be influential, at least in certain circles. The President, Bill McCarthy, was invited to a meeting of deans of the South-East Asian Medical Schools in 1974 and the opinions of the Executive were sought about a Western Pacific Regional Organisation of Medical Education. ANZAME was consulted about academic positions in medical education at Flinders University of South Australia and at the University of Western Australia. Because of ANZAME, WHO felt that Australia had the enthusiasm, expertise and commitment needed for the placement in Sydney of the Regional Teacher Training Centre for the Western Pacific Region. This Centre, which became part of the School of Medical Education, UNSW, continues to support the administration of ANZAME today.

In 1974 the Executive commissioned an artist, Mr H. Kannegeiter, to design a logo for the Association. The archives reveal that the logo, which is still in use today, was first used in official ANZAME papers in early 1975.

Presidents



1972-74 and 1977-78

Bill McCarthy



Bill McCarthy is currently Professor of Surgery (Melanoma and Skin Oncology) at the University of Sydney. He has distinguished himself both academically and professionally, and his

contribution to ANZAME has been truly remarkable, with the foundation of the Association being largely due to his efforts in the late 60s and early 70s. In the initial years Bill obviously enjoyed his role on the Executive, ably promoting the ideals of ANZAME, inspiring active medical student participation and, together with his wife Mavis, hosting Executive meetings at their home in Sydney. Later, as Editor of the Bulletin and during his other stint as President, Bill remained a persistent advocate of state-based activities and these flourished under his leadership. In his surgical meetings and various professional activities, Bill has provided an exemplary model. To this day, his vision and spirit are an integral part of ANZAME.

1974-77

Ian Findlay



Ian Findlay was ANZAME Treasurer before taking over the Presidency in 1974. He qualified from the University of Melbourne and completed postgraduate training in the UK and

Canada before his appointment to the Department of Paediatrics at Monash University. There he was known for his stimulating and innovative approach to teaching. For example, lectures on developmental paediatrics were enlivened by the

antics of infants and toddlers who were invited along. Within ANZAME he is remembered not only for his diligence and enthusiasm, but also for his pragmatism and his ability to provide a calm and considered perspective on the issues of the day. In this regard, he served as a useful foil to some of the Association's more radical and vociferous members. Ian currently practises as a paediatrician in Caboolture, Queensland.

1978-81

David Newble



David Newble might well be called Mr OSCE. One of Australia's leading medical educators, David has tenaciously fought the establishment, both undergraduate and postgraduate,

to place objective structured clinical examining into its rightful place in the hierarchy of assessment methods. His book, *A Handbook for Clinical Teachers*, is now in its third edition. It is a primer for medical education methodology which should be on the shelves of every medical and health professional educator.

David was the "enfant terrible" of the early days of ANZAME. While neither an infant nor terrible, David's insistent probing and questioning of the Executive's ideas and direction both enlivened the debates and forced the Executive to move more rapidly in the right directions.

Like all young medical educators, David was forced to battle with his own medical school for appropriate recognition and support for his ideas. Many of these have now become standard practice in medical schools. David's contributions to Australian medical education cannot be over-estimated and he continues to provide direction and determination for undergraduate and postgraduate specialty medical education in Australia.

1981-83

Richard Nowotny



After qualifying in medicine from the University of Western Australia, Richard Nowotny spent four years as a medical officer in the Royal Australian Air Force. He completed a

Diploma in Education at Latrobe University and then went on to a Master of Medical Education with Steven Abrahamson at the University of Southern California. On his return to Western Australia in 1977, he took up a position as Deputy Director of Postgraduate Medical Education at Sir Charles Gardner Hospital in Perth. He moved from there to become State Director of the Family Medicine Program in WA. Since 1990 he has been Executive Director of the Family Medicine Program, now renamed the RACGP Training Program, and is based in Melbourne.

Over many years, Richard has actively contributed to the development of the Association and is a strong contributor from the general practice contingent. He was a key organiser of the very successful 1987 ANZAME Conference in Perth. Since becoming Executive Director of the RACGP Training Program, he has promoted the Association to educators from that organisation, which now provides a sizeable component of the membership.

1983-86

John Balla



John is a graduate of Melbourne University who subsequently trained in Neurology in Australia and the UK. His interest in medical education was first focused on research into the diagnostic

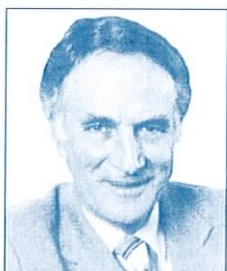
process and on clinical decision making. Two books, *Pathways in Neurological Diagnosis* (1980) and *The Diagnostic Process* (1985) resulted. He has subsequently published *Learning in Medical School: A Model for the Clinical Professions* (1990).

John's personal involvement, with "sleeves rolled up and ready to work", had a significant impact on the activities of the Executive. During his presidency, ANZAME's commitment to research in medical education increased. This was also a time of change to the format of Annual Conferences. The conjunction of ANZAME's Enquiry into Medical Education for Capability and Change with the Australian Government's medical education inquiry and the New Zealand general practice inquiry at this time provided a rare opportunity for the Association to influence government policy.

At the time of his presidency, John was Head of Neurology and Dean of Monash University Clinical School. Subsequently he became Professor of Postgraduate Medical Education at the University of Hong Kong. Currently, he is Director of Medical Services, Box Hill Hospital, Melbourne and Associate Professor, Monash Department of Medicine, and a consultant neurologist. He has retained his interest in medical education, with a focus on the intern year.

1986-88

Jack Marshall



Jack Marshall was a founding member of ANZAME and was active in the Association throughout the 1970s and 80s. While his particular focus has been on family medicine and

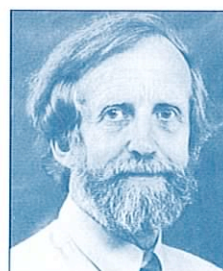
general practice, he has made an outstanding contribution to continuing medical education (CME) in general. His unswerving commitment to the methodologies of learning, assessment and evaluation in CME have significantly influenced other graduate medical specialties and the health professions in general. Among his many contributions to medical education, Jack was instrumental in the design and implementation of a self-assessment component of the CHECK (Continuous Home Evaluation of Clinical Knowledge) program of the RACGP. He is currently Director of the CHECK program, a position he has held for over 20 years. He gave generous support to the ANZAME Executive, serving for three years as Vice-President and for two years as President. He also actively promoted state-based activities under the ANZAME banner. Jack has now retired from active work in education locally, but remains involved at an international level.

science to medical students and contributes to the Master of Psychological Medicine program. Ken has invested considerable effort in developing and improving Monash's undergraduate medical curriculum. Currently, he is Director of the Clinical Teaching Administration Unit at Monash, and first semester coordinator for first year medicine. He publishes regularly in the behavioural medicine and medical education literature.

Ken has served several terms on the ANZAME Executive since 1984 and is distinguished for his meticulous preparation and articulate presentation. He convened ANZAME conferences in 1986 (Canberra), 1991 (Melbourne) and 1997 (Melbourne). He was Vice-President from 1986-8 and President 1988-90. In 1994, Ken returned to the Executive and took up the role of Membership Secretary. A major theme during his presidency was organisational effectiveness. Operating procedures and archives became formalised and the mid-term Executive meetings were extended from one day to two to allow detailed consideration of policy as well as day-to-day operations. Improving contacts with teaching institutions and services to members were priority issues during that time.

1990-93

Chris Heath

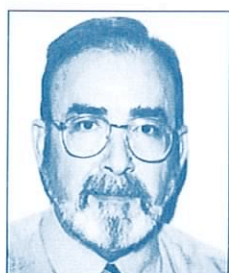


While Chris's list of achievements in medical education spans many years, his contribution is particularly marked by his tremendous enthusiasm and unique sense of humour. He injected

warmth into the role of President whilst maintaining absolute control at Executive meetings "to a one" by his use of the Presidential icon. This reflected his strong feeling for cross-Tasman rugby rivalry. His personal qualities enhanced his medical

1988-90

Ken Jones



After receiving his doctoral qualifications in psychology in the United States in 1970, Ken took up a position as lecturer in psychological medicine at Monash University in 1972. He was promoted

to senior lecturer in 1985. At Monash, he concentrates on teaching behavioural

education activities which included being the Head of the Medical Education Development Unit at the Otago Medical School and Associate Dean variously for curricular affairs, student affairs and student admissions during the 1980s. He was convenor of the Planning Committee for the National Conference on the Role of the Doctor in New Zealand. As Convenor of the ANZAME Conference in Dunedin in 1984, he stimulated enthusiasm for health professional education in a variety of disciplines.

1993-95

Raja Bandaranayake



Raja's contributions to medical education have embraced an impressive range of projects focusing on curriculum development and evaluation and the training and development of health personnel across the globe, particularly in Asia and the Pacific Region. His impact on medical education is evident from the number and range of his publications and consultancies. He has been a strong supporter of ANZAME and during his Presidency actively promoted the development of links between the Association and international medical education organisations. After some 20 years of service in the School of Medical Education, Raja resigned in 1997 as Associate Professor at The University of New South Wales, to take up his appointment as Professor of Anatomy at Bahrain University Medical College.

1995-97

Jenny Graham



Jenny started her career as an occupational therapist in 1972. She held various clinical and academic appointments in Sydney and the north of England, and in 1982 was appointed Head of the

School of Occupational Therapy at the Lincoln Institute of Health Sciences. In 1987, Jenny became Head of the School of Health at the Hunter Institute of Higher Education and in 1989 at the University of Newcastle. In 1991, she became Director of School and Dean of the Faculty of Health Sciences, and today holds the positions of Pro Vice-Chancellor and Professor of Community Health.

As a strong supporter of the ANZAME "family", Jenny's focus has been on interprofessional endeavours, fostering interactive learning environments and advocating a stronger emphasis on health promotion and primary health care in undergraduate education. Her energy and sparkle have provided an impetus for development and are reflected in curriculum initiatives and numerous other contributions to health professional education in Australia and overseas. Initially joining ANZAME in 1975, Jenny has been on the Executive since 1991. She convened the 1994 conference in Newcastle, was Vice-President from 1993-95 and is currently President.

The Executive - structure and function

■ David Prideaux ■ Chris Heath



Introduction

The Executive might be described as the 'engine room' of ANZAME. It provides organisational and administrative support for the work of the Association. Its activities are diverse and include deciding on the location and themes for Annual Conferences; supervising the finances of the Association; maintaining membership records and promoting the recruitment of new members; organising production of the ANZAME Bulletin and other publications; liaising with student bodies and organisations in the health professions; maintaining contact with national and international associations for health professional educators; and providing leadership on some of the major issues in the education of health professionals.

Despite the heavy work load associated with Executive positions, they are keenly sought. Members are elected at Annual General Meetings (AGMs) for two year terms. Each year five of the ten positions fall vacant and there is usually healthy competition for the vacant posts.

The first Executive

The first Executive was elected 11 August 1972. It was then known as the Committee for the Australasian Association for Medical Education. The Committee consisted of ten members with the office bearers being Bill McCarthy (President), David Brown (Secretary) and Ian Findlay (Treasurer). One of the themes of this *History* is that the membership in the early years of ANZAME was predominantly 'medical' and 'male'. This was reflected in the first Executive, however there was one female member, Sue Telleson, a medical student. The current Executive also includes a student member, Clare Huppatz, who was elected in 1995, marking the welcome return of a student member to the Executive after a gap of some years. Students have served the Executive well. Graham Colditz was Bulletin Editor from 1978-81 while a student.

Michael Abrahamson was a student member of the Executive in 1976-77 and his continuous membership of ANZAME spans 23 years.

The major task of the first Executive was to develop a Constitution for the new organisation and one was presented to the wider membership at the AGM of 16 August 1973. That first Constitution has provided the basis for the operation of ANZAME ever since. The document initially presented to the meeting indicated that the name of the organisation was to be the *Australian and New Zealand Association for Medical Education*. However, *Australasian* was retained in the title as a result of an amendment passed at the meeting. This early concern with an appropriate name has been the subject of frequent debates throughout ANZAME's history. The use of 'Australasian' with 'New Zealand' has come under some questioning. The rejoinder is that, according to no less authority than the Concise Oxford Dictionary, Australasia consists of 'Australia and the islands of the south-west Pacific'. The determination to be correct in the use of terminology regardless of the consequences may be a significant mark of the Association. Debate about the title of the organisation has continued although, as will be shown, geographical concerns have given way to concerns about representing the diverse professional backgrounds of the membership.

The structure of the Executive

There were three office bearers in the first Executive; President, Secretary and Treasurer. In later years the positions of Vice-President and Membership Secretary were added so that the current Executive has five office bearers elected by all Executive members. There are also two positions appointed by the Executive members, Bulletin Editor and Student Liaison Convenor. These positions may be appointed from among Executive members or co-opted from the wider membership. The New

Zealand Convenor is a further appointed position. The nomination of an Executive member with a specific brief for New Zealand matters dates from 1980/1981 when John O'Hagan was co-opted onto the Executive. He continued this role as an elected member for two years before Chris Heath took over the role for six years. Stephen Wealthall followed in 1989/90 and Judy Wilson in 1994/95.

It is important to point out that the Constitution does not stipulate the geographical or professional origins of Executive members. However, it is the practice to remind ANZAME members at the AGM of the current mix of the Executive prior to votes being cast in the annual elections.

Over the years the Executive has been well served by its members both in terms of quality and quantity of contribution. The Foundation President, Bill McCarthy, set the precedent for sustained contribution by undertaking the position of Secretary in 1974/75 and 1976/77 following his two years as President in 1972/73 and 1973/74. He returned to the Executive as co-opted Bulletin Editor from 1981/82 until 1984/85. Others continued this tradition. For example, John Balla took up the position of Treasurer on election to the Executive in 1982/83 before spending three consecutive years as President from 1983/86.

From the mid-1980s to the mid-1990s the Executive was fortunate to have two long-serving Secretaries. Lorraine Spiers was Secretary from 1985/86 until 1988/89 and followed this with a year as Vice-President in 1989/90. She has remained active in ANZAME with a particular interest in the history of the Association. Linda McKenzie (now Santamaria) was Secretary from 1989/90 until 1993/94. She was recognised for this and other work for ANZAME through the receipt of the Award for Service in 1995.

The Constitution requires that Executive members retire after six years continuous service and they are not eligible for re-election for at least one year. This has not prevented some members returning to the Executive some time after their six year term has expired. Mavis McCarthy served a six year term from 1978/79 until 1983/84 during which time she held the positions of Treasurer and Membership Secretary. She was re-elected for two years from 1988/89 with a return to the Treasury in 1989/90. Chris Heath began his six years in 1983/84 and completed the term in 1988/89. He rejoined the Executive in 1990/91 to spend three years as President. Ken Jones served on the Executive from 1984/85 until 1989/90 during which time he held the positions of Vice-President (1986/87-1987/88) and President (1988/89-1989/90). He returned to the Executive in 1994/95 and took up the position of Membership Secretary.

There is no doubt that the most sustained contribution to the Executive has come from Neil Paget. Neil was elected to the Executive for two years in 1979/80. He was co-opted as Bulletin Editor for three years in 1987/88 and then spent a record six years as Treasurer from 1990/91 to 1995/96. He also convened Annual Conferences in 1980, 1991 (Melbourne), 1993 (Fiji), and 1996 (Sydney).

The mid-1980s brought a fundamental change to the membership of ANZAME with the increasing involvement of members from across all the health professions. The changes were reflected in the composition of the Executive with a rise in the proportion of female members to approximately 50%. This has continued to the present day. Nevertheless, it was not until 1995 that ANZAME had its first female President in Jenny Graham.

The geographical separation of Australia and New Zealand has meant that few New Zealanders have served on the Executive. Chris Heath was the first and only President from New Zealand. He held the position from 1990-93 and did much to shape the current direction of ANZAME. His legacy was the gift of Presidential icons which are essential for the maintenance of good order at Executive meetings. At times of vigorous debate the icons stand on the table to signal the need to observe proper committee procedure. The foundation icon represented Chris's preoccupation with the outcomes of trans-Tasman rugby contests. Raja Bandaranayake's subsequent icon reflected his international and scholarly interests. Future contributions from successive Presidents are awaited.

Executive meetings

In the first year of the Association the Executive met on six occasions. For the next two years five meetings were held. Since then the Executive has settled on a pattern of four meetings per year with one immediately before and one immediately after the annual conference. The intervening meetings are held over one to two days. The current Executive is using electronic communication, particularly e-mail and teleconferencing, to reduce the cost and length of face-to-face meetings.

The location of meetings has varied from hospitals, universities, Royal Colleges and sometimes, at annual conferences, in more salubrious surroundings such as the Wentworth Hotel in Perth (1987) or the Suva Travelodge (1993). The Executive has, since the mid-1980s, found a home in the School of Medical Education at the University of New South Wales where administrative staff supporting the work of ANZAME are located. From 1990 interstate and New Zealand members of the Executive have been able to sample the delights of the nearby Esron Motel and its budget breakfasts.

The Executive has established a firm organisational and financial basis for the Association. Successive Executives have sought to document the operations of the Association from the original presentation of the Constitution. From Ken Jones' Presidency in the mid 1980s there has been particular attention to recording operating procedures and the roles of office bearers and Executive members. This became a major thrust in Chris Heath's Presidency in the early 1990s. As a result of strenuous efforts by Lorraine Spiers and Linda McKenzie, new Executive members are now supplied with a comprehensive Operating Procedures Manual.

Over the years the Executive has had to deal with its share of controversy, most notably in the 1980s when the issue of attracting health professional educators from outside medicine into the Association was often on the agenda. The inevitable change in orientation of the Association has led to periodic debate about its name and whether the word medical should be replaced with a term which reflects the multi-disciplinary nature of the Association. Most recently, this was raised at the AGM in 1994. Nevertheless, the name ANZAME remains in the interest of retaining the Association's hard won niche in the tertiary education environment of Australia and New Zealand.

Another recurring theme in Executive discussions has been whether ANZAME should support a refereed journal to complement or replace the Bulletin. It has been suggested that this would compromise the participatory and democratic nature of ANZAME whose publishing profile has aimed at encouraging writers with new and emerging ideas to go to print without the constraints of the formal processes associated with refereed journals. The current Executive has grappled with this issue and after considering various possibilities decided to introduce a refereed journal commencing in 1997.

Achievements of the Executive

It is not appropriate to judge the achievements of the Executive outside the context of the achievements of ANZAME as a whole. The Executive exists to serve the needs of the Association and to further its aims. ANZAME has raised the profile of medical and health professional education in Australia, New Zealand and beyond and influenced the development of the disciplines of medical and health professional education in this part of the world. The Association has been assisted by the firm guidance of the Executive.

Some of the newly elected members of the Executive have expressed concern that meetings have been too preoccupied with administrative matters and should be re-focused towards policy and leadership issues. During Raja Bandaranayake's Presidency there was attention to extending ANZAME's international and global links.

More recently, the Executive has taken up key leadership issues in the health professions including consumer participation, student stress, clinical teaching and learning, the costs of clinical teaching and outcome evaluation. The Executive has stimulated debate on these issues in the Bulletin, through conference presentations and in conference workshops.

Health professional education faces many challenges in our region in the near future. Challenges will come from the increased pressure on health service provision, funding constraints, the push for more services to be provided in the community and from questions about the equity of student selection procedures and about the modes of education of future health professionals. If ANZAME is to retain a prominent position in medical and health professional education, it will need to be served by Executive members who can continue the tradition of sound organisational and financial management and lead ANZAME through these challenges so that its pre-eminent position is preserved and enhanced.

ANZAME
Executive 1996-97 in
formal session
Standing (from left)
Clare Huppatz, Peter
Maguire, Leah
Bloomfield, David
Prideaux
Seated (from left)
David Price, Charne
Turner, Jenny
Graham, Paul
Finucane, Judy
Wilson



The membership – its changing profile

■ Ken Jones ■ Judy Wilson



1970s: development and diversity

Having arisen mostly from the medical schools, ANZAME began as a small, largely medical and largely male grouping of individuals concerned about educational issues. Many of these individuals were inspired, either in terms of their interest or training in medical education, by overseas contacts or experiences, and there was a tendency at this stage to look to the UK and USA for expertise. However, from the beginning, ANZAME had been conceptualised as an association for educators in all the health professions - sharing experiences and research into the special problems of such education, and supporting the broadest possible educational improvements. Before the end of the 1970s, significant numbers of members were being attracted from outside the medical schools and these members were less likely to be male.

This diversification of the membership raised two major issues for the Association. Firstly, the equivalent UK and US organisations were and still are restricted to the medical profession. Secondly, ANZAME was attracting a less university-based, and therefore less self-consciously academic constituency than most of its comparable organisations. Both of these issues were to be debated within the Association and its Executive for the decade of the 1980s and beyond.

1980s: consolidation and change

A gradual consolidation of ANZAME's identity and role took place through the late 70s and into the 80s. The development of the Bulletin as a newsletter and journal, and some excellent Association-sponsored publications, activities, meetings and visitors helped to raise the profile of the Association. The School of Medical Education at the University of New South Wales helped by

providing an organisational focus and thus a sense of continuity for the Association. However, by the middle of the decade, the controversy over non-medical membership and the Association's international role - or lack of one - had led to some acrimony within the Executive, and even the threat of a breakaway medical association. The decision to maintain the inclusive nature of ANZAME drove out a small number of people who would have preferred more exclusivity and, in particular, led to a gradual decrease over the decade in the role played by the medical deans. On the other hand, it has been suggested that the need to survive without the support of the medical school establishment made the Association more vigorous and comprehensive. This meant recognising, in many cases, that greater experience existed outside the university context than within it.

An important concern for a segment of the membership in the 80s was improving the transfer of useful information at conferences. Running conferences on the traditional scientific paper model was not producing either rigorous scientific research, nor providing sufficient opportunity for open communication. The result was considerable experimenting with formats. At Newcastle, a new model of paper presentation was introduced: rather than having papers read out in full and at most a few minutes of discussion, pre-circulated papers were opened for discussion in a systematic way. This brought a new form of vitality to the paper presentations, but tended to frighten off less confident paper providers.

At Otago, the PEARLS format was introduced for the less formal aspects of communication. These two innovations produced a Conference that is peculiarly ANZAME - one with the courage of its educational convictions. Since the early 80s, ANZAME Annual Conferences have been a time, in the words of members, to "recharge your batteries" and recover enthusiasm for the work of innovation. This has not come without

problems of course. Some members found the "pure" Newcastle paper presentations too adversarial and threatening. Many found the original PEARLS too short, both in time and in substance. The difficulty has been to satisfy all segments of the membership, and over more than a decade, the Annual Conference has tended to do that for the majority of members with a mix of rigour and vigour.

During the 1980s, several key movements in the public arena faced ANZAME with both serious challenges and opportunities. Primarily affecting medical schools was an increased community - and therefore political - interest in the quality and appropriateness of medical education for the local context. This gave rise to major enquiries during the decade in both Australia and New Zealand and they converged with the Executive's own *Enquiry into Medical Education for Capability and Change*. The result of the enquiries led eventually to the creation of the Australian Medical Council and regular accreditation of medical courses. This made the medical schools answerable to the community in ways that they had not been before, and allowed ANZAME to take a higher profile as an organisation of expertise at a time when that expertise needed to be recognised. The awareness of that expertise, and the recognition that it was not exclusively in the hands of medical graduates, made ANZAME more self-confident. A signal of this was that our Annual Conferences ceased bringing in overseas experts in favour of our own experts, who were by now internationally recognised.

The impact of ANZAME on the medical schools themselves was less direct, and some of the more traditional schools tried to protect their independence by co-opting expertise, or simply claiming it on an historical basis. A number of ANZAME

stalwarts who had previously been struggling for recognition within their faculties suddenly found themselves with titles such as Director of Medical Education. Relations between ANZAME and the medical deans improved enormously at some universities and deteriorated badly at others. The movement towards more publicly accountable training for doctors was essentially worldwide, and culminated in 1988 with the first World Conference on Medical Education in Edinburgh, at which both Australia and New Zealand were represented by ANZAME Executive members.

In the 1980s, the movement of health professional training, (principally nursing) traditionally not conducted in academic institutions, into the Colleges of Advanced Education and polytechnics was the other major policy shift affecting ANZAME. This move forced the educators concerned to adapt to unfamiliar and often more restrictive ways of doing things. They found themselves part of a new hierarchical structure, with progression being dependent on new standards. Many found that the best way to cope with the demand to publish was to research or document the educational process that they were involved in, to the distinct benefit of the literature in health professional education. However, there were also some inevitable losses involved in moving clinical education into the "ivory tower". ANZAME received an influx of educators who suddenly had to become more 'academic' in their approach to health professional education and the Association benefited from the diversity of approaches and models that they brought with them. Educators from outside the medical schools became more heavily involved in the control of the agenda of ANZAME, both at the level of the Conferences and Bulletin, and in the Executive.

1990s: growth and action

A series of annual conferences outside the major population centres in the late 80s had seen conference attendances drop, and that led to concerns within the Executive about a potential loss of membership - in terms of involvement, if not in numbers. Three large conference turnouts in 1990-92 put those concerns to rest and gave the Association the confidence to risk some adventurous conference locations - Suva, Fiji in 1993 and Queenstown, New Zealand in 1995. These "resort" conferences were particularly successful and attracted new members, many of whom have stayed. With a stable organisational structure in the 90s and fewer urgent external pressures to face, ANZAME has been able to tackle a wider variety of issues. The creation of seeding grants for research and the *Directory of Research and Development Projects in Health Professional Education* are two examples.

One significant membership trend has been the increased role of the professional "educationalist" in the Association. Although such specialists have been involved in ANZAME since its beginning, their numbers and level of involvement have recently risen. One sign of this is that the number of clinicians on the Executive has decreased and the number of educationalists has increased. This has several sources. The public pressure on the health professions to document and justify their training has been rising in both

New Zealand and Australia. Inquiries of several kinds have given rise to greater requirements for accountability by government and professional bodies. Amalgamations between universities and colleges of advanced education in Australia have produced changes in both sectors, and many of these changes have increased the requirements for accountability at professional, academic and financial levels. A common response from institutions has been to hire or reclassify key educational personnel who are charged with assisting deans or heads of schools with ensuring and documenting that the quality of education is satisfactory. These individuals form a natural constituency for ANZAME. Another sign of the same process is the increase in ANZAME corporate memberships by the institutions.

In order to maintain our membership of clinicians-teachers and to continue to attract more, the Executive has set an "Action Agenda" for the rest of the decade. The aim is to focus the attention of the Executive and membership on vital issues for teachers of all levels and in all of the health professions.

As we approach our 25th Anniversary, we are also approaching our greatest membership numbers ever. As always, the maintenance of membership is determined by what members gain from belonging to ANZAME. The Association's task for its second 25 years is to make sure that membership benefits continue to increase.

Annual Conferences

■ Neil Paget

The quintessence of ANZAME

Consistent with the aims of the Association, the ANZAME Annual Conference has always provided an opportunity for members to interact with each other in a range of formal and informal activities. Although paper presentations have survived and there have been some outstanding keynote addresses to set themes and challenges, the emphasis has always been on the more interactive and personalised activities such as workshops and PEARLS. Themes have always been sufficiently broad to enable members to present their latest ideas, but the networking and communication has given many the stimulus and support required to become more innovative and more professional in their educational roles.

There has always been reliance on local convenors and organising committees to arrange the appropriate mix of dialogue and relaxation, the result being high quality but varied programmes. Typically the conference dinner has been the venue for the Association's awards, and the bush dance the scene of many less rewarding but more

exciting demonstrations of hidden expertise. Conference venues have traditionally been associated with Schools of Medicine or Health Sciences with most major cities in Australia and New Zealand being visited. The physical settings, weather and even the local scenery have ranged from the drab to the spectacular, embracing all from an abundance of ice and snow in Queenstown to the exotic culture and climate of Suva, Fiji. Bush, or barn dances have utilised local opportunities and facilities, including university halls, hotel rooms, traditional homesteads, barns and vineyards. As the great social leveller, where else would you find so many colleagues cheek to cheek?

With growth in the status and confidence of ANZAME, less reliance has been placed on importing overseas experts to the annual conference. Of course there were outstanding contributions from medical educators such as Steve Abrahamson, Ron Harden and Hilliard Jason, but equally valuable contributions have come from the increasing Australasian contingent of keynote speakers, facilitators and workshop leaders. In fact the workshops have increasingly held pride of place, both before, during and after the main conference programme. But the key to a successful ANZAME Conference is undoubtedly the participants, the members of the Association, new and old, who with student participants, believe in the importance of medical education as a discipline and the role that ANZAME can play in fostering the highest quality of professional interaction.

Newcastle
Conference, 1994



To the many devotees of ANZAME conferences, the Association owes a tremendous debt of gratitude, for the conferences have surely been the quintessence of ANZAME. And to explain the one outstanding educational feature of these conferences introduced in latter years, the PEARLS sessions, we turn to the words of their "founder", Peter Schwartz:

PEARLS (PErsonally ARranged Learning Sessions)

Peter Schwartz brought PEARLS into the ANZAME conferences.



The introduction of PEARLS at ANZAME conferences dates back to the 1984 annual conference in Dunedin, but their origins go back a year before that. The idea arose when I agreed

to take on responsibility for part of the scientific activities as my role on the organising committee for the 1984 conference. I can do no better than quote from part of a "Proposal for ANZAME Meeting - 1984" which I submitted to the others on the organising committee in August 1983.

"I would like to suggest a fairly radical departure from ordinary practice to replace some of the standard activities at the 1984 ANZAME meeting. I make such a suggestion for the following personal reasons, which I suspect apply to others as well.

- (1) *I dislike the standard format (and generally avoid conferences having such a format) because of frustration with being passive, with the high proportion of poor presentations, and with the lack of relevance to my own problems of much of what is offered. I find that most conferences fail to make use of the educational principles that learning is individual, that motivation and relevance to the learner are important, and that active participa-*

tion promotes learning. Such failure should certainly not be true of an organisation such as ANZAME.

- (2) *Since I prefer active participation, I should find workshops more valuable. Yet it generally happens that when I attend a workshop on a topic about which I wish to learn more, the wide diversity of backgrounds and interests of those attending means that almost all of the time is used to bring others to the level at which I was at the start of the session. Thus I get very little out of such a workshop.*
- (3) *I feel that I get the most out of any session if I go with specific questions or problems and have the opportunity to work with a resource person or with resource materials to generate ideas which might help me move toward solving the problems or answering the questions. Hence what I find most useful about conferences or visits to medical schools or other institutions is getting in contact with individuals or small groups of people who have expertise and/or experience in my fields of interest or who can demonstrate and explain a new and potentially useful teaching/learning method.*

My suggestion is that we arrange just such individual contacts on a formal basis, trying to ensure that as far as possible each person attending gets some personalised and highly relevant information or experience from the meeting. In essence, I suggest that well before the conference, we ask all participants to specify in detail those questions and/or problems which they would like to examine..... [and to] list those areas in which they have expertise or experience.... and about which they would be willing to discuss or demonstrate their ideas and experience for those who have questions in that area....

Most participants would thus be both information seekers ('learners', if I may be so bold) and resource persons ('teachers') at the one meeting. As organisers, our job would be to prepare the way for these 'dialogues' or very small group 'consultations' to take place during the conference...."

This proposal must have struck a chord with my colleagues, for the idea was accepted at an early stage of planning for the conference. Although development, preparation, and setting up took a lot of time and effort, one of the most vexing problems was what we should call these sessions. It was only when I jettisoned all reasoned thought and tried to imagine what some Wall Street high fliers might name such sessions that I came up PErsonally ARranged Learning

Sessions and the modified acronym PEARLS. I still recall a psychologist colleague's preference for the true acronym PALS, but I liked the subtle difference of connotation embedded in PEARLS. The idea developed, the name stuck, and the rest is history, including publication in the *British Medical Journal* in 1985. PEARLS were subsequently the subject of several requests for detailed information and even a personal visit from a Canadian. Although the format has evolved considerably in the years since 1984, PEARLS appear to remain a highly regarded part of each ANZAME conference and they are still close enough to my original intent that I have not even been tempted to disown them!

**Mavis McCarthy with
Richard Nowotny**



Awards and prizes

■ Linda Santamaria ■ Peter Maguire



ANZAME Award for Achievement in Education *

This award recognises outstanding achievement in the field of medical or other health professional education for work carried out in Australia and New Zealand.

The following awards have been made:

- 1981** Associate Professor William H (Bill) McCarthy
- 1982** Professor David C Maddison (awarded posthumously)
- 1983** Dr Wesley E Fabb
- 1984** Dr Wilson L (Bill) Corliss
- 1985** Ms Patricia V Slater
- 1986** Associate Professor Charles E Engel
- 1988** Dr David I Newble
- 1989** Dr Peter L Schwartz
- 1990** Dr William S (Bill) Egerton
- 1991** Dr John R (Jack) Marshall
- 1992** Dr Ruth White
- 1993** Professor Ann E Sefton
- 1994** Associate Professor Neil S Paget
- 1995** Dr Grahame Feletti
- 1996** Professor Richard Hays

** Prior to 1993, known as the ANZAME Award for Achievement in Medical Education*

Fred Katz Memorial Medal

The award is made to an educator working with health personnel in developing countries and commemorates the contribution of Fred Katz and his ideals, enthusiasm and aptitude for the betterment of health professional education in South East Asia and in the South West Pacific.

The medal was introduced as a personal gesture in recognition of his work and to encourage others to follow his lead.

The following awards have been made:

- 1985** Dr Gottlieb L Monekosso
- 1986** Professor Kenneth R Cox
- 1987** Dr William J (Bill) Pigott
- 1988** Ms Helen McCue
- 1989** Dr Peter J Blizard
- 1990** Dr Kyaw Tun Sein
- 1991** Dr Raja Bandaranayake
- 1993** Associate Professor Sharifah H Shahabudin
- 1995** Dr Palitha Abeykoon
- 1996** Professor Arie Rotem

ANZAME Upjohn Student Prize for Medical Education

This prize is awarded to an undergraduate student in one of the health professions for either research work in the field of education, educational material or an essay on an educational topic. Recipients of the prize are:

- 1985** Guy Bashford
- 1988** Helen S Marshall
- 1989** Murray Anderson-Hunt
- 1992** Iain Edwards
- 1993** Steven Miller
- 1994** Elise Bekema
- 1995** Max Sarma
- 1996** Clare Huppertz

ANZAME Award for Achievement in Research

The research award recognises outstanding research in health professional education in Australia or New Zealand. The award was suggested by Sam Menahem in 1987/88. The general view at that time was that there was insufficient quality research being undertaken in the area of medical education, and this initiative was designed to encourage such research. At the same time, seeding grants were introduced and the Bulletin was upgraded.

The scope of the award is wide with groups as well as individuals being eligible, and it has a broad definition of research, to include inventions, teaching computer software programs, as well as published or unpublished material.

The following awards have been made:

- 1993** Associate Professor David I Newble
- 1994** Postgraduate Medical Education Committee, University of Queensland
- 1995** Professor Max Kamien
- 1996** Professor Roger Strasser

ANZAME Award for Service

This award recognises those who have made a significant contribution to the work of the Association in an administrative and/or professional capacity. The award was introduced in about 1989 when it became apparent that the existing awards failed to recognise the outstanding contribution of some members who were not directly involved in teaching or research. Awardees to date are:

- 1993 Anna Ippodimonte
- 1995 Linda Santamaria

ANZAME Honorary Membership

Honorary membership is a prestigious category of membership which is intended to recognise exceptional, sustained contribution and loyalty to ANZAME over a long period of time. It is granted to those who have enhanced ANZAME by their special qualities, their continuing interest in the Association and by the excellence of their reputation in their field of health professional education. Awardees to date are:

- 1992** Professor Charles Engel
Professor Bill McCarthy
Dr Mavis McCarthy
Dr Ruth White
- 1993** Dr Bill Egerton
- 1996** Emeritus Professor Ken Cox
Professor (Sir) John Scott

Background

A quick and very selective tour of papers from ANZAME publications reveals that members of ANZAME have consistently been at the forefront of emerging changes in health professional education. In so many cases, it has been the actions and writings of fellow members which may well have helped precipitate some of the changes which have occurred in the past two decades. Indeed many of the leaders of change are well represented in the *Bulletin* pages. This reflects the worth of those people, and the *Bulletin* for its role in promulgating ideas across all areas of education in the health professions.

ANZAME publications also provide not only a fascinating journey through the history of ANZAME and medical and health science education in Australia since 1972, but they also allow rewarding glimpses of personalities who have influenced that history.

The emergence of the *Bulletin* as revealed in jottings from Executive meetings

Initially the *Newsletter*, as it was first called, was slanted towards publicity for coming conferences. By 1974-75 it extended coverage to local workshops in Brisbane, Sydney and Perth, and included reports from several centres. The question of a refereed journal emerged in 1976 as the need to link formally with established journals such as *Medical Education*. This issue re-emerged many times subsequently.

In 1976 the first mention of other materials is made, specifically commissioned articles, comments on papers and book reviews. Clearly the *Newsletter* was coming of age as a scholarly communication. In 1977 the editor, Cameron Battersby, lamented the fact that the *Newsletter* was not yet a forum for members (a concern expressed subsequently by other editors) and he actively sought membership debate on what was wanted of the publication.

The new title, *ANZAME Bulletin*, was adopted on a suggestion by Richard Nowotny in 1978 at a time when the editor, Graham Colditz, was encouraging improvement in both content and format. About the same time close links were established with *Education in Medicine and Health Professions*, a link which was discontinued in 1981.

From 1981, the *Bulletin* was issued four times per year with a circulation of 300 copies in Australia and New Zealand, and a further 40 being sent overseas.

Reported changes in the early 80s were few, but included the decision to send the *Bulletin* to all deans of medical schools, and to establish its permanent address at the School of Medical Education, the University of New South Wales.

Other health education areas appear to receive first "official" *Bulletin* comment in a call for material for publication from the allied health areas in 1984. An interesting note: "15 March 1985 - the January *Bulletin* was distributed". Similar delays still occur in 1997!

Further improvements to the presentation of the *Bulletin* were urged under the editorship of Christine Ewan from 1985, with different formats and publishing options being explored. A decision was made to use the UNSW printery, a practice which continues to the present day.

Christine echoed the concern by editors before and since: a general lack of material for inclusion in the *Bulletin*. Executive meeting discussion focussed on the need for variety, including original papers.

By 1991, the matter of gaining more material for publication was given earnest attention, with the Executive suggestions to:

- "(a) continue publication of conference reports and working groups;
- (b) solicit papers from conference presenters;
- (c) reports on international conferences attended;

- (d) reproduction of relevant articles from other sources;
- (e) notes on the National Health strategy reviews; and
- (f) overview of higher education on health structures."

At this stage it was re-affirmed that the *Bulletin* was serving its purpose well as the ANZAME Newsletter. Discussion of a refereed journal continued to dot executive meetings 1991-96, with no firm decisions being made either way.

The *Bulletin* through a selection of editorials and papers from 1978

March 1978 introduced a change in format to include key papers. In *Socialisation in the medical school - the hidden curriculum*, ideas are expressed which have been germane to current moves to reform medical education in Australia. Also in that edition was some history: farewell to a Dean, in this case Professor Eric Saint (The University of Queensland, 1968-77). In his editorial, Graham Colditz encouraged greater documentation of medical education activities throughout Australia and New Zealand, while the paper *The fate of the Flinders curriculum* makes us wonder now in 1997, does curriculum change and conjecture ever

stop? We also wonder whether there is anything new under the sun when we read David Newble (March 1978) defending and urging the use of video taping in teaching history taking. Yet today there is still little enough of this excellent approach.

In the January 1979 edition, guest editor

Russell Linke spoke with concern about problems in higher education in general and medical education in particular.

Solutions, he asserted "... will depend on the readiness of staff to acknowledge the need for change (that will be a new development) and on their ability to adapt to changing needs in the absence of institutional growth". One could argue a similar point for medical education in 1997.

Some editions were very diverse in content and sources. The April 1980 edition, among other matters, had five short papers across topics including assessment, continuing medical education, structure/function of medical schools, *Medical education - wedding cake or stew?* (now, there's an interesting title!) and concludes with a provocative comment by Bill Egerton: *Wither we are going in medical education?*

This orientation is continued in further editions. For example in July 1981, Wes Fabb poses and answers the question: *What the family doctor of the future will offer*, and Reuben Glass argues for better teaching of clinical reasoning in a paper, *Teaching clinical reasoning, a three-gear model of diagnostic enquiry*. It is interesting that some of the challenges posed by Fabb and Glass, though well addressed subsequently, are still the subject of changes being incorporated into current curricular reforms. Clearly ANZAME has taken up the clinical reasoning challenge with the 1996 Occasional Paper by Ian Scott, *Understanding and Developing Clinical Reasoning Skills*.

The 1982 edition brought an international flavour to medical education problems with a paper by David Metcalfe (University of Manchester, UK), delivered at the Christchurch Conference, which highlighted issues and needs facing medical education worldwide. Have these needs been met in the flurry of curricular reform in medical education in the last five to ten years? One hopes so, because the concerns expressed then were real, pervasive and serious.

Future directions as an issue emerges again in later editions. October 1983 included a strong argument by Carmen Lawrence (later to become premier of Western Australia

ANZAME Publications



and, still later, federal Minister for Health) for changing selection of medical students, expressing the concern that academic merit alone is inappropriate as a selection means. It is interesting to see presented in an ANZAME publication, the genesis of the dramatic selection changes now being effected.

One cannot but be impressed by the enthusiasm and optimism expressed in some editorials. One in particular stands out. Bill McCarthy in 1984 wrote:

The Association enters 1984 with a number of exciting prospects facing us this year. The big event of the 1984 calendar will be, of course, the Annual Conference to be held in Dunedin. Chris Heath has set up and interesting and innovative programme, the details of which are included in this Bulletin. The guest professor, Vic Neufeld, from McMaster, promises to follow the very successful footsteps of George Miller. ... Arthur Elstein, one of America's leading experts in the field of clinical decision-making, will also be visiting Australia in 1984 as the guest of Prince Henry's Hospital, Melbourne. ... Perhaps the most exciting prospect facing ANZAME is the opportunity to develop over the next 2-3 years a major study of medical educational needs in Australia with the co-operation of the Department of Health and perhaps at a later date the Department of Education. ... The Bulletin will continue to be a forum where members and associates can express their ideas to the Association membership by individual contributions on specific topics or by the presentation of papers for publication in the Bulletin.

Student learning was given deliberate focus in the January 1986 edition through Paul Ramsden's paper: *"Some recent research. How students learn."* This paper highlights foundation work on student learning which has

underpinned many subsequent changes in health education curricula in Australia, New Zealand and overseas. Consequently, ANZAME members have had opportunities to be well informed on this vital area from an early stage of the debate about student learning. The topic was given very deliberate emphasis at the 1985 ANZAME Conference.

The January 1986 edition also gave emphasis to quality control, an issue that has continued strongly to the present day. Leadership here was by Joy Higgs in *Quality control in continuing education*, a paper originally published in the Australian Journal of Physiotherapy (1984; 30: 5).

July 1990 was an "ideas" Bulletin, reflecting the theme of the 1990 Conference: *Changing curricula in the health professions*. The edition is enlivened by frequent examples of change occurring across many health disciplines, and reflects very strongly the growing multi-disciplinary nature of ANZAME at that point (and of course subsequently). Also evident was the very strong emphasis on the potential and practice of problem-based learning, with leadership given here by Grahame Feletti. This edition also raised the need to consider more carefully the education and training of interns, anticipating perhaps some of the major changes which were occurring or were about to occur, particularly in New South Wales and Queensland.

ANZAME's impact in South East Asia is well illustrated in the January 1991 Bulletin with the publication of the address given by Kyaw Tun Sein, Universiti Sains Malaysia, Kota Baharu, Malaysia, when he was awarded the 1990 Fred Katz Memorial Medal. Clearly Kyaw Tun Sein was impressed with the support given by ANZAME, and in particular by Raja Bandaranayake.

Teaching and assessment were given thorough attention in the April 1992 edition, while the question of the quality of medical education again comes under the spotlight in August 1992 with Max Kamien's timely paper *The purpose of medical education - a view from the counter culture of general practice*.

Change is a constant theme of health professional education as documented in the October 1992 edition. The change being heralded was to take health education into the wider community. Two papers in particular provided such emphasis: Laurie Geffen's *Clinical schools without walls but with foundations* and Jenny Graham's and Michael Boellen's *From teaching hospital to community teaching complex: the development and maintenance of quality learning*. Again, ANZAME leading the way!

The April 1993 edition had as its theme *Change in medical curricula* and overviewed the extensive curricular changes at Sydney, Flinders and Queensland as those universities moved towards Graduate Medical Courses with problem-based learning (PBL) a major component. Changes in intern training in Queensland were also given emphasis.

Student learning continued to gain attention in Driver and Eizenberg's paper *How do textbooks influence learning?* reporting on a very timely and thorough research study with generic lessons for all (October 1993); and in papers by Elizabeth Davies and Sandra Lynch, *Student-centred learning*, and by Barbara Mifflin, *A teacher development strategy for clinical tutors*, both in the April 1994 edition.

The July 1994 edition brought readers back to focus on regional perspectives in Jan Fitzgerald's paper, *Sharing our experience: a regional perspective*, where Jan was able to inform readers from her experience as a consultant in nursing and primary health care in the Pacific Region.

Back to the future is addressed again in Nick Saunders' provocative paper (October 1994) on directions in health professional education, with predictions about practice in 2010. In the same edition, also flagging future directions, is Rhonda Galbally's paper, *Compatibility and conflict: directions in health professional education*.

Most of us will be familiar with papers from the 1995-96 editions, but a few stand out very clearly. One of these is Alison Stewart's paper, *The role of consumers in making health*

workers aware of bereavement issues in young families. This is one of the very few papers to demonstrate how much consumers of health care can assist professionals to understand their roles (January 1995). This issue is addressed in broader terms in Janne Graham's paper in the same edition, *Involving consumers in health professional education*, a paper linked conceptually with the earlier paper by Rhonda Galbally. Clinical teaching and reasoning also feature strongly in more recent editions, in particular in papers by Judy Wilson and Margaret Skinner, and Ian Scott (April 1995).

Bulletin editors: 1972-1997

1972-74	Dr Bill McCarthy
1975-76	Dr Cameron Battersby
1977-81	Dr Graham Colditz
1981-85	Dr Bill McCarthy
1984-87	Dr Christine Ewan
1987-90	Mr Neil Paget
1990-93	Associate Professor Raja Bandaranayake
1993-97	Dr David Price

Occasional Papers

Occasional Papers have been commissioned at irregular intervals as a means of stimulating debate and promulgating important ideas about education in the health professions. The following Occasional Papers have been published to date:

- 1979** Paget, N.S. and Marshall, J.R. Multiple-choice item-type performance.
- 1981** Swick, H. The effective use of part-time faculty.
- 1988** Marshall, J.R. and Engel, C. Enquiry into medical education for capability and change.
- 1996** Scott, I. Understanding and developing clinical reasoning skills.

The New Zealand perspective

■ Judy Wilson



Shortly after the Auckland School of Medicine was opened in 1968, a group of people realised that strong links needed to be developed with colleagues in Australia. David Cole, then a cardiac surgeon and Dean of Postgraduate Studies, later Dean of the School of Medicine, had established quite strong links with Bill McCarthy and Gerry Milton at the University of Sydney. It was through this connection that the University of Auckland became involved with ANZAME.

By the mid 1970s both nursing and physiotherapy were undergoing a mammoth professional revolution pushing very strongly for university degrees. The opportunity arose for cohesion in terms of sharing aspirations and experience partly through visits from key professionals in medicine, nursing and physiotherapy.

The inaugural conference of the Australasian Association for Medical Education (AAME) in 1972 was attended by health professional educators from Australia and New Zealand. No New Zealand members were nominated for election to the first Executive, although some were present at the first Annual General Meeting. The

pre-Bulletin newsletter of June 1973 listed eight member medical schools including the University of Otago. Also listed were five new members from New Zealand, including David Cole, who was elected to the Executive in 1973 and again in 1974.

The next New Zealander elected to the Executive was Stephen Rowlings in 1978. John O'Hagan was formerly co-opted to the Executive in 1979 and in 1980 as the convenor for the 1980 Conference held in Christchurch. Other members of the Executive have been Chris Heath (also convenor of the 1984 Dunedin conference), Stephen Wealthall (also convenor of the 1989 Auckland conference) and Judy Wilson (also convenor of the 1995 Queenstown conference). In 1990 Chris Heath was elected president and held this position until 1993. His strong leadership skills and unique sense of humour encouraged a special bond between Australia and New Zealand.

The first conference to be held in New Zealand was in Christchurch in 1980. Further conferences had as themes "Independent Learning" (Dunedin, 1984 - held jointly with ANZUDTS, the Association of Dental School Teachers), "Directions for



New Zealanders
Stephen Wealthall
and John Scott with
Jenny Graham at the
Newcastle Conference,
1994

Change" (Auckland, 1989) and "Action: Adaptation to Our New Roles in Health Professional Education" (Queenstown, 1995). It was at the 1984 conference that PEARLS (Personally Arranged Learning Sessions) were introduced and have since become an important feature of ANZAME and other conferences.

Since its connection to ANZAME, there has been a small but loyal membership from New Zealand with New Zealand members being substantial contributors at ANZAME conferences. Students have also made a significant contribution to conferences on a variety of topics. At the 1995 Queenstown conference, medical students from the University of Otago were particularly vocal on the issue of student

stress. Interest was aroused in New Zealand and Australia and the subject has been followed up with the paper "Is being a medical student hazardous to your health?" (Gedye C, ANZAME Bulletin, January 1996) and the presentation of the Otago student survey at the 1996 conference held in Sydney. Student stress continues to be a topic of concern and is one of the current issues being addressed by the ANZAME Executive.

To date, two New Zealanders have been particularly recognised for their contribution to ANZAME and to the principles the organisation represents. Peter Schwartz, who introduced the PEARLS concept, was also active in innovative methods of teaching and learning at the University of Otago. His contribution to medical education was

recognised through the award of the ANZAME Award for Achievement in Medical Education in 1989. In 1996, John Scott was awarded honorary life membership of ANZAME for his continuing special contribution to the Association and his special ability to challenge and to provide leadership.

Conference participants, Queenstown, 1995



International links

■ *Raja Bandaranayake*



Tentative Beginnings

ANZAME's links with the international community of educators in the health professions began rather tentatively. Although the Association when first formed was known as the Australasian Association for Medical Education and the first meeting was attended by medical educators from New Zealand, there were no colleagues from across the Tasman on the Executive. ANZAME's international links have shown centrifugal growth since those tentative beginnings. This section examines the history of these links and suggests possible directions for the future.

Ronnie Harden
(Dundee) at an early
conference



Contributory factors

In the Association's earlier years there were several factors which contributed to its international image. ANZAME was the first association of its kind in the Western Pacific Region, the name coined by the World Health Organization (WHO) for that vast region of the world extending from Malaysia in the west to the Pacific Islands in the east. When ANZAME opened its doors to international membership, some health personnel educators from the countries of the Region joined the Association but few of them

continue to be members to this day. The main trigger for this was the fact that the Regional Teacher Training Centre (RTTC, now RTC) for the health professions in the Western Pacific Region was established in the University of New South Wales. In its role as a regional centre, the RTTC was at the forefront of educational development in the health professions in the Region, through its own academic programs attended by international postgraduate students, and through the many consultancies that its staff undertook both in the Region and outside. Many of the Centre's Fellows, while in Sydney, had the opportunity to participate in the annual conferences of the Association, often under WHO sponsorship. Such participation stimulated some to join the Association. In more recent years, RTC's annual inter-country workshop, which is also sponsored by WHO, has been scheduled mid-year, sometimes back-to-back with ANZAME's annual conference, providing the opportunity for workshop participants to attend the conference.

Another factor contributing to the Association's earlier international image was its publications. The *Bulletin* and *Occasional Papers* had an international mailing list, and for a long time the British publication *Medical Education* regularly included a summary of the proceedings of the annual conference in one of its issues each year. Unfortunately this latter practice was discontinued.

When the Fred Katz Memorial Medal was established in 1985 it was open to potential international awardees. In fact the first award was made to an African, Dr Gottlieb L Monekoso. Since then three other overseas educators in the health professions have received the Medal. Often unable to attend

the annual conference to receive the Medal, it has sometimes been presented at a ceremony conducted in the awardee's home country, giving greater visibility to the Association.

A fourth factor which contributed to the international image was the practice of inviting medical educators as keynote speakers to the Annual Conferences. Over the years many renowned personalities have contributed in many ways to these conferences.

David Petchell and Diane Barrington with Peter Olmesdahl and Di Manning, representing South African Association for Medical Education (SAAME)



Martha Mbombo (Namibia) and Ratanotai Plub-Rukarn (Thailand) at the Newcastle Conference, 1994.



Reasons for tardiness

In spite of the above factors, it would be fair to say that ANZAME is not well known in the world of education in the health professions beyond Australia and New Zealand. It is worth examining the reasons for the tardiness in developing an international image. These reasons are both internal to the Association and external to it.

Firstly, and quite rightly, ANZAME from its inception had to concentrate on developing its own image nationally before it could look

towards international fame. Many factors have impeded its attempts to make an impact nationally. The progressive step it took with the decision to embrace all health professions, rather than be confined to medicine, drew strong reaction from both within and without the Association. This resulted in greater resolve on the part of its remaining active membership to make its presence felt nationally, while maintaining its multi-disciplinary outlook. The Association has continued to serve its national role as best it could, with the limited resources at its disposal, rather than attempt new ventures internationally.

The future for ANZAME - building on recurring themes

■ Jenny Graham ■ Charne Turner ■ Leah Bloomfield



Signposts from the past

From the beginning ANZAME was intended to be a collegiate entity, which promoted informality as a hallmark and in which individuals were recognised for their interest and activities in medical education and not their status in a medical school. The founders envisaged ANZAME as a "broadly based group of interested people with a common interest in the educational processes in any of the health professions generally and which would function largely as a catalyst for communication and development of medical and paramedical education". There was no intention that the Association be a political one and a conscious effort was made to generate an atmosphere where ranks and titles were meaningless. However, it was also agreed that there were some fairly solid issues for the membership to come to grips with - including quality of teaching, rewards for good teaching, and the need to share ideas among medical academics, associated health professionals and health science educators, educationalists and clinical teachers - and that common interest and enthusiasm might well provide leverage and influence of their own accord. There was also significant interest, in the early years, in teaching and assessment environments and methods, research design, social accountability, continuing education, the relationship between education and labour force planning and management, and contributions to national enquiries into medical education.

From its earliest years to the present, the Association has been dealing with the same recurring themes - debated, restated and confirmed as important in a myriad different ways. The actual name of the Association, with its reference to "medical" rather than a broader health professional group, has been raised on numerous occasions over the years and is still an issue amongst the membership today.

Guideposts to the future

Given the similarities between the past and present areas of interest and concern, in looking ahead and contemplating "Where to from here?" it would seem inappropriate to propose it is time for radical change. Indeed, one could argue that the Association has already been fairly radical in the issues it has opened up for discussion, for example inter-professional education, and that it has distinguished itself for its tolerance of differing viewpoints and the nurturing of diversity.

Sweeping change would also, in some respects, not pay due recognition to the achievements of the membership to date. As we look forward, beyond 2000, it is perhaps more a question of revisiting the larger and enduring issues, of coming to grips with the contentious matter of the name of the Association and, in so doing, ensuring that ANZAME retains the spirit of friendship and the sharing which has been, since its inception, its major strength. It is also a matter of not only keeping pace, but providing some leadership in the quickly changing context of health professional education. This type of leadership relies on recognising and valuing different contributions, promotes creativity and sees benefit in change.

A balanced agenda for future development

During the last decade, with the rise of the consumer movement and the fiscal concerns of governments, there has been a greater emphasis on the accountability of health professionals in all aspects of their practice and encouragement of greater accountability on the part of universities, whether directly or indirectly, in the professional preparation process. The quality assurance movement has influenced both health and education sectors alike and there is evidence of some impact on the thinking of professional

accreditation authorities, associations and colleges. Many questions have been raised regarding the present form and length of the education of doctors; nursing education has moved from diploma to degree status and opportunities for postgraduate studies have blossomed; and there has been a continuing strengthening of research and coursework higher degree opportunities for most of the other health professions. Within the universities, Chairs have been established in nursing, physiotherapy, occupational therapy and other health professions, and there is potential for interaction, cooperation and collaboration among the various health professions as never before. The challenge is to realise the creative potential in the face of tightening purse strings, downsized faculties and departments, escalating social and technological change, the challenges of internationalisation and increasing consumer demand for a partnership approach to health care, including the professional education process.

The issues relate to the changing context of health professional education and embrace the whole continuum of undergraduate, postgraduate and continuing education. They include the evaluation of outcomes; the further development and refinement of competency assessment; the promotion and recognition of good practice - in teaching as well as in research and in practice; the building of healthy learning environments which provide adequate support for students and staff; and the encouragement of inter-professional endeavour in a climate which often promotes a competitive, monoprofessional, rather than a collegiate, ethic. And they focus on educating practitioners who are socially accountable; that is, those who are culturally sensitive and competent, have

a commitment to improving access to appropriate health care for disadvantaged groups, who understand ethical issues and sustainable development, and who are prepared to enter in partnerships with their patients and to promote consumer participation in health care planning, delivery and evaluation.

The issues for ANZAME concern both the "macro" and the "micro" of health professional education, and the challenge is to keep each in perspective. For many years the Annual Conference together with the Bulletin have provided the backbone of the Association's communication network; and since 1992, the sharing of information has been assisted by the Directory for Research and Development Projects in Health Professional Education. However, the most important development for the future of ANZAME was the birth of the ANZAME Home Page towards the end of 1996 and the move to make the Directory available on-line. It is not the home page and the Directory themselves which are important, but their signalling of a willingness to keep pace with communications technology; and not for its own sake but so that members can keep in touch. The strength of ANZAME has always been its ability to provide a forum for intercollegiate sharing, discussion and debate, and along with it a sense of fun and atmosphere of sociability, even if highlighted by a feisty difference of opinion or two. To date these characteristics have perhaps best been captured in the traditions of the annual conference and the bush dance. Twenty-five years from now perhaps we will celebrate not only a much wider network of kindred spirits because of the wonders of the Net, but also the Golden Anniversary of the bush dance.