Author:

Professor Andrzej Wojtczak MD, PhD was one of the founding members of AMEE. During AMEE’s development he was Director of the WHO European Office and the WHO representative on the AMEE Executive Committee, (1978-1986) President of the Association (1993-96) and member of the AMEE Executive Committee (1991-1993; 1996-2001). At present he is Professor of Public Health in the Faculty of Health Sciences of the College of Finance and Management in Siedlce (Poland).
Abstract

The history of the establishment and development of the Association for Medical Education in Europe (AMEE) reflects the changes that have taken place in medical education in Europe from the middle of the 20th century. The idea of establishing a European association that would influence medical education was born during various meetings and discussions of a group of devoted teachers, eager to modernize the teaching/learning processes in medical schools. This idea had full support in the WHO Regional Office for Europe as it was very much interested in the development of education for healthcare personnel to keep pace with the fast developing system of healthcare in European countries. This cooperation resulted in the establishment of the Association for Medical Education in Europe (AMEE).

Over time, and with great involvement and devotion from medical educators – members of AMEE – this international organisation has started to influence, to an increasing degree, the innovations of medical education not only in Europe but worldwide. In the early 21st century AMEE has become the most influential organisation in the field of medical education worldwide. It provides a medical education forum for teachers in medicine and the healthcare professions who wish to train competent doctors and other healthcare personnel to meet the needs of global health challenges of the 21st century.
Medical education in the middle of the 20th century

In the United States the 1910 Flexner Report on medical education was a cornerstone of medical education for more than half a century.

Flexner Report

However, the need for further improvement in the quality of medical education was steadily growing from the 1930s and 1940s. This process was prompted by a request from a group of medical teachers in 1953 to the Association of American Medical Colleges (AAMC) asking for clarification of the tasks of medical schools and the objectives of medical education. This marked the beginning of the various attempts to develop sets of educational objectives according to which the medical curriculum should be developed. The Carnegie Commission report published in 1970 summarized recent developments and had indicated the directions for medical education in the United States. To help introduce the processes of modernisation of medical education, a growing number of medical education departments, or units, have been established in the majority of medical schools in North America. Consequently, a new specialty of medical education has emerged. This new profession has focused on the development of educational objectives, curriculum, programmed instructions with emphasis on use of audio-visual aids, development of examination techniques, and on a better connection between preclinical and clinical teaching.

In Europe, the process of innovations in medical education began in 1968 with the Report of the Royal Commission on Medical Education in Great Britain. This report had promulgated the far-reaching changes in undergraduate, postgraduate, and continuing medical education. Further, it initiated and strongly influenced the changes in medical curricula and the ways of teaching. It also stimulated the establishment in 1972 of the Centre for Medical Education within the Faculty of Medicine of the University of Dundee in Scotland that was led by the internist and endocrinologist Dr Ronald Harden, present AMEE Secretary General.
This, the first medical education centre in Europe, was from the very beginning actively involved in education research on curriculum design, teaching techniques, and also started training courses for medical teachers. The employees of the centre were medical doctors who continued to practice medicine and were involved in teaching in their own specialty. It is worthwhile mentioning that very soon the Centre attracted attention from medical teachers not only from the European countries but also from elsewhere in the world.

The increasing interest in the education of healthcare professionals resulted in a rapid increase in the number of doctors who regarded medical education as their major commitment and who devoted their efforts to the introduction of innovative methods of teaching and assessment. They were eager to exchange information and experiences with teachers of other medical schools from various countries which prompted the establishment of national medical teacher associations. The first one, the Association for the Study of Medical Education (ASME) was established in 1968 in Great Britain on the initiative of Professor John Ellis, and soon started to flourish through meetings and publications. One year later in 1969, the Nordic Federation for Medical Education (NFME) was established as the assembly of medical teachers from Denmark, Norway, Sweden, Finland and Iceland, and in 1970 the Spanish Society for Medical Education (SEDEM), and the Athens Society for Medical Studies were established. The growing interest in medical teaching was also marked by an increasing number of articles in the Journal of Medical Education published in Great Britain and other medical journals.

Gradually it became accepted practice that some medical teachers were starting to study the “arcane” discipline of medical education and undertaking research studies in this field, devoting their sabbaticals to this purpose. On the other hand, an increasing number of universities started to offer formal courses on teaching methods and various other aspects of the educational process.
The World Health Organisation and medical education

Established in 1948, the World Health Organisation with its headquarters in Geneva, was the first global organisation to deal with all health issues. An agency of the United Nations, it has had the task of coordinating worldwide effort to improve the health of the population. With the emergence in 1960 of an increasing number of newly independent countries, it was clear that the organisation must direct its attention not only to planning of health services but also to proper education and training of healthcare personnel, especially doctors and nurses.

It coincided with a time of increasing criticism of the exploding cost of the rapidly increasing medical education that was exclusively curative, biomedical and hospital-oriented. This through the forum of the WHO led to discussions on the organisation of healthcare systems that would better serve the changing health needs of the population. This required a proper orientation of education policies and the content of education and training to ensure proper attention was given to the present and future healthcare needs of the population. In these undertakings the most active role had been played by the WHO European Regional Office based in Copenhagen.

For over two decades WHO has published over 65 monographs, studies and technical reports devoted to education and training of medical and healthcare personnel, which was also the central theme of a technical discussion during the Twenty-third World Health Assembly. The interest of the WHO in close cooperation with medical teachers and medical schools had resulted in the organisation of a great number of seminars and the world and regional conferences devoted to different aspects of medical education.

The organisation has also supported medical and healthcare research and professional education and training to secure the development of national healthcare systems.

In Western Europe, medical schools were located either in completely independent universities or were supervised by ministries of education. Therefore to be able to influence the process of medical education, the WHO European Regional Office in Copenhagen organised meetings on various aspects of medical education policy, technology and processes in cooperation with medical teachers interested in teaching. In this way, the idea of the establishment of an international organisation that would serve as a forum for medical teachers to discuss educational questions and exchange experiences and research results was gaining momentum. Such an organisation would promote the ways and means of introducing innovations into medical education processes and also help to establish national associations of medical teachers in European countries. From the WHO perspective, such an organisation would also enable direct access to medical schools situated in universities. By doing so, the needs of medical teachers looking forward to wide international cooperation in the field of medical education and the intentions and desires of the World Health Organisation came together working hand in hand.
The birth of AMEE

In 1970, during the “Seminar on Teaching Methods in Medicine” organised in Madrid by the WHO Regional Office in cooperation with the newly established Spanish Society for Medical Education (SEDEM), participants expressed the need and the intention to establish an international association. It was a meeting forum for medical educators that would facilitate the work of a growing number of organised groups of medical teachers in different countries. This development was considered to be very timely in view of the growing number of medical schools that needed the know how for the development of curricula and introducing modern educational technology. This, it was hoped, would help to improve the quality of the educational product – the basic requirement of quality healthcare.

It was decided to follow up this matter, and in 1971 at a special meeting organised in the Albert Nobel Villa in San Remo, a foundation committee was established consisting of Professor Henry Walton (University of Edinburgh) as chairman, Dr Stephan Róssner (King Gustav V Institute, Stockholm) as secretary and Dr Wieslaw Tysarowski representing the European Regional Office of World Health Organisation. The committee’s task was to propose the regulations and to select the delegates for the founding meeting. It was decided that delegates should represent countries that already possessed associations or groups of medical teachers interested in international cooperation.

The founding meeting took place in the regional office of the World Health Organisation premises in Copenhagen in September 1972 and included a group of people involved in medical education in their own countries and also internationally. The founding group consisted of: Henry Walton (University of Edinburgh, Editor of Medical Education, UK), G. Lotti (President, Italian Centre for Medical Education at the Villa Nobel, San Remo, Italy), Spyros Dioxades (President, Hellenic Society for Study of Medical Education, Athens, Greece), J-F. d’Ivernois (University of Bobigny, France), Gunnar Stroem (University of Uppsala, Sweden), Ole Harlem (President, Norwegian Medical Association, Oslo, Norway), J-H Segovia (President, Spanish Society of Medical Education, Madrid, Spain), A. Wojtczak (Director of Medical Education, Ministry of Health in Warsaw, Poland) Stephan Róssner (King Gustav V Institute, Stockholm, Sweden), Herman Tiddens (Nijmegen University, The Netherlands) and Hans Pauli (Institute for Research in Medical Education, University of Berne, Switzerland). The European Regional Office of WHO in Copenhagen was represented by Leo Kaprio, Regional Director, and Wieslaw Tysarowski, Chief of Medical Education and Research, and Dr T. Fulop represented the WHO Geneva headquarters. Professor Henry Walton was elected President and Dr Stephen Róssner the Secretary/Treasurer. Professor Wieslaw Tysarowski became the official link between WHO Regional Office and AMEE, securing close collaboration of these two bodies. The AMEE Office was to be located in the University of Edinburgh which kindly offered the premises and administrative help. It was stated that the main aim of AMEE was to encourage and foster communication among the medical teachers of 31 countries of the European Region with over 350 medical schools, and to support the organisation of national associations for medical education in all countries of the European Region.
The main activities were to organise workshops and seminars, train medical teachers in educational technology, and hold conferences. It was also decided that AMEE would act as the federation of national organisations of medical teachers. To permit participation of medical educators from countries where national associations did not exist, the category of associate-corporate member was established. The rule was that any 10 medical teachers from a given country could apply to become an associate-corporate member of AMEE. Individual membership at this stage of AMEE’s development was not foreseen.

The collegiate governing body of the Association was the Advisory Board that consisted of representatives of national associations which were permitted to nominate one person to participate in Advisory Board meetings during the annual conferences. Its main task was to elect the Executive Committee that consisted of the Chairman, the Secretary/Treasurer and other members, usually proposed by the AMEE President. The newly established Association received the status of non-governmental organisation (NGO) in a formal relationship with the European Office of the World Health Organisation.
The first years of AMEE activities

Due to financial constraints and lack of a well-functioning administrative structure, the early days of AMEE were difficult. Regular financial contributions came from the WHO Regional Office in Copenhagen and occasionally from HQ in Geneva. Additionally dues were received from national associations and voluntary donations from various institutions. Administrative support was given to Professor Walton by the University of Edinburgh.

The organisation of the various activities, mainly meetings, remained in the hands of the President, who occasionally contacted some members of the Executive Committee, especially those involved in the organisation of meetings in his/her own country. Therefore, the role of the Executive Committee was more limited to discussion about the location of the AMEE meeting and to some programme issues. The Advisory Board, consisting of representatives of the national organisations of teachers, was a forum to inform on educational development in their countries and was briefed by the President about AMEE activities. It played a formal but not essential role in the development of AMEE activities.

The organisation of meetings was done by the AMEE President in cooperation with local organising committees and programmes were designed in cooperation with the WHO Regional Office. Topics reflected the interests or expertise of the organising institution, suggestions from the WHO Regional Office, and also various educational interests expressed by the members of the Executive Committee or the Advisory Board. The usual programme of the AMEE meetings included one or two plenary sessions and a few workshops. The plenary presentations focused on some more general education policy issues whilst the workshops dealt with technical aspects of teaching processes. The reports from workshops were usually presented in a plenary session at the end of the conference. The social programme was left in the hands of the local organising committees.

The meetings were usually organised in the countries with national associations that could attract proper financial support from various sources. Most of the costs of the meeting organisation were covered by the hosting university or national associations in cooperation with various funding institutions and in most cases were supported financially by the Ministries of Health or the Ministries of Education. There was no conference fee and participants from the Eastern European countries, having problems with obtaining hard currency, were often supported by grants from the WHO Regional Office. The first few meetings were organised by well established organisations and supported by the World Health Organisation.

• AMEE 1973 – COPENHAGEN, DENMARK. In November 1973 the first AMEE meeting was organised jointly with the Council of Europe at the premises of the WHO Regional Office in Copenhagen and was attended by 40 participants from 10 countries. Its topic was “New Teaching, Learning and Assessment Techniques”.

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• **AMEE 1974 – EDINBURGH, UNITED KINGDOM.** The next meeting was a 1974 workshop on “The objective of undergraduate education”, organised in cooperation with Edinburgh University in Scotland, UK and supported by the WHO Regional Office. It assembled about 30 invited medical teachers from a few European countries. The presentations and discussion were focused on problems related to development of learning objectives in relation to different, mostly basic science disciplines. One important conclusion was that even successful development and implementation of educational objectives cannot answer the basic question: Objectives for education yes, but for what? If objectives are developed only for the benefit of better curriculum design and to enable an evaluation of the various course contents, they cannot help in responding to the needed changes of the graduates’ competences. Medical schools need to accept educational policies focused on changes in the educational processes that would prepare doctors for the tasks awaiting them after leaving medical school. The report of this workshop was distributed to participants.

In September 1974 the first AMEE newsletter was published at the University of Dundee and contained information about AMEE’s past and planned activities and also various educational events being organised in Europe. It was distributed to the AMEE network of national associations and teachers’ groups.

• **AMEE 1975 – LINKÖPING, SWEDEN.** The 1975 AMEE meeting was organised jointly with the Nordic Federation for Medical Education and the University of Linköping in Sweden. The main theme, “The Introduction of New Subjects into the Curriculum”, was devoted to the discussion on the best ways of teaching newly introduced subjects such as medical genetics, cytology, sociology and psychology. Widely discussed were the experiences of Linköping University in multi-professional education and teamwork in the delivery of healthcare, and teaching of communication skills. About 80 participants came from a growing number of European countries, including Eastern Europe.

• **AMEE 1976 – BERNE, SWITZERLAND.** In September 1976 the annual AMEE meeting was organised jointly with the Institute of Research in Education and Evaluation of the Medical Faculty of Berne University in Switzerland. The conference, supported by the WHO Regional Office in Copenhagen and the WHO HQ in Geneva, took as the theme “The Contribution of Medical Education to Primary Healthcare”. The main aim of the meeting was to review the problems common to the systems of healthcare and medical education in different European countries in light of the WHO strategic movement in the direction of primary healthcare. It was indicated that the learning environments in medical schools and teaching hospitals differ greatly from the healthcare settings in which the majority of doctors would eventually work. The question was how to provide the learning environment which would contribute more to the orientation of medical teachers and students to primary healthcare settings.
An additional 1976 AMEE meeting was held in Dundee, Scotland, UK and was organised jointly with the Association for Programmed Learning and Educational Technology and the Association for the Study of Medical Education (ASME) on “Individualized Learning”. The clear message of the meeting was “more attention must be given to creation of the learning environment and students’ self-learning than to teaching”.

• AMEE 1977 – UPPSALA, SWEDEN. The theme of 1977 AMEE conference in Uppsala (Sweden) was “Innovations in Medical Education”, organised by Professor Gunnar Strom on the occasion of the 500th anniversary of the University of Uppsala, which was attended by 120 participants. The plenary session presentations were focused on some major educational and health policy issues related to the cooperation between medical schools and healthcare institutions. The workshops dealt with technical topics, introduced by experts and followed by discussion, and outcomes were presented in plenary sessions. The Uppsala meeting was the first in what was to become a regular pattern of annual AMEE conferences, with a mixture of plenary sessions dealing with more general educational policy or process issues and workshops focusing on technical topics. The proceedings of the conference, edited by Gunnar Strom, was the first publication documenting an AMEE annual conference.

• AMEE 1978 – WARSAW, POLAND. The 1978 AMEE annual conference in Warsaw (Poland) had as a theme “Principles of assessment of competence in medical education and postgraduate training” and was organised in cooperation with the Section of Medical Studies of the Polish Physicians’ Association (PTL) chaired by Professor Wieslaw Tysarowski. The topic of the conference focusing on the technical issues relating to students’ assessment was not very interesting to the participating deans, who were more concerned with issues directly related to administrative issues of education. Therefore, the AMEE Executive Committee discussed the possibility of setting up the Association of Medical Deans in Europe. A small “founding” group led by Professor Wim Lammers, Medical Dean from the University of Groningen was established with the preparation of regulations to be discussed during the next AMEE annual conference.
The change in European health and education policies

The reorientation of medical education coincided with the acceptance by the 30th World Health Assembly in May 1977 of the resolution “Health for all by the year 2000” that marked the development of new health policies. The direction was spelled out in the “Alma-Ata Declaration” signed by 134 countries as an outcome of the “International Conference on Primary Healthcare” organised by the WHO and UNICEF in Alma-Ata, Kazakhstan, in September 1978. The resolution obligated all countries to develop healthcare systems based on primary healthcare. In the European context primary healthcare had, in many countries, been rooted in medical care delivered by general or family doctors. The new emphasis was on strengthening the preventive and health promotion components of healthcare services. At the same time, the report entitled “New Directions in Education for Changing Healthcare Systems” published by the Organisation of Economic Cooperation and Development (OECD), indicated that the reorientation of healthcare must be closely connected to reorientation of the education system. Universities were directed to provide education and training for medical students that prepared them to meet the health needs of the people they were going to serve, supporting WHO efforts to reorient medical education from curative, hospital-oriented medicine towards primary healthcare and family practice, with an emphasis on disease prevention and health promotion activities.

This development was strongly endorsed by the ministries of health which supported the development of medical education and sponsored various meetings and conferences organised by AMEE in cooperation with WHO. That situation was especially evident in the Eastern European countries where medical schools were supervised and financed by the ministries of health. Simultaneously, topics such as curriculum development, setting learning objectives and assessment of competences of students, considered important for implementing innovations to the medical education process, attracted growing interest from medical teachers and were widely discussed during AMEE activities.

- AMEE 1979 – ATHENS, GREECE. The 1979 AMEE Annual Conference in Athens (Greece) took up the challenge of this new development and as its main theme chose “Medical education and healthcare”. The conference, co-sponsored by the Hellenic Association for the Study of Medical Education (HASME), the Ministry of Culture and Sciences, the Ministry of Social Services, the European Office of the World Health Organisation, and Athens University was attended by over 210 participants.
The opening ceremony took place in the historic Aula of the university with speakers representing the Ministry of Health and Ministry of Education, Athens University, the WHO Regional Office representatives and the AMEE President. It was underlined that the main aim of the conference was to find ways of preparing doctors not only to fight disease but also to prevent diseases and to promote health. This topic was widely discussed during the plenary sessions and the workshops. The main question to be answered was the extent to which medical schools would be willing and able to redirect their efforts to educate doctors capable of dealing with health problems in the primary care setting and with the appropriate knowledge, skills and professional attitudes. It was clear that medical students consider hospital care as the most important way of solving the community’s ill-health. This would require a radical change in academic teachers’ attitudes, and acceptance that students be trained also outside the hospital ward. The curriculum also needed to reflect the required knowledge and skills of the bio-social model which was not widely accepted by teachers.

The memorable part of the conference in Athens was the final plenary session held on board a ship cruising in the Saronic Gulf. During the visit to Hydra Island and to the Sanctuary of Asclepios at Epidaurus, where the closing ceremony took place in the ancient, open-air theatre, the Hippocratic Oath was recited. The closing speech of the conference was given by the Regional Director of the WHO European Office, Prof. Leo Kaprio, who concentrated on the importance of close cooperation between the World Health Organisation and AMEE as well as introducing the changes needed in the education and training of healthcare personnel.

The AMEE Advisory Board approved the membership of the Executive Committee, comprised of Henry Walton, President (UK) and Ole Harlem, Secretary/ Treasurer (Norway). Members included Spiro Dioxides (Greece), Hans Pauli (Switzerland), Moshe Prywes (Israel), Vicente Rojo (Spain), Gunnar Strom (Sweden), and Wieslaw Tysarowski (Poland). Ex Officio members were A. Wojtczak (WHO EURO) and W. Lammers (AMDE).

The Proceedings of the Athens Conference entitled “Medical Education and Healthcare” was edited by N. Karatzas and H. Walton, and published as a separate volume of the *Journal of Medical Education*.

In Athens the Association of Medical Deans in Europe (AMDE) was established and Wim Lammers (The Netherlands), became the first AMDE President. The AMDE Executive Committee consisted of Alberto Oriol Bosch (Spain), Stuart Kilpatrick (UK), Shaul Feldman (Israel), Gary Love (Ireland), Arni Lundquist (Sweden), Ex Officio Henry Walton (AMEE), and Andrzej Wojtczak (WHO EURO). It was decided that AMDE would meet each year just before the AMEE annual conference to enable those deans interested in educational issues to participate in the AMEE conference.
• **AMEE 1980 – NIJMEGEN, THE NETHERLANDS.** The 1980 AMEE Annual Conference in Nijmegen (The Netherlands) was organised in cooperation with the local organising committee chaired by Professors Moll and Metz from the University of Nijmegen. The main theme was the “Assessment of competence in undergraduate medical education”. The conference was attended by over 200 participants mostly from Western European countries and, also for the first time, from the United States, Canada, and Australia.

At the opening session Dr Tomas Fulop from the WHO HQ in Geneva presented an outline of the strategy “Health for All by the Year 2000 through primary healthcare” recently accepted by the WHO as the new health policy which had considerable implications for the education of healthcare personnel.

The focus of the Nijmegen conference was on the assessment of clinical competences. The variations of marks between assessors, or by the same assessor on different occasions, called for the need to develop more objective ways of examining competence. An example of such an attempt in the case of a final graduates’ examination was presented by the University of Nijmegen. The exam was based on the aggregation of results obtained during whole studies and structural oral performance of 15 cases (diagnostic skills, therapeutic skills, laboratory tests, social skills) using three simulated patients, one real patient and 11 cases without patients. Also of great interest were the experiences of Nijmegen University in the integrated teaching of basic sciences with clinical disciplines. Such integration not only improved the results of teaching but also increased the significance of the basic science disciplines, the importance of which is often neglected by clinicians. In addition, the experiences of problem-based education presented by the University of McMaster (Canada), in relation to the knowledge and skills required by primary healthcare physicians, were very well received. All these presentations stimulated the interest of conference attendees and provoked discussion.

Eight workshops were held and focused on various educational techniques such as computer-based simulation, use of simulated patients, problem-based education, and the assessment of clinical skills. The important innovations of computer-assisted instruction, video tapes, and use of tape-slides were presented by the Dutch Association. The poster exhibition was a new element of AMEE conferences. The conference ended with a visit to Limburg University at Maastricht where Professor Jacob Greep, Dean of the Medical Faculty, had delivered an innovative community-based programme of medical education.
The Proceedings of the 1980 Nijmegen Conference, edited by Metz J.C.M., Moll, and Walton H., entitled “Examination in medical education”, was the third publication to present the outcome of an AMEE annual conference.

Prior to the AMEE conference at the University of Groningen, Professor Wim Lammers organised the first AMDE conference attended by 25 medical school deans from 14 countries. In his opening speech, Dr Kaprio, the Regional Director of the European Office, welcomed this new association which would fill some gaps in communicating WHO messages to the medical schools which were part of universities. He expressed the hope that medical education, at the same time as guaranteeing delivery of high quality medical care, would also prepare students to diagnose the important social aspects of the community that cause suffering and illness.

It was encouraging that after the AMDE conference almost all deans took part in the AMEE conference in Nijmegen.

- **AMEE 1981 – MADRID, SPAIN.** The 1981 AMEE Annual Conference in Madrid (Spain) was organised by a Local Organising Committee chaired by Professor Alberto Oriol Bosch, Dean of the Complutense University in Madrid jointly with the Spanish Society for Medical Education (SEDEM). The theme was “Selection and Curriculum Formation”.

Received with great interest was Professor Ronald Harden’s audio-visual presentation on the concept of SPICES in curriculum planning that put an emphasis on students’ involvement in the learning process, the role of teachers, integrated teaching, and on community-oriented education. The presentation was supported by Professor Prywes who spoke on the experiences of Beersheba Medical School, which was the first to introduce a so called “spiral curriculum” integrated with healthcare delivery.

Professor Harden’s presentation can be considered as heralding a switch from “reading a lecture” customary during AMEE conferences, to the broad use of audio-visual aids such as overhead and slide projectors.

Prior to the AMEE conference, the medical deans during their meeting at the University of Alcala de Henares in Madrid organised by Professor Margarita Barón Maldonado, discussed the issue of “The procedures of medical students’ admission”. Professor Antonio Gallego, considered to be the father of modern medical education in Spain and founder of the Spanish Association for Medical Education (SEDEM), was well received by participants.

**Conference participants, Executive Committee, and Antonio Gallego**
• AMEE 1982 – CAMBRIDGE, UNITED KINGDOM. The 1982 AMEE Annual Conference in Cambridge (UK) was organised jointly with the Association for the Study of Medical Education (ASME), the Regional Office of the World Health Organisation (WHO), and Cambridge University under the leadership of Professor Stuart Kilpatrick, and was attended by about 200 participants from 20 countries. The theme of the Conference was “Motivation for Learning” and the Deans’ meeting considered the very hot topic of “Aims and functions of medical schools in relation to society”.

AMDE Participants, Cambridge 1982

It was a time when medical schools were criticised for not educating doctors fully to meet the needs of healthcare services. Although graduates possessed the knowledge, skills, attitudes, and motivation to treat patients inside hospital walls, they were poorly prepared to take care of the various health needs of the population and prevent diseases on a broader scale. Also, the medical schools’ curriculum was neglecting the needs of health services related to disease prevention, rehabilitation and health promotion. Although it would not be realistic to postulate that “all who teach should serve” it was strongly suggested that medical education was a socio-cultural mix of complex values and interrelationships and only partly a scientific discipline, and should be mission-oriented. How to create an educational climate that fosters and facilitates learning was considered. It was stressed that educational progress calls for a drastic change in the examination system which should check competence, skills and motivation and not only the ability to memorise factual knowledge.

“Motivation” the theme of the conference proved to be a very attention grabbing topic with broad discussion that resulted in many constructive ideas. One of the outcomes was the establishment of an AMEE Working Group on Motivation.

The Cambridge conference also proved the importance of choosing an appropriate venue for a meeting, a venue that enables attendees to be accommodated in close proximity, to facilitate personal contact, and exchange experiences, all required of a networking medical educator.
The AMEE Advisory Board, meeting during the Cambridge conference, made the decision to recommend to all members to change from giving purely “verbal reports” to making use of presentations based on audio-visual technologies. As the number of national associations had been growing fast and the reports on national educational activities were too time consuming, it was decided to end this customary item in the Advisory Board agenda. It was also decided that the preconference workshops should be considered as an integral part of the programme of AMEE conferences, being a way to enable more active participation of a greater number of participants. Moreover, the topics chosen for workshops should reflect the interests expressed by participating educators. This Advisory Board meeting marked the beginning of a more collegial way of deciding the work and development of the association.

• AMEE 1983 – PRAGUE, CZECHOSLOVAKIA. The 1983 AMEE Annual Conference in Prague (Czechoslovakia) was organised by Professor Vasek Janousek with support of the Czechoslovak Medical Society, J.E. Purkyne and Charles University. The conference title, “The components of basic medical education”, focused on the teaching of basic medical disciplines and a task put before the attendees was to review critically the issue of how to find ways in which the various individual departments of the medical schools could effectively contribute to preparing graduates for their future practice.

A visible sign of growing importance of AMEE in the field of medical education in Europe was the presence of the Regional Director of the European Office, Dr Leo Kaprio, who was a main speaker during the opening session of the Prague conference that marked the first decade of AMEE activities. Even if it had been necessary to overcome many difficulties and constraints, the first decade of AMEE had also brought many very encouraging developments.
Encouragingly, the number of attendees at the AMEE conference had for the first time exceeded 250, with 26 national associations for medical education represented. Also, for the first time, representatives of the International Federation of Medical Students Association (IFMSA) had participated and expressed an interest to be included in all AMEE activities. It was a sign of the increasing influence of AMEE on changes occurring in medical education in European countries. As agreed during a previous meeting of the Advisory Board, Preconference Workshops were an integral part of the conference programme attracting great interest from participants. Working groups dealt with such topics as “Professional Attitudes and Personal Development in Medical Education”, “Educational Research”, and “Motivation”. The working groups stimulated substantial discussion resulting in important recommendations.

The Advisory Board evaluated the achievements of the first 10 years of AMEE activities and development. National associations for medical education were organised in the majority of the 32 countries of the European region. Some of them were well established and active: Belgium, Denmark, Federal Republic of Germany, Finland, France, Greece, Iceland, Israel, Netherlands, Norway, United Kingdom, Portugal, Poland, Sweden, Turkey, and Yugoslavia. In 1983 the Italian Association for Medical Education was established by Professor B. Paccagnella.

The Swiss Inter-Faculty Committee was an associate-corporate member and the Nordic Federation for Medical Education a corporate member. Progress had been made in organising the associations for medical teachers in Austria and in USSR. In some associations there were both categories of individual members – medical teachers, and institutional members – medical schools. In Denmark, the national association was multi-professional including nurses, dentists, etc. In Israel the members of the association were from the medical schools. Reviewing this development, the AMEE Board agreed that the national associations should take the form most suited to a particular country to attract as many medical teachers as possible. It was also suggested that the time had come to develop relationships with other professions by inviting their representatives to give a report on problems within their professional area. Also, it was decided to develop close cooperation with IFMSA as students had an important part to play in bringing about the necessary changes in medical education processes.

Evaluating the various achievements of the decade of AMEE activities, the fruitful cooperation of AMEE with the Regional Office in Copenhagen and also with WHO HQ in Geneva was underlined, especially the fact that a growing number of the members of the Association had been participating as experts in the different activities organised by WHO.

The Advisory Board, considering undergraduate, postgraduate, and continuing education as a process important for professional development and quality of medical practice, decided that all these aspects should be included within the programmes of AMEE conferences and also suggested increasing the number of workshops to cover a broader spectrum of important educational topics.
Professor Walton, who had taken up the office of the President of the World Federation for Medical Education, asked the Board to agree that he should keep the office of the AMEE President to help him to organise the World Conference on Medical Education in the following four or five years. The Advisory Board supported his request and agreed to direct some AMEE activities and financial resources. In addition, the WHO promised financial and technical support. It was agreed that the AMEE Executive Office in Edinburgh should be strengthened by employing a half-time administrative secretary to secure proper communication and coordination between the office and the national organisations. It is worthwhile mentioning that in 1983 AMEE’s net income was a little over £3,000 and that the annual subscription for corporate members (national associations) was £200 and for associate corporate members it was £100 a year.

The Executive Committee consisted of: President – H. Walton (UK), Secretary/Treasurer: O. Harlem (Norway); Members: J-M. Segovia (Spain), M. Prywes (Israel), S. Dioxiadis (Greece), G. Strom (Sweden), H. Pauli (Switzerland), J-F. Ivernois (France), W. Tysarowski (Poland); Ex Officio: A. Wojtczak (WHO/Copenhagen), W. Lammers (AMDE).

Prior to the AMEE conference the medical deans discussed the topic “Postgraduate Medical Training – the responsibility of medical schools or not?”. Most of the attendees of this meeting also participated actively in the AMEE conference.

**AMEE 1984 – OSLO, NORWAY.** The 1984 AMEE Annual Conference in Oslo (Norway) was held in Soria-Moria, the new centre of the Norwegian Medical Association (NMA). It is worthwhile mentioning that the association was responsible, on behalf of the Ministry of Social Affairs, for postgraduate and continuing education in Norway.

The theme of the conference was “Teaching and learning outside the medical centre”, and the main aim of the conference was to explore ways of using the community healthcare centres in which the medical school is situated for the training of medical students and the postgraduate training of doctors. The discussion dealt with political, organisational and administrative barriers that prevent the use of community health centres as a teaching resource.

There was much interest in the discussion on “General professional education of doctors” which was arranged using the satellite telecommunication. The panel of AMEE experts in Oslo was connected via satellite with similar panels assembled in Washington D.C. and in Tromso Medical School situated in the north of Norway.

The preconference workshops covered a broad spectrum of important educational topics. The ‘Workshop on manpower’ organised for the first time during the Oslo conference, discussed issues relating to the qualification of doctors for needs of primary healthcare, which attracted attention due to the published survey carried out by Professor Walton, supported by WHO, on the teaching of primary healthcare in the UK (Walton, H.J., Medical Education, 1983, 17, 141-7).
The AMEE Advisory Board considered the opinion that the preconference workshops and working groups were attracting a growing interest from participants and advised the organisers of AMEE conferences that they should increase their numbers. It was suggested that some topics, for example “Motivation”, should be the focus of future conferences. It was requested that more time be devoted to reports from the workshops and for discussion in plenary sessions.

The Board widely discussed ways of increasing the advisory role of the national associations in the development of new national educational policies formulated by governments. It was postulated that AMEE should assist the national associations in the bringing about reforms in medical education. Successful examples included Spain and Greece, where the joint action of AMEE, WHO, and the local association had brought about important changes in educational policies.

The topic of the AMDE meeting was “The Role and Functions of Medical School in a Changing Society”. During the meeting the deans elected the new President – Professor Alberto Oriol Bosch (Spain). The Executive Committee consisted of: Chairman: A. Oriol Bosch, Secretary/Treasurer: I. Horven (Norway), B. Berkarda (Turkey), V. Janousek (Czechoslovakia), G. Love (Ireland), Ex officio: H. Walton (AMEE), A. Wojtczak (WHO).

• **AMEE 1985 – JERUSALEM, ISRAEL.** The 1985 AMEE Annual Conference in Jerusalem (Israel) was co-sponsored by the Israel Academy of Sciences and Humanities, the Hebrew University – Hadassah Medical Faculty, the Association of Medical Schools in Israel, Ben Gurion University of Negev, Faculty of Health Sciences, and Tel Aviv University Sackler Faculty of Medicine. The Chairman of the Organising Committee was Professor Moshe Prywes and the broad theme was “Tradition and change in medical education”. The conference was opened by the AMEE President, Henry Walton, Professor Moshe Prywes and the Minister of Health Mr M. Gur. The opening lecture was given by the President of the Israel Academy of Sciences and Humanities entitled: “The teaching of the sages about man – Body and Soul.”

The three plenary sessions dealt with the following topics “The main objectives of education and learning settings”; “Integration of curriculum and early clinical exposure”; and “The students’ role and participation.”
The introductory presentations were given by Professor Moshe Prywes, founder and first Dean of Beer Sheva Medical School, and his co-workers, with a focus on the integration of basic medical sciences and clinical teaching from the beginning of the medical studies. It was underlined that to secure the motivation of students it is necessary to involve them from the beginning in the curriculum planning process. The integration of the medical school with local health services made medical education relevant to the needs of the community they serve.

Beside the plenary sessions, the conference programme included 10 workshops dealing with various detailed elements of the curriculum, including integration and assessment. The results of the discussions and recommendations were presented at the final plenary session. Attention was brought to the training of students in communication skills. Such training had been widely introduced in medical schools in Belgium.

The AMEE Executive Committee membership was: President: Henry Walton (UK), Secretary: Ole Harlem (Norway), J – F. d’Ivernois (France), Spiro Dioxadis (Greece), J. M. Segovia (Spain), Moshe Prywes (Israel), Gunnar Strom (Sweden), Wieslaw Tysarowski (Poland), ex officio: Andrzej Wojtczak (WHO/EURO).

Prior to the AMEE conference, the AMDE conference was organised in Jerusalem with the topic “Research and the medical school”. The conference was opened by a new AMDE President, Professor Alberto Oriol Bosch and Major of the City of Jerusalem, M. Kollek. The plenary lectures were delivered by the distinguished educators: George Miller (Chicago) and Bruno Paccagnella (University of Padua). Two plenary sessions dealt with “Training of medical teachers” and “Evaluation and promotion of medical teachers” as an introduction to the discussion. The recommendation was that if the educational process is to be improved, teachers must be promoted on educational merits and achievement and not only on the basis of research performance.

The elected AMDE Executive Committee was: Chairman Alberto Oriol Bosch (Spain) Bulent Berkarda (Turkey), Ivan Harven (Norway), Vasek Janousek (Czechoslovakia), G. S. Kilpatrick (UK), ex officio: Henry Walton (AMEE), Andrzej Wojtczak (WHO/EURO).

• AMEE 1986 – LISBON, PORTUGAL. The 1986 AMEE Annual Conference in Lisbon (Portugal) was organised by Rector Professor L.N. Ferraz de Oliveira and Dean M.N. Ferreira, of the University of Lisbon, and took as the theme “Self-learning in medical education. The roles of teacher, the students and the doctors”. The opening speech was presented by the new Regional Director of WHO European Regional Office, Dr Joe Asvall. In his opinion, a basic question to be answered was “Self-learning yes, but for what?”. A further question was, “How to stimulate such learning and how to create a framework for such independent studies”. The dichotomy in thinking about two entirely different and even contradictory pathways, clinical medicine and public health, was still present among large numbers of practising doctors and academic teachers. This fact, he claimed, was responsible for most of the shortcomings of medical education in Europe at the time, and opinion about the lack of relevance of education to health needs.
Dr Asvall argued that clinical medicine and public health had to go hand in hand and that what was lacking was the knowledge and skills given to students about their role in maintaining the health of society, a basic understanding about the future and their role in overall healthcare development, how to be critical in their work and its quality, and their role in improving the health of society by effective disease prevention and promotion of health. This, he said, went beyond the knowledge and skills of repairing the functions of those who become ill. It called for knowledge of how to prevent cardiovascular diseases by promoting a healthy lifestyle, taking physical activity and avoiding smoking.

The AMDE Annual Conference discussed the topic “Research and the Medical Schools” focusing on questions such as: what does society expect, and what can medical schools contribute?

- **AMEE 1987 – DUBLIN, IRELAND.** The 1987 AMEE Annual Conference in Dublin (Ireland) was organised jointly by AMEE, AMDE and WFME and was supported by the College of Surgeons and the World Health Organisation. The theme was “Action on reorienting medical education”. The conference was opened by the President of the Republic of Ireland, Dr Patrick Hillary, and ended with a State Reception for all participants.

The theme of the AMEE plenary session was “The role of medical schools in the continuum of medical education” whilst the AMDE session discussed “Priorities and strategies for future medical education”. The task of the conference was to evaluate the “European Regional Response to the Six Themes of WFME” as an input to the World Conference organised in 1988 by the World Federation for Medical Education. The “Six Major Themes” paper asked 32 crucial questions, in the areas of:

1. Educational priorities for medical education
2. Educational strategies for Medical Schools
3. Supporting resources
4. Admission policies
5. Continuity between basic, postgraduate and continuing medical education
6. Linkages between medical schools and healthcare systems

**AMDE/AMEE Working Document**

![Image of AMDE/AMEE Working Document]
National reports containing the answers to these questions were compiled into six regional reports. The European Report was based on the contributions of the national associations compiled by AMEE experts under the above-mentioned six themes.

The AMEE Executive Committee took into account the full preoccupation of Professor Walton with the revitalization of the World Federation for Medical Education and the heavy workload related to the preparations of the World Conference and thanked him for his hard work during his 16 years of presidency. In acknowledgment of his devotion and professionalism in directing the association from its infancy until its maturity, the Executive Committee proposed that the Advisory Board award him the status of Honorary President for Life. The Board accepted the proposal unanimously and elected Professor Gunnar Strom of Sweden as the new President of the Association.

The new Executive Committee consisted of: President Gunnar Strom (Sweden), General Secretary/Treasurer: Milagros Garcia Barbero (Spain); Members: J-F d'Ivernois (France), M. Prywes (Israel), J-M. Segovia (Spain), W. Tysarowski (Poland), Ex officio: G. Love (AMDE), J-P. Menu (WHO/EURO).

**1988 WORLD CONFERENCE ON MEDICAL EDUCATION – EDINBURGH, UNITED KINGDOM.** 1988 – the year of Medical Education in Europe. The most important event in 1988 was the World Conference on Medical Education organised in Edinburgh on 8-12 August 1988. The background document "The World Report" prepared by the World Federation for Medical Education was based on the outcomes of the Six Regional Conferences on Medical Education. The main messages emanating from the documents stressed that the aim of medical education was to produce doctors who, besides treating the sick would promote the health of all people. The individual patient should be able to expect a doctor who is an attentive listener, a careful observer, a sensitive communicator and an effective clinician. However, the efforts to introduce greater social awareness into medical schools have not been notably successful. Reform of medical education requires more than agreement; it requires a widespread commitment to action, vigorous leadership and political will.

The programme of the conference was devised in collaboration with the World Health Organisation, the Director-General, and the six regional directors and their staff. The outcome of the discussion on the ‘Six Themes’ were included in the Edinburgh Conference Report, and were considered as a cornerstone of action needed to influence the future of medical education in the world. It included three components:

1. The Edinburgh Declaration
2. The International Collaborative Programme for the Reorientation of Medical Education
3. An organisational framework which designated the agencies of educational reform, at global, regional, national and institutional levels.
The Edinburgh Declaration indicated the direction for the reorientation of medical education with the following 12 recommendations:

1. Enlarge the range of settings in which educational programmes are conducted, to include all health resources of the community, not hospitals alone,
2. Ensure that curriculum content reflects national health priorities and the availability of affordable resources.
3. Ensure continuity of learning throughout life, shifting emphasis from the passive methods so widespread now to more active learning, including self-directed and independent study as well as tutorial methods.
4. Build both curriculum and examination systems to ensure the achievement of professional competence and social values, not merely the retention and recall of information.
5. Train teachers as educators, not solely experts in content, and reward educational excellence as fully as excellence in biomedical research or clinical practice.
6. Complement instruction about the management of patients with increased emphasis on promotion of health and prevention of disease.
8. Employ selection methods for medical students which go beyond intellectual ability and academic achievement, to include evaluation of personal qualities.
9. Encourage and facilitate cooperation between the ministries of health, ministries of education, community health services and other relevant bodies in joint policy development, programme planning, implementation and review.
10. Ensure admissions policies that match the numbers of students trained with national needs for doctors.
11. Increase the opportunity for joint learning, research and service with other health and health-related professions, as part of the training for team-work.
12. Clarify responsibility and allocate resources for continuing medical education.

The Edinburgh Declaration called for a joint programme to alter the character of medical education so that it truly met the defined needs of society. It indicated that many improvements could be achieved by actions within the medical school itself. Other improvements required action from outside the medical schools, such as cooperation between the ministries of health and ministries of education, or the involvement of community health services in the training of medical and healthcare personnel for teamwork. The Edinburgh Declaration was endorsed by the Global Health Parliament in the Resolution of the World Health Assembly on May 19, 1989 (WHA Res. 42.38), and was adopted worldwide as the mandate for change in the education of doctors.
• **1988 EUROPEAN MINISTERIAL CONSULTATION ON MEDICAL EDUCATION – LISBON, PORTUGAL.** The European Ministerial Consultation on Medical Education organised in Lisbon in November 1988 was another important event, resulting from the firm decision taken by the Ministers of Education and Health of Portugal to take immediate steps to start the process for ensuring change in line with the Edinburgh Declaration and the European ‘Health for All’ strategy. The conference was convened jointly by the Minister of Health and the Minister of Education of Portugal, the WHO Regional Office for Europe, the World Federation for Medical Education (WFME), the Association for Medical Education in Europe (AMEE), and the Association of Medical Deans in Europe (AMDE). It was attended by the ministers and delegations from 25 European countries; in addition, there were 32 educational advisers appointed by the WHO from 17 countries.

The main aim of bringing together ministers of health and ministers of education who had never met before was to provide a platform for the health and education sectors for a new health policy in Europe laid by the WHO Regional Committee for Europe in 1984 and to follow-up activities stemming from the Report of the 1988 Edinburgh World Conference on Medical Education. Particular attention was paid to complementing traditional teaching focused on management of diseases with the knowledge, skills and attitudes related to health promotion and disease prevention. Students should be taught and should learn in an environment that enabled them to gain practical experience of wider aspects of care than can be provided by the highly specialized services of a university hospital. It called for cooperation of medical schools and health services to enable learning to take place in the right environment, and to involve community-based staff in the teaching. It was stressed that medical education should bring undergraduate, postgraduate and continuing education more closely together as a lifetime of practice and they should take place in appropriate settings which reflect all aspects of health and health services.

The delegates of the ministerial consultation proposed that all other European countries should consider taking action on the principles embodied in the document called “The Lisbon Initiative” representing the consensus of all delegates at the Consultation, expressing their wish for medical education to be reoriented to make it more relevant to health needs, and which has set the pattern for governmental cooperation in health and education spheres.

These two international initiatives of 1988 – The Edinburgh World Conference and The Lisbon Ministerial Conference – strongly influenced the programmes of various medical education events. The recommendations of these two events were also discussed during the next few AMEE and AMDE conferences.

• **AMEE 1988 – ISTANBUL, TURKEY.** The AMEE 1988 Annual Conference in Istanbul (Turkey) programme was heavily influenced by the outcomes of the Edinburgh World Conference. The main theme was “The new European policy and medical education”, and the content of the programme reflected the recommendations of the Edinburgh Declaration considered as a foundation for reforming medical education.
The guest speakers were Dr Jean Rochon, Deputy Director of WHO Regional Office in Europe, who presented “The new European health policy, the challenge to medical schools”, and Professor Henry Walton, President of WFME who spoke on the outcomes of the Edinburgh World Conference and its significance for reforms of medical education worldwide. The discussion focused on existing educational deficiencies such as a bias towards specialist practice, insufficient use of district hospitals, community-based experience for teaching purposes, undue neglect of health promotion, disease prevention, and continuity of care. It was indicated that the implementation of recommended reforms would need substantial changes in the structure of medical schools and a lot of resources for the implementation of intended reforms.

The workshops took as the topics for discussion the six recommendations of the Edinburgh Declaration. The attendees had the opportunity to visit a few rural health units and attend round table discussions on the ‘educational requirements of primary healthcare and general medicine’, and ‘measurement of clinical competences’.

The associated AMDE Conference discussed the topic “The new European health policy, challenge to Medical Schools: the role of medical deans in managing the response”.

• **AMEE 1989 – MUNSTER, REPUBLIC OF GERMANY.** In 1989 the AMEE Annual Conference in Munster (Federal Republic of Germany) was organised by Professor Dietrich Habeck in cooperation with University of Munster. The programme of the conference was left mainly in the hands of the local organising committee which proposed the theme “Scientific thinking in Medical Education”. The conference was attended by about 200 participants and was combined with the “Fourth meeting of the Chinese-German Society of Medicine”. To attract participation from Eastern European countries the conference registration fee was reduced by 50 per cent.

The topics of the AMEE conference focused on the various aspects of scientific thinking in medical education, its application, methods and evaluation. A significant part of the work was done in the 8 parallel Workshops which discussed the application of scientific thinking on the various levels: molecular, organ, individual, family, community and clinical ward. Further discussion on the topics of the conference continued in the parallel Study Groups in which the introductory presentations related to medical education research, to teaching versus learning, to evaluation of teacher training, to methods and psychological aspects of motivation and to personal development, followed by the discussions.

The topics of the AMDE Conference focused on the research performed in universities and in medical schools in relation to the ‘Health for All’ policies and in light of growing cooperation in the field of research with the European Community. The report of the Conference entitled “Medical Education Today and Tomorrow” was edited by Professor Habeck and published by the University of Munster.
• **AMEE 1990 – BUDAPEST, HUNGARY.** The 1990 AMEE Annual Conference in Budapest (Hungary) was organised together with the AMDE annual meeting with support of the Budapest Postgraduate Medical School and Ministry of Health. The local organising committee was chaired by Professor Ivan Forgac and the theme was “Various Aspects of Undergraduate Medical Education”. The presentation and discussions on the new educational policies recommended by the World Conference in Edinburgh 1988 and focused on such topics as selection of students, problem-based learning, horizontal and vertical integration of the curriculum, new assessment techniques and teacher training for creating learning opportunities for students.

The AMEE Advisory Board concurred to Professor Gunnar Strom’s request not to prolong his Presidency and on the recommendation of the Executive Board elected the new President – Professor Alberto Oriol Bosch (Spain), former Chairman of the AMDE.

• **AMEE 1991 – PARIS, FRANCE.** In 1991 the AMEE Annual Conference in Paris (France) was organised by Professors Cornillot and J-F. d’Ivernois jointly with the Annual Conference of the International Deans of the Medical Schools of the French Language (President Professor Andre Gouaze) and the University of Bobigny and was conducted in English and French. The main intention of the Local Organising Committee was to establish the European Union of Medical Schools with two official languages – English and French. The main theme of the Conference was “Changing Medical Schools in Europe”

At the AMDE Conference three topics were discussed: “Changes in Europe and Health Policy”, “Collaboration between Medical Schools in Europe” and “Opportunity for European Union of Medical Schools”. The discussion was dominated by Professor Cornillot’s idea of the creation of the European Union of Medical Schools that would replace the Association of Medical Deans in Europe. A little time was devoted to discussing on the new European health policies, and the increasing role of the European community.

On the other hand the programme of the AMEE conference as a product of the joint efforts of all participating associations in planning the conference addressed a rather general theme: “New Concepts in Medical and Health Sciences Education” and the plenary sessions addressed topics including “Health education in medical and health science education”, “Multi-professional education in medical and health sciences education”, Quality assurance, pertinence and new basic sciences in medical and health sciences education” and “Education for problem solving and decision making in medicine”. These same topics were the subject of discussion at the workshops. These topics reflected the interest of the Bobigny Health Sciences University of North Paris but not necessarily the attendees of conference.

The Advisory Board rejected the request of French attendees for use of the French language as a second official AMEE language as the high cost of simultaneous translation did not permit such an arrangement. It was emphasized that the representative of France at the time of AMEE establishment accepted that there would be only one official language. The Board agreed to the proposal that the Executive Committee should also meet between the AMEE conferences to evaluate the past conference and approve the programme of the next conference.
A time of significant AMEE organisational changes

The AMEE Executive Committee that met in Barcelona in March 1992 performed a thorough evaluation of the last few AMEE annual conferences and decided to introduce significant changes in the regulations, procedures, and operation. The organisation of the past few conferences were critically assessed, especially the last conference in Paris that was left in the hands of the local organising committees. It was decided that the Executive Committee would present several recommendations to the Advisory Board: the scientific programmes of AMEE conferences should be the responsibility of the AMEE Secretariat and the Executive Committee in cooperation with the local organisers who will select a location for the conference and arrange the social programme; a new conference planning guide would be prepared for the potential hosts of the AMEE conference who would be invited to the Executive Committee meeting to present for approval their proposals of accommodation, audiovisual facilities, and social programme together with estimated costs; and to calculate such changes the support of full-time staff in the Secretariat would be needed. It was agreed the proposed changes would be presented for approval of the Advisory Board together with a revision to the AMEE Constitution during the next conference in Dundee. To propose changes to the AMEE Constitution a Task Force chaired by Professor Shimon Moses was established.

Finally, Professor Janousek, the AMDE chairman, informed that the Paris initiative of Professor Cornillot to establish the Union of European Medical Schools was not followed up, and AMDE was preparing new regulations for the Association.

• AMEE 1992 – DUNDEE, UNITED KINGDOM. The 1992 AMEE Annual Conference in Dundee, Scotland (UK) was intended to promote a more global profile for the Association and was organised jointly with the Fifth Ottawa International Conference on Medical Education, the World Federation for Medical Education, the Association of Medical Deans of Europe, and the Association for the Study of Medical Education in collaboration with the Cancer Relief McMillan Fund and the University of Dundee. The local organising committee consisted of representatives of the participating associations and was chaired by Professors Ronald Harden (Dundee) and Ian Hart (Ottawa). The theme of the conference was “Assessment of Clinical Competence”.

In the opening presentation, illustrated audio-Visually, Professor Ian Hart emphasized the broad spectrum of issues related to the assessment of clinical competences, grouping them under four provocative questions: ‘What is known?’, ‘What is needed to be known?’, ‘What will never be known?’, and ‘What are expected future trends in clinical assessment?’. The three plenary sessions were introduced by keynote speakers and expert panels addressed three themes: “Patients and Assessment” and “Assessment and Learning”, and “Clinical Audit and Assessment”. The short communications sessions, workshops, master classes, posters sessions and interactive exhibits enabled 391 medical educators to present the outcomes of their educational work. The main objective of all conference activities was to develop evaluation and assessment abilities of attendees to ensure the competence of graduates at their respective institutions.
This conference attracted about 530 medical teachers from over 40 countries. Of note was the increasing number of attendees from Eastern Europe and from outside Europe creating an opportunity to widen the international network of medical educators interested in the assessment of clinical competence. Over 100 persons were turned away due to lack of facilities and hotel rooms available in Dundee. The conference was an important event, introducing the “new modern face” of AMEE to a wide range of medical educators.

The AMEE Advisory Board met in Dundee and ratified the major constitutional revisions proposed by the Executive Committee Task Force established at the Barcelona meeting earlier in the year. The new constitution changed the governing structure of the Association. The Advisory Board gave way to the General Assembly to which the Executive Committee would report. The agenda of the General Assembly was to be distributed by the Secretary General two months before the meeting. The fully-paid-up corporate, institutional, individual, student, and associate members were qualified to participate in the General Assembly meetings with full speaking and voting rights. The members of the Executive Committee would hold their seats for two years and would be re-elected for a maximum of another two years. Half of the seats of the Executive Board were to be up for re-election each year alternately. In addition to meetings during the annual conference, the Executive Board would meet at least once a year. The newly established “Nomination Committee” would look for candidates for the positions of President, Treasurer, General Secretary and six members. The nominations would be invited by circulation to the membership by mail and newsletter and members would have the opportunity to nominate alternatives right up to the time of the vote at the General Assembly the following year. The new AMEE Constitution also introduced individual membership and student membership after acceptance of candidates by the Executive Committee. It also permitted admittance of both individual members and institutions from outside the European region at the discretion of the Executive Committee. Corporate membership relates also to other associations and organisations and not only to national associations of medical education. The fee paid yearly in 1992 was for Corporate members (national bodies and organisations or their equivalent) – £200 or £100 per year; Institutional (for educational bodies, postgraduate organisation, specialty associations, or medical schools) – £60 per year. Individual (teachers with a commitment to medical education) – £15 per year and Students (medical or other healthcare professions) – £8 per year. The membership fee was to be regulated by the General Assembly on the request of the Executive Committee.

Tasks of AMEE were extended beyond the organisation of periodic conferences on various aspects of medical education, and promotion of communication among medical educators, to include collection of information from medical schools and other institutions about objectives and programmes in medical education, and procedures for training medical teachers from the European countries and outside of Europe.
Provision was also made for membership from countries outside the European Region of WHO at the approval of the Executive Committee. All members (corporate, institutional, individual, students and associate) who had paid their membership dues were qualified to participate in the annual general meeting with full speaking rights.

Only corporate, institutional, individual and student members had proposal and voting rights. Finally AMEE would apply for the status of a non-profit organisation. The changes in the AMEE Constitution made on August 31, 1992 had immediate effect.

The AMEE President Professor Albert Oriol-Bosch in summing up the changes that were put in motion, underlined that the Association entering the third decade of existence, and had become a mature organisation by adjusting the structure and activities to meet the needs of a rapidly changing world. Hardly anything has remained untouched during this period, especially in the last five years. The 70s witnessed the appearance of new innovative educational institutions, the 80s provided two important reference frames: the European health strategy ‘Health for All’, and the Edinburgh Declaration. He indicated that AMEE could succeed only if it relied on the creative and influential national associations for medical education.

The Advisory Board approved the new composition of the Executive Committee that consisted of: President: A. Oriol-Bosch (Spain); Secretary / Treasurer: R. M. Harden (UK); Members: M. Lischka (Austria); S Moses (Israel); J Nystrup (Denmark); A. Wojtczak (Poland); and Ex-officio: M. Garcia Barbero (EURO WHO), H. Walton (WFME).

There is no doubt that changes approved in Dundee started a new chapter in the organisation and the method of operation of the Association for Medical Education in Europe.

The AMDE general meeting in Dundee reviewed the development and present situation of the Association. It was considered that changes were needed to make AMDE more visible and not be viewed as a “younger sister” of AMEE. The discussion clearly identified the need for new direction of activities more in line with the present needs of the Medical Faculties in Europe. It was decided to hold a special meeting in Utrecht on April 23-24, 1993 to consider the new AMDE Constitution and new work directions.
The Executive Committee meeting in Barcelona in March 1993 decided on the theme “Making Teaching and Learning More Effective: Toward Quality in Medical Education” for the 1993 conference in Krakow (Poland). The programme of the conference would include: preconference workshops, plenary sessions dealing with various aspects of the main theme, free papers sessions to permit presentations by the conference attendees, and a final session to review the outcomes of conference activities and to discuss future activities. The need to allocate enough time for presentation of free papers and follow up discussion was included as requested by the members of the Association. In accordance with a new regulation the EC Scientific Programme Committee consisting of R.M. Harden, A. Wojtczak and J. Nystrup was established to help in preparations for the Krakow conference.

Taking into account the difficulties in obtaining hard currency in Eastern Europe countries it was agreed the conference fees should be reduced for participants from these countries.

The AMEE Secretariat was moved from Edinburgh to Dundee and Ms Sue Roff was appointed to support Professor Harden in his role of Secretary General/Treasurer. The new initiatives of the Secretariat, such as regular publication of AMEE Newsletters and the series of AMEE Medical Education Guides, were welcomed.
1993 WORLD SUMMIT FOR MEDICAL EDUCATION – EDINBURGH, UNITED KINGDOM. The World Summit was organised by the World Federation for Medical Education in August 1993 in Edinburgh, five years after the World Conference on Medical Education of 1988 that produced the Edinburgh Declaration. Invited were 240 leading medical educators, healthcare policy makers, and health authorities from 80 countries. The WHO, UNICEF, UNDP, UNESCO, World Bank, and many non-governmental organisations and professional associations were represented at a high level. The Summit reviewed the impact of the Edinburgh Declaration on medical education during the past five years and came to the conclusion that while the principles of the Edinburgh Declaration were valid and still required implementation, universities and medical schools were too often preoccupied with their own academic affairs and detached from the concerns of society, and the conservatism of the medical profession and universities had resulted in a slow response to the Edinburgh Declaration.

It was clear that health had become a major political issue, viewed as a human right. The public expectations of medicine were very high and the benefits of modern medicine were sought by consumers, but the spiralling costs of medical care had failed to reach many in need. Therefore the 1993 World Conference went beyond the medical education mandate of 1988 and concentrated on world health and educational policies. As the pattern of disease has shifted from the diseases of deficiency and infection towards cardiovascular disease, cancer and diabetes as major killers in developed countries, and ageing populations, it has called for additional knowledge and skills. These changes highlighted doctors’ weaknesses in communication skills, in the ability to provide long-term and compassionate care and the ability to face issues such as death. Also lacking was knowledge of public health issues including, drug abuse, chronic diseases of ageing populations and emerging infectious diseases, such as global epidemics of AIDS, resistant malaria, and resurging tuberculosis and the need to promote a healthy lifestyle. The appropriate model of science in medicine was acknowledged as no longer simply biomedical, but also social and psychological.

On the other hand, in spite of a broad acceptance of primary healthcare as the basis of the healthcare system, doctors maintain a primarily disease-oriented approach. Specialists are produced beyond requirements while generalists are needed but not available. This highlighted the need to redesign the education of doctors for the 21st century. They must be able to cope with scientific advances; they need new knowledge and skills on how to prevent illness, to promote healthy living, and treat disease.

It was also apparent from discussions that doctors needed to be better providers of primary care; communicators; critical thinkers; motivated lifelong learners; information specialists; and practitioners of applied economics, sociology, epidemiology and behavioural medicine. Medical ethics was also seen as a required part of curricula, as a profound challenge to moral reasoning and action faced doctors and the institutions that produced them.
Taking all these into account, the World Summit issued 22 recommendations to be discussed in 1994 by the six conferences of the respective regional associations for medical education with participation of WFME and WHO Regional Office representatives to consider the practical ways of implementing these recommendations and ensuring their follow up.

- **AMEE 1993 – KRAKOW, POLAND.** The 1993 AMEE Annual Conference in Krakow (Poland) from 5-8 September was organised by Professor Jadwiga Mirecka in cooperation with the AMEE Programme Committee. It was supported by the Ministry of Health and the Jagiellonian University Medical College and was attended by about 200 participants. The theme “Making Teaching and Learning More Effective: Towards Quality in Medical Education” included various aspects of quality assurance in the continuum of medical education, more effective teaching and learning methods such as new technologies, appropriate curriculum planning and assessment procedures, and monitoring of quality of teaching. Eight preconference workshops and a few special interest meetings were organised. During the plenary sessions, the invited speakers addressed key issues relating to the theme of the conference. The free paper sessions, and a poster exhibition permitted participants to present their research and the commercial exhibition permitted demonstrated progress in educational technology. The final plenary session was devoted to a review of conference activities and was followed by a discussion. For the first time an AMEE prize for the best contribution to a free paper session was awarded.

The General Assembly concurred with the request of Professor A. Oriol Bosch not to seek a second term in office and thanked him for the new impetus given to the development of the Association. A new president, Professor Andrzej Wojtczak (Poland) was elected. The Assembly approved a new initiative of the Executive Committee to building up a strong secretariat in Dundee led by Professor Ronald Harden – the General Secretary/Treasurer. This initiative turned out to be a crucial step strengthening the Association and in developing the broad spectrum of AMEE activities. The scientific programme of the conference became the responsibility of the AMEE Secretariat and the Executive Committee.
It was indicated that the real work of AMEE is performed outside plenary sessions, during workshops small group discussion and free-paper presentations which act as a platform for the exchange of information, experiences and views. They also served to enlighten the problems and needs of other cultures and regions. It was agreed that these sessions would be regular elements in AMEE conferences.

The Executive Committee accepted with pleasure a report indicating that in the first three months following the introduction of associate individual memberships, membership had risen by more than 150 and continued to rise.

The General Assembly elected a new Executive Committee that consisted of President Andrzej Wojtczak (Poland), Secretary General/ Treasurer-Ronald Harden (Scotland); Members: Margarita Baron Maldonado (Spain), Lennart Bouman (The Netherlands), Hans Asbjorn Holm (Norway), Bjorn Sundstrom (Sweden), Shimon Moses (Israel), Jorgen Nystorp (Denmark), Vassos Haralambides (Greece); Ex officio Mila Garcia Barbero (WHO/EURO), Alberto Oriol Bosch (AMEE Past President).

The conference dinner was organised in Wieliczka Salt Mine (near Krakow) in a salt chamber 1000 metres below ground. The new President expressed a will to continue changes started by Professor Oriol Bosch and Professor Ronald Harden. He indicated as the most important task the development of a co-operative network of educational institutions involved in undergraduate, postgraduate and continuing education to find the best ways of “educating tomorrow’s doctors”. It was suggested that AMEE play the role of a forum for educators from all part of the world. The newly established AMEE Secretariat in Dundee led by Professor Ronald Harden, would serve as a source of advice and consultancy in a worldwide context.

The Krakow conference was marked by a separation of the AMDE meetings from the AMEE conferences. The Association of Medical Deans of Europe (AMDE) at a special meeting in Utrecht on April 23-24, 1993 adopted a new constitution more in line with the present needs of the medical faculties in Europe and changed the name of association to the Association of Medical Schools in Europe (AMSE). A few days before the AMEE conference in Krakow AMSE met in Lublin (Poland) for their first annual conference. It was decided that the time and location of annual conferences would be decided in advance. It did not exclude the possibility of their organisation in conjunction with AMEE.

• **1994 AMEE EXECUTIVE COMMITTEE – BARCELONA, SPAIN.** The Executive Committee met in Barcelona in March 1994 to evaluate the conference in Krakow and to review preparations for the conference in Athens in 1994. The Executive Committee decided to apply the general format of the conference in Krakow to future conferences. This pattern was a combination of plenary sessions with presentations by invited experts, preconference workshops, short communications, and posters sessions to enable conference participants to present results of their research work.
It was decided that the scientific programme for the Athens meeting would be prepared by the AMEE Secretariat in Dundee and the Local Organising Committee would be responsible for the local arrangements including hotel accommodation.

Responding to Professor Walton’s request it was decided to reserve time for a session that would follow up the Edinburgh Summit recommendations. The Committee was informed by Professor Mila Garcia Barbero representing the WHO that at present undergraduate education is not a priority for the Organisation due to financial restrictions.

Finally the Executive Committee reviewed the Constitution and made a few amendments for approval by the General Assembly. The most important was to propose that the Secretary General post should be left more flexible and not be limited to a two-year appointment. It was also proposed that instead of ex officio membership of EC, the representatives of the WFME and WHO/EURO would be invited to participate in the EC meetings by the President as appropriate.

**AMEE 1994 – ATHENS, GREECE**. The 1994 AMEE Annual Conference in Athens (Greece), influenced by the World Summit, had a main theme “Changing Medical Education in Europe” and was organised jointly with WFME, the WHO Regional Office, the Hellenic Association for Medical Education and Athens University. The local organising committee led by Dr Vassos Haralambides, chose the Astir Palace Hotel in Vouliagmani about 30 km outside the Athens, as the conference location.

The opening ceremony took place in the Aula of Athens University and was attended by the Rector of the University, the Minister of Health, Professor Kremastinos, the Minister of Education, Mr M. Papandreou, and the Regional Director of the WHO Regional Office Dr Asvall, and President of WFME, Professor H. Walton. In the opening address AMEE President Professor A. Wojtczak thanked the Greek Officials for the organisation of this memorable Conference and stressed the role of AMEE meetings as a forum for academic teachers to present their experiences. The presence of Dr Asvall, Regional Director of the WHO Regional Office, Professor Walton, President of WFME and Dr Charles Bolen representing WHO headquarters was a good indication of cooperation to reach these aims. At the end of the opening ceremony the Hippocratic Oath was confirmed by over 190 participants of the Athens meeting which came from 35 countries, including outside Europe.
The Athens Conference looked at the current changes and future requirements of medical education in Europe taking into account the recommendations of the WFME Summit on Medical Education held in Edinburgh in August 1993. That provided an opportunity for medical educators to look at the relevance of recommendations in the context of their own professional obligations and propose ways of implementation.

The conference programme included preconference workshops that covered the topics of continuing medical education, communication skills training, clinical assessment, problem-based learning, staff development and international aspects of medical education. The plenary sessions were devoted to the topic “How to change medical education”, and simultaneous short communications sessions during the two days dealt with the issues related to ‘How to make medical education more relevant and more effective’, and to the continuum of medical education as a lifelong obligation. The second day plenary session discussed the topic “Achieving Effective Education” and was followed by four parallel sessions dealing with trends in assessment, selection, gender and the process of change. Twenty-one posters were presented. The conference ended with the plenary session “Past, Present and Future” that summed up the outcomes of the simultaneous sessions followed by a lively discussion and the closing ceremony.

• 1995 AMEE EXECUTIVE COMMITTEE – BARCELONA, SPAIN. In March 1995 the Executive Committee met in Barcelona to evaluate the Athens conference and to discuss preparations for Zaragoza. Expressing thanks to the Local Committee for the organisational effort it was mentioned that the expenditure of the Athens Conference had considerably exceeded the budgeted amount. It was due to quite high expenditures related to advertising the Athens AMEE conference as the WFME Regional Conference requested by the President of WFME to the local organisers, without any funding available from WFME and without any authorization of AMEE Secretariat. The Executive Committee decided that the relationship of AMEE and WFME must be definitely clarified as AMEE has no obligations to finance the WFME activities as in the past when AMEE and WFME had the same President.

When evaluating the Athens programme, it was agreed that it was overloaded, with insufficient time for discussion, and that some plenary speakers were not at the expected level. It was also agreed that the topics of presentations should be approved in advance in an attempt to satisfy the interest of the majority of participants. It was decided that topics of the preconference workshops and abstracts submitted for the free-paper sessions should be screened before acceptance. It was suggested that more time must be allocated for the General Assembly meeting.

With great satisfaction the Executive Committee received Professor Harden’s news on the possibility that the journal Medical Teacher may be adopted as the AMEE journal. He also asked for proposals for authors of further AMEE Education Guides / Occasional Papers which are very popular among medical teachers. Finally he introduced a new employee, Miss Lindsey Anne Cumming, who will coordinate the work of the Secretariat in Dundee.

The Executive Committee approved the SEDEM proposal to organise the 1995 conference in Zaragoza (Spain) with the possible theme “Assessment and Technology in Medical Education” and agreed to the organisation of the 1996 AMEE Conference in Copenhagen (Denmark) with the general theme “Collaboration and Trends in Europe”.
World events in medical education and AMEE’s role

A series of important educational events over the next year influenced AMEE’s future activities.

In October 1994 in Geneva, a consultation took place organised by the World Health Organisation and the Education Commission for Foreign Medical Graduates from Philadelphia entitled “Towards a Global Consensus on Quality Medical Education: Serving the Needs of Population and Individuals”. Besides a consensus on the most appropriate ways of evaluating the quality of medical education, the most important issue discussed was the question of how academic medicine should serve society.

In November 1994 in Canada, the conference on “Making medical practice and education more relevant to people’s needs: the contribution of family doctors”, organised by WHO and World Organisation of Family Doctors – WONCA clearly suggested the need and ways of improving medical education and practice with a focus on primary healthcare.

In January 1995, in the United Arab Emirates, the Eastern Mediterranean Regional Conference “Towards Partnership – healthcare delivery and education: a blueprint for change”, as a follow up of the Edinburgh World Summit 1993, highlighted the importance of making education relevant to population needs, to secure its quality, the assessment of the educational process, and the need for continuing education.

In May 1995 in the Netherlands, the International Conference of the Network of Community-Oriented Educational Institutions for Health Sciences entitled “MedEd-21: Medical Education in Europe for the 21st Century” underlined needed changes and future directions of medical education.

Finally in May 1995 the World Health Assembly adopted the resolution “Reorienting Medical Education and Medical Practice for Health for All” that focused on the need for reorientation of medical education more towards primary healthcare in line with the principles of health for all by co-sponsoring the consultative meetings and regional initiatives to shape educational policies and programmes. The resolution was a result of the dissatisfaction of the Member States with the actual situation both in medical education and in medical practice and calls for changes and improvement.

These important events, that brought together policy makers and academic teachers, expressed dissatisfaction with the relevance of medical education at present and called for urgent changes. Therefore, AMEE as the international forum of academic teachers had an obligation to respond to these recommendations and focus on the technical problems of the educational process, putting it in the broad educational policies framework.

The increasing globalization of medical education called for an understanding of the necessity of a broad international partnership, exchange of information and cooperation, development of strategies for change, and the design of proper tools for assessing the quality and relevance of medical education.
• **AMEE 1995 – ZARAGOZA, SPAIN.** The 1995 AMEE Annual Conference in Zaragoza (Spain), attended by 205 participants, had as the main theme “Trends in Medical Education”. The local organising committee was chaired by Professor Margarita Barón, SEDEM President, and the conference was sponsored by SEDEM, University of Zaragoza, and the City of Zaragoza. The opening ceremony took place at the Aula of the local University and was attended by the rector of the University and Mayor of the city. In the opening speech the AMEE President thanked the local authorities and SEDEM for organisation of the Conference. He highlighted the role of AMEE conferences as an educational forum for exchanging experiences by every year increasing the number of attendees coming from European countries and more and more from outside of Europe.

The scientific programme developed in cooperation with the Executive Committee covered a wide range of topics related to all phases of medical education, with a focus on assessment and the new technologies, curriculum planning, methods of teaching and learning, clinical skills training and continuing education. Three Task Forces led by members of the EC revisited World Summit recommendations that were discussed during the Athens Conference: “Making education more relevant and effective”, “Trends in assessment” and “Continuum of education”. The outcomes of the discussions served as a contribution from the European Region to translation into action some of the World Summit recommendations. The plenary sessions discussed the role of the new technologies in increasing the effectiveness of the educational process both in basic sciences and in clinical medicine, and on the important issue of the assessment of educational programmes and the different methods that can be used in assessment of introduced changes.

Members of the General Assembly welcomed the idea of adopting Medical Teacher as the journal of AMEE as an important platform on which the educational reputation of AMEE would be built. The publication of six AMEE Education Guides and the Newsletter sent regularly to all AMEE individual members, were considered as a very successful undertaking of the AMEE Secretariat. With regret the message was received that undergraduate education was not a priority in the programme of the EURO Office due to lack of funds. This message meant that 20 years of very close collaboration between WHO and AMEE in all aspects of medical education would be limited.
It also meant that AMEE at a time of significant change in undergraduate, postgraduate and continuing medical education would have more tasks related not only to Europe but beyond. To carry out these tasks would require strengthening of the Secretariat on a secure financial basis.

Besides the main AMEE activity – organisation of annual conferences and preparing various educational publications – it was agreed that AMEE must actively support research in medical education. Medical Teacher as the journal of the Association would play a very important role.

**AMEE 1996 – COPENHAGEN, DENMARK.** The 1996 AMEE Annual Conference in Copenhagen (Denmark) was organised in cooperation with the University of Copenhagen, the National Board of Health, the Ministry of Education, the Danish Medical Society, the Medical Society of Copenhagen, the Danish Medical Association, and the Nordic Federation for Medical Education, coordinated by Dr Jorgen Nystrup and Prof Hans Karle. The theme was: “Changing the concept of disease towards health: educational aspects”.

The Annual Conference in Copenhagen marked AMEE’s 25 year anniversary. It was symbolic that after quarter of a century AMEE was coming back to its roots and trying to find effective ways to prepare physicians for the 21st century, with competence to provide comprehensive and continuous healthcare. The competence was built up on a scientific understanding that the clinical and social nature of the problems should take account of the cultural, social, psychological and economic factors that influence health and disease. Doctors should be able to provide both curative and preventive care directly or through other members of the team. In view of the spiralling costs of medical care and in the face of unequal access to care, they should be aware of the economic implications of their decisions. Ethics was becoming a more and more prominent issue and one of the greatest risks of tomorrow is that technology will displace human feelings in medical care. To meet these challenges a new kind doctor should be capable of playing the different roles of care-giver, decision-maker, communicator and manager that are going beyond tertiary care institutions to be provided in ambulatory care settings.

The conference deliberations addressed the value of medical history as a cultural element in the medical curriculum, changes of teaching methods and role of the teacher as facilitator of the learning process. Curriculum planning, methods of assessment, use of standardized patients in assessment, new educational technologies and medical ethics relating to the whole continuum of medical education were addressed.

Beside plenary sessions, there were workshops, poster sessions, free paper presentations and informal meetings. To increase the significance of poster presentations it was decided that the time allocated should permit all presenters to be at the posters and the chairperson was obliged to lead a discussion following the authors’ short presentations.

During the General Assembly meeting, the 25th anniversary of the Association and its activities were highlighted by the new President of the World Federation for Medical Education, Dr Hans Karle, and President of the new Association of Medical Schools of Europe, Professor Sergio Curtoni.
The AMEE President Andrzej Wojtczak underlined the continuing development of the Association. The quality of the plenary, short communications and poster sessions was fast improving, and every subsequent conference brought more participating countries, also from outside of Europe, and a greater number of attendees. This indicates the growing importance of AMEE annual conferences as an international forum for presenting new experiences and disseminating information about medical education. The increasing AMEE membership, popularity of the AMEE Education Guides, adoption of *Medical Teacher* as the journal of the Association and role of the AMEE Secretariat led by Professor Ronald Harden, ensuring the quality of conferences and publications, had marked the successful development of the Association that has reached the age of maturity. Finally, he informed the General Assembly that he had with great regret to step down as President, having been appointed Executive Director of WHO Centre for Health Research in Kobe, Japan. On behalf of the Executive Committee he proposed Dr Jorgen Nystrup to take over the Presidency of the Association. The proposal was accepted by the General Assembly.

The new President of the World Federation for Medical Education, Dr Hans Karle, expressed his wish for closer collaboration between AMEE and the WFME that would soon celebrate its 25th anniversary. He indicated that the WFME office had moved from Edinburgh to Copenhagen and Lund. The General Assembly expressed thanks to the retiring President, Professor Henry Walton, for his work over the past years.

The Executive Committee consisted of: President: Dr Jorgen Nystrup (Denmark); Secretary General: Ronald Harden (UK); Members: Martin Lischka (Austria), Shimon Moses (Israel), Margarita Baron (Spain), Lennart Bouman (The Netherlands), Hans Asbjorn Holm (Norway), Gaetano Salvatore (Italy); Ex officio: Mila Garcia-Barbero (WHO/ EURO), Hans Karle (WFME), Andrzej Wojtczak (Past President).

- **AMEE 1997 – VIENNA, AUSTRIA.** The 1997 AMEE Annual Conference in Vienna (Austria) – was organised in cooperation with the World Federation for Medical Education, the Faculty of Medicine Vienna University and The German Association for Medical Education. The chairman of the local organising committee was Professor Martin Lischka and the main theme was “Teaching and Learning in Medicine”. The conference was attended by 275 participants. The topics of some of the eight preconference workshops discussed the future strategies of the World Federation for Medical Education and the problems of medical education in the six regions. Another important topic was the creation of the European Network for Development of Multi-professional Education in Health Sciences and development of inter-professional and multi-professional educational programmes.

The plenaries focused on the issues of facilitating learning from an educational and students’ perspective, new technologies facilitating learning, and the importance of learning communication skills. The discussions also included postgraduate training and continuing professional development (CPD). In general, topics discussed during plenaries, conference workshops and short communication sessions reflected the changes that are taking place in education of healthcare personnel, from
undergraduate to postgraduate and continuing professional development, with an emphasis on multi-professional education, and the use of new technologies in clinical skills training and assessment of competences.

- **AMEE 1998 – PRAGUE, CZECH REPUBLIC.** The 1998 AMEE Annual Conference in Prague (Czech Republic) was organised in cooperation with the Postgraduate Medical School, the First Medical Faculty Charles University, and the Czech Medical Association J. E. Purkyne. The local organising committee was chaired by Dr Jana Krejcikova and Professor Josef Vyshold and the theme was “Current Issues in Medical Education”. The conference was attended by 450 participants. The preconference workshops were devoted to various aspects of the use of simulators, multimedia, computers systems and the internet in medical education in the information age. These topics were presented and discussed during plenary sessions and also in greater depth during short communication sessions. The other topics discussed related to curriculum development with a focus on problem-based learning, self-learning, and staff development. Discussion included also postgraduate and continuing education.

The AMEE General Assembly approved the revision of the Constitution necessary to reflect the constant increase in the AMEE membership and broadening the scope of activities. It was decided that each corporate or institutional member could be represented by a maximum of three delegates, each having one vote. Each individual or student member present had one vote. The term of office for Executive Committee members was extended from two to three years and with each member eligible for re-election for a maximum of a further three years. One third of the seats would be up for re-election each year. In addition, in the Executive Committee would be one student member appointed for a period of one year, to be elected annually by the students’ body, and may be re-elected once. Ex officio members were the past AMEE President and the President of the World Federation for Medical Education. A representative of WHO Europe would be invited to attend as an observer to the Executive Committee meetings. The Executive Committee nominated the General Secretary as responsible for the administrative and financial aspects of the Association for an unlimited period. The Executive Committee would decide on employment of Secretarial staff within the budget set by the General Assembly. The office of the Association normally should be based in the country where either the President or the General Secretary resided. The membership dues would be decided annually, and in exceptional circumstances reduced membership fees would be left at the discretion of the Executive Committee.

Although the Association’s membership had been restricted to the European Region, the Executive Committee received the right to admit other bodies or individual members from countries outside the European region. The General Assembly approved the status of honorary AMEE membership that may be awarded to individuals in recognition of their contribution to medical education.

The Association had the right to receive, administer, invest and expend donations, subscriptions, fees, grants and other monies, to publish and to sell publications relating to medical education, to organise international
conferences in member countries and elsewhere and to represent European medical educators and teachers in supranational bodies.

The Executive Committee was: President: Jorgen Nystrup (Denmark), Secretary General; Ronald M Harden (UK); Members: Margarita Baron-Maldonado (Spain) I.S. Bocsan (Romania), Lennart Bouman (The Netherlands) Florian Eitel (Germany) Hans Asbjorn Holm (Norway) Shimon Moses (Israel), Ex officio: Mila Garcia-Barbero (WHO Denmark), Albert Oriol-Bosch (Spain) Andrzej Wojtczak (Past president)

**AMEE 1999 – LINKÖPING, SWEDEN.** The 1999 AMEE Annual Conference in Linköping (Sweden) was organised in cooperation with the Faculty of Health Sciences of the University of Linköping. The local Organising Committee was chaired by Dr Pia Forsberg and Dr Per Hultman and the theme of the conference was “A Critical Appraisal of Medical Education – An International Perspective”. The University of Linköping has been known as an institution that first introduced multi-professional education of healthcare personnel for teamwork, structured training in communication skills and leadership training, in the Faculty of Medicine and Health Sciences led by Professor Nils-Holger Areskog. The curriculum is problem-based and early clinical contact for students was secured from the beginning of studies by training at the community health centres. It was widely known among educators as “The Linköping Experience”. Maybe for this reason, the number of conference attendees for the first time passed 500.

The conference format was designed by the AMEE Secretariat to include: preconference workshops, plenaries, short communications and poster sessions, conference workshops, exhibitions and special interest groups. The programme was focused on evidence-based medical education and this issue was running throughout various aspects of teaching and learning. Widely discussed were such topics as clinical skills assessment and distance- and on-the-job learning in postgraduate education. The increase in the number of medical schools without appropriate attention to teacher and facilities development, potentially endangering the quality of education and competences of physicians, attracted attention in terms of accreditation both at national and medical school level. The presentations from the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates (ECFMG) from Philadelphia were received with great interest.

During the General Assembly meeting, the issue of how to attract more members from East Europe and the Third World countries was discussed, given the problem of a lack of hard currency. It was decided to support the initiative of the Executive Committee to create the East European Task Force that would promote various educational activities in this part of Europe. It was also decided that the conference dinner, an increasingly expensive item, should be charged separately from the registration fee, making attendance optional and keeping the conference fee as low as possible. Another initiative was the Latin American Group that originated from collaboration with the Kellogg Foundation to support the development of medical education in Latin America in collaboration with AMEE. It was also decided to strengthen contact with IFMSA as students’ attendance at the AMEE conferences became a reality.
With satisfaction it was noted that due to a growing interest from attendees in participation in preconference and conference workshops their number would increase in future conferences. As the numbers attending AMEE conferences had been steadily increasing, it had become necessary for organisers of AMEE conferences to choose venues where conference facilities and sufficient hotel rooms were available to accommodate growing numbers of participants.

• AMEE 2000 – BEER SHEVA, ISRAEL. The 2000 AMEE Annual Conference in Beer Sheva (Israel) was organised at the Faculty of Health Sciences of Ben-Gurion University of the Negev, Beer Sheva, and the local organising committee was chaired by Professor Shimon Moses. The main theme of the conference was "Horizon Scanning in Medical Education: 2020 Vision" and the conference was attended by just under 500 participants. The year 2000 marked both the 30th Anniversary of Ben-Gurion University of the Negev and the 25th anniversary of the Faculty of Health Sciences, the place where in 1974 one of the greatest visionaries and innovators of medical education, Professor Moshe Prywes, formulated institutional objectives and applied an innovative educational programme. Among the ideas incorporated into the programme from the outset were an emphasis on the personal qualities of the students as determined by an extensive interview process; a preparatory summer course; early clinical exposure; teaching of communications skills; system-based and integrated components in the curriculum; supervised self-learning; community-based teaching; student empowerment; and continual self-examination. To implement these aims, Professor Prywes united the Health Science Faculty with the System of Health Services of the Negev, taking two posts – the Dean of the Faculty and Director of Regional Health Services. What started as “The Beer Sheva Experiment” became for many even “The Beer Sheva Model” of medical education that has been adopted by many medical schools worldwide.

The participants from all over the world shared ideas and experiences in community-based and community-oriented medical education and looked ahead to the 21st century. The discussion embraced the best ways of training of healthcare personnel relevant to the health needs of the population taking into account the educational continuum. The plenary sessions, simultaneous large group sessions and short communications sessions and several workshops were devoted to a range of topics including curriculum planning; methods of teaching and learning; new technologies; assessment; selection; postgraduate and continuing education; and special subjects included in the undergraduate curriculum. Focus was put on Best Evidence Medical Education (BEME) and the best ways of assessing the graduates’ competences in light of the future emphasis on learning and not only teaching. Changes were introduced to the poster sessions where all posters would stay on display throughout the meeting and were grouped together according to the themes.

The General Assembly evaluated very positively the conference that had been organised in the multicultural environment, and considered it as a starting point of thinking about AMEE as the worldwide educational forum for medical educators from the different regions of the world. The Assembly elected Professor Margarita Barón-Maldonado (Spain) as the new President.
The current membership of the Executive Committee and Secretariat included President Margarita Baron-Maldonado (Spain), Secretary General Ronald Harden (UK); Members Florian Eitel (Germany), Herman van Rossum (The Netherlands), Ralph Bloch (Switzerland), Ioan Bocsan (Romania), and Madalena Patricio (Portugal); Ex officio Jørgen Nystrup (Past President), Hans Karle (WFME), Pat Lilley (Administrator), and Tracey Martin (Secretary).
Towards globalization of AMEE activities

- **AMEE 2001 – BERLIN, GERMANY.** The 2001 AMEE Annual Conference in Berlin (Germany) was held on Campus Virchow-Klinikum of Charité, the Medical Faculty of Humboldt University in Berlin. The local organising committee was chaired by Professor Florian Eitel and the conference theme was “Medical Education and Standards at a Time of Change”. In comparison with previous conferences the number of participants increased significantly and reached 750 attendees coming from over 70 countries in all parts of the world. It was an indication of the increasing significance of AMEE conferences as an important global forum for medical educators.

  Seven preconference workshops dealt with the issues of web-based learning, competences for lifelong learning, and strategies for sustaining changes in medical education. The number of people who wanted to take part in the workshops was much greater than could be accommodated. Two plenary sessions were devoted to the development and maintaining of standards in medical education with a focus on the outcome competencies. The problems of outcome-based education and curriculum mapping were covered during the three large group discussions and conference workshops. The short communication sessions and posters allowed presentations by a great number of conference participants.

  The General Assembly that met during the conference heard about the steady rise in the manuscripts submitted to Medical Teacher and the growing number of published AMEE Education Guides, now totalling 24.

- **AMEE 2002 – LISBON, PORTUGAL.** The 2002 AMEE Annual Conference in Lisbon (Portugal) was organised by the Faculty of Medicine, University of Lisbon and the local organising committee was chaired by Dr Madalena Patricio. The theme was “Approaches to Better Teaching” and attendance reached the magic number of 1,000, coming from 76 countries in all regions of the globe, to take part in this worldwide forum of the medical educators. The opening ceremony that took place in Aula Magna of University of Lisbon was marked by the presence of the President of the Portuguese Republic, Dr Jorge Sampaio, who in his message underlined the role of the Association in development of international collaboration in doctors’ education to deal with health challenges of our times. The conference programme followed the pattern developed by the AMEE Secretariat which was well received by the conference participants.

  The number of organised preconference workshops rose to 13 and they were fully booked. Two plenaries covered two topics “New learning technologies” and “The curriculum and learning outcomes” and were introduced by presentations of eminent international experts. The three large group sessions discussed in depth the challenges of Best Evidence Medical Education and international standard setting focused on outcome-based competences.

  The number of short communications sessions increased to 35 and the 25 workshops were still not able to accommodate all who wished to attend.
New additions to the programme were mini-thematic sessions on “An international virtual medical school” and the Young Educators Group in the form of a workshop to discuss their particular interests, chaired by Professor Miriam Friedman Ben-David. In the final session of the conference the Medical Teacher Poster Prizes were handed to the winners of the three best posters judged by the jury.

The AMEE General Assembly was very pleased with the increased participation of students in annual conferences and their involvement not only as helpers but also as presenters. The students’ representation on the Executive Committee was very productive. The membership fee, which had remained at the same level for three years, would be increased from January 2004, mainly as a result of increased costs of providing Medical Teacher, which was to be published in eight issues instead of six. It was proposed that the individual and student subscription should be increased to €80/£55 and €57/£39 respectively. The corporate and institutional subscription would remain at €320/£200 and €96/£60 respectively. The increase was approved by the General Assembly. Thanks were passed to Madalena Patricio for her hard work in coordinating the efforts of the staff and students on the local organising committee, securing the success of the Lisbon Conference.

**AMEE 2003 – BERN, SWITZERLAND.** The 2003 AMEE Annual Conference in Bern (Switzerland) was held at University of Bern and the chairman of the local organising committee was Professor Ralph Bloch. The theme was “Relevance in Medical Education”. Again in Bern, attendance reached 1050 participants from 76 countries. The increasing number of registered participants and interest in the preconference workshops resulted in an increase in their number to 18, and 23 conference workshops dealt with a broad spectrum of technical issues of the educational process, permitting participants to satisfy their interest and take part in the discussion. On the other hand 36 short communications sessions permitted an increasing number of participants to present their work. Three plenary sessions addressed the following topics: “Social responsibility of medical education”, “Professionalism of medical education” and “Teaching and learning in the Healthcare Profession”. Each of them was introduced by leading experts and then discussed in more depth during the interactive Large Group Session with a panel of experts to make introductory presentations and lead the discussion. During the final session the reports of workshops were presented and the Medical Teacher Poster Prize and the AMEE Poster Quiz Prize were awarded.

The AMEE General Assembly welcomed an increasing number of participants from about 80 countries around the world. The growing problem was inclusion of so many different activities into the conference programme. The Assembly reviewed several proposals of the secretariat: it was planned to provide an interactive database of members’ interests to facilitate networking which AMEE members would be able to access by using a password; the initiative of setting up a basic education skills course would help those new to healthcare professions teaching; and the support of the Best Evidence Medical Education (BEME) initiative continued and reports from five topic review groups neared completion.

AMEE wished to continue its commitment to teachers in countries in East Europe, the Central Asian Republic, and Latin America who wanted to update their medical teaching.

Sessions for all regions were planned during the Edinburgh conference in 2004. AMEE continued to maintain a prominent marketing strategy, with promotions at a number of relevant medical education meetings in Europe and North America. Collaboration with other medical education associations worldwide has been started.

The workload relating to conferences had increased dramatically in just two years. As a result, the post of AMEE Secretary had been expanded, enabling the AMEE Administrator to take on other duties. The AMEE journal Medical Teacher, now published eight times a year, enjoyed an increasing number of manuscript submissions. Because of this the workload of the office also had increased. Therefore, another member of staff, Morag Allan Campbell, had been appointed on an annual contract. This position of Journal Coordinator for Medical Teacher shared duties that were being undertaken by the Managing Editor, Pat Lilley.

Finally, AMEE members were invited to put forward nominations for Executive Committee members not less than eight weeks before the date of the General Assembly. The AMEE General Assembly extended, on the request of the Executive Committee, a second three-year term of Presidency to Professor Margarita Barón-Maldonado (Spain) and approved membership of the Executive Committee including President Margarita Baron-Maldonado (Spain), General Secretary Ronald Harden (UK); Members Graham Buckley (UK), Jadwiga Mirecka (Poland), R Peter Nippert (Germany), Madalena Patricio (Portugal), Herman van Rossum (The Netherlands), Ioan Bocsan (Romania), Ozgur Onur (Student Representative); Ex officio: Hans Karle (WFME), Jorgen Nystrup (Past President), Pat Lilley (AMEE Administrator), Tracey Martin (AMEE Administrative Assistant). The representative of WHO Europe was invited by the President to attend meetings as an observer.

**AMEE 2004 – EDINBURGH, UNITED KINGDOM.** The 2004 AMEE Annual Conference in Edinburgh (Scotland, UK) was organised in cooperation with Edinburgh University Medical School, and Professor Allan Cumming, Director of Undergraduate Learning and Teaching chaired the local organising committee with the main theme as “Access to Education in Healthcare”. The conference was held at Edinburgh International Conference Centre and was attended by 1,500 participants involved in medical and healthcare professions education – teachers, educationalists, researchers, administrators and students – coming from over 70 countries worldwide.
The programme presented the new format of the AMEE annual conferences which was to be evaluated after the Edinburgh meeting. The conference covered the full spectrum of medical and healthcare education issues such as curriculum planning and learning outcomes; teaching and learning; assessment and educational management; undergraduate and basic medical education; postgraduate education or specialist training; continuing professional development (CPD); and multi-professional education. There were four plenary sessions: “The curriculum and learning”, “Approaches to teaching and learning”, “Assessment”, and “Educational management”.

Internationally-renowned speakers presented views from both within and outside medical and healthcare professions education. The large group sessions were organised to give a broader perspective from other disciplines outside medicine to discuss the above-mentioned topics and were addressed also by panels of experts.

Workshops and master class sessions contained a wide range of interactive activities stemming from plenaries and preconference workshops to give participants a more in-depth insight into topical issues of particular relevance to them. Twenty-four preconference workshops were offered, to enable enough time for discussion and expression of experiences and views, and another 22 workshops were organised during the Conference. Themed short communications and poster sessions permitted participants to present their work in oral or poster format. Poster sessions started with short introductory presentations followed by an opportunity to visit the posters and to discuss the content with the authors. Posters were displayed throughout the Conference and in the final plenary session a prize was awarded to the best poster. A poster quiz was also organised which all conference participants could enter. The Exhibition included both commercial and academic exhibitors who displayed a wide range of products and services.

The variety of activities permitted participants to choose activities of most relevance to get information and hands-on experience of different approaches to education; to learn new medical educational techniques and new ideas. A new session to be called ‘Spotlights’, with short reports and take-home messages on the most important activities at the conference is scheduled for the next conference.

The above programme structure prepared by the AMEE Secretariat received very positive feedback from attendees and was accepted by the Executive Committee as the standard pattern for forthcoming annual AMEE conferences. This structure would be reviewed and continuously enriched every year with new forms of educational activities.
The programme followed the overall pattern tested previously during the 2004 AMEE Edinburgh conference. Three plenary sessions addressed three main themes: “What makes a good doctor”, “Medical education research and its translation into teaching and clinical practice”, and “New learning technologies”. Other topics were presented by local and international speakers. The 11 symposia each introduced by a panel of experts discussed a wide range of topics such as attitudes and professionalism; global strategy to improve GP competence; e-learning in medical education; accreditation; research in medical education; the Bologna Declaration; Best Evidence Medical Education; assessment; and student learning. The 24 pre- and post-conference workshops provided a more in-depth look at a range of topics. Conference workshops with master class sessions provided overviews of a wide range of topics so every attendee could plan her or his participation in activities of most interest. Again, the short communications sessions and posters sessions permitted presentations by participants of their own work.

The inauguration of the Essential Skills in Medical Education (ESME) Course, was held in Amsterdam. The ESME Course was designed for teachers in the healthcare professions, especially to help newly-appointed teachers to learn necessary skills. The course focused on an essential set of competencies that all practising teachers should possess such as effective teaching, skilled educational planning, assessment and evaluation, fundamental approaches to research and scholarship and effective leadership. The novel five-day course was integrated with the conference and activities was comprised of five components: 1) Full-day preconference workshop; 2) Three days of the AMEE conference; 3) Additional one-hour daily feedback sessions with ESME faculty; and 4) Full-day post-conference workshop. The faculty for the ESME Course at AMEE 2005 were Stewart Mennin (Professor Emeritus, University of New Mexico, USA) as Director; Henk Schmidt (Professor, Erasmus University, Rotterdam); and Dr Shaul Ben-David as an Associate Director for the course. The course is accredited by AMEE and approved by an International Advisory Board. A certificate of attendance is provided and there is a subsequent opportunity to work towards an ESME Certificate in Medical Education.

For the first time the ‘Spotlight Session’ was introduced at the end of the Amsterdam conference, which aimed to give attendees a quick overview of the key points raised at the conference on nine key trends in medical education. The contributions during the conference related to each trend were followed by selected reviewers and presented in the final plenary session as “take home messages”. This new event was considered by participants to be very useful in view of the range of conference activities in simultaneous sessions.
The conference programme provided participants also with the possibility
to book a 10-minute slot to meet on a one-to-one basis with a leading
expert in the field, or to get information on the International Virtual Medical
School (IVIMEDS) or the new Thematic Network for Medical Education in
Europe (MEDINE) funded by the European Commission.

The General Assembly very positively evaluated these new additions to
the programme, and elected new members of the Executive Committee
consisting: President: Margarita Barón-Maldonado (Spain), General
Secretary: Ronald Harden (UK), Members: Trudie Roberts (UK), Jadwiga
Mirecka (Poland), R Peter Nippert (Germany), Madalena Patricio (Portugal)
Herman van Rossum (The Netherlands), Charlotte Ringsted (Denmark) Hans
Jacob Westbye (Student representative) Ex officio: Hans Karle (WFME),
Jørgen Nystrup (Past President), Pat Lilley (Administrator), Tracey Martin
(Administrative Assistant).

• AMEE 2006 – GENOA, ITALY. The 2006 AMEE Annual Conference on medical
education in Genoa (Italy) was attended by over 1,800 delegates. The
programme of the AMEE Genoa Conference followed the established
pattern. The preconference workshops covered a broad range of
practical topics in medical and healthcare professions education, some
new and some popular topics from previous conferences. Their great
popularity has resulted in the preconference workshops becoming one of
the “flagship” events of the AMEE conferences.

There were three plenary sessions at this conference: “Teaching and
learning in medicine”, “Medical education and healthcare needs”, and
“An update on assessment”. Each theme was introduced by a renowned
speaker. The topic of the Miriam Friedman Ben-David Lecture was
“What medical educators can learn from educators from business and
government”. Other lectures dealt with the issues of doctors’ migration and
training of tomorrow’s doctors and the final presentation was “Where are
we with assessment and where are we going?”. The parallel symposium
sessions and conference workshops discussed in depth more specific
topics addressed during plenaries. The short communication sessions
and poster presentations covered topics related to 33 areas of medical
undergraduate and postgraduate education and continuous professional
development giving an opportunity for participants to present their work,
and also to learn about new and ongoing developments in medical
education in various countries around the world.

The Symposium on Medical Interactive e-Learning (SMILE 2006) was a
new initiative introduced as a major preconference activity during the
AMEE Genoa Conference which was held in the conference centre at
Sestri Levante and was organised by AMEE in collaboration with Europe’s
leading e-Learning Technology Provider, Giunti Interactive Labs. It was
addressed to all with an interest in using e-learning in education in the
healthcare professions. The workshops offered ranged from introductory
topics in e-learning to new educational technologies such as mobile
and TV learning which can be used in the different phases of education,
including undergraduate, postgraduate, and CPD across different
healthcare professions.
The ESME course conducted for the first time at AMEE 2005 in Amsterdam, which was highly rated by participants, was organised for the second time by the same faculty, with Stewart Mennin, course director, Henk Schmidt, and Shaul Ben David. The course learning outcomes were as previously used: effective teacher, informed assessor, and skilled educational planner. Also the ‘Spotlight Session’ introduced during the 2005 AMEE Amsterdam conference, which provided attendees with a quick overview of the key points raised at the conference, was recognized by participants as an important innovation to be included in the AMEE conference programme.

Special Interest Groups sessions were continued. In Genoa they included the East European and Central Asian Interest Group; the Ibero and American Group; and the Association of Standardized Patient Educators (ASPE). The sessions enabled conference attendees from countries having similar issues to seek cooperation and get together to discuss. In general, the Genoa conference marked a further step in the internationalisation of AMEE’s activities that increasingly were influencing global medical education.

The General Assembly thanked Professor Margarita Baron Maldonado for her service of two terms as AMEE President. The General Assembly continued by electing a new President as recommended by the Executive Committee, Professor Madalena Patrício. The present Executive Committee and Secretariat included President Madalena Patrício (Portugal), General Secretary Ronald Harden; Members: Jadwiga Mirecka (Poland), R. Peter Nippert (Germany), Charlotte Ringsted (Denmark), Trudie Roberts (UK), Cees van der Vleuten (The Netherlands), Jan Hilgers (Student Representative); Ex officio: Margarita Barón Maldonado (Past President) Hans Karle (WFME), Pat Lilley (Administrator), Tracey Martin (Administrative Assistant).

- **AMEE 2007 – TRONDHEIM, NORWAY.** The 2007 AMEE Annual Conference in Trondheim (Norway) organised by the Norwegian University of Science and Technology was attended by 1,700 participants from 73 countries. To accommodate the increasing number of simultaneous sessions, Professor Geir Jacobsen, who chaired the local organising committee, had to place activities in two separate locations: the conference centre and the medical school. Both premises were connected with a shuttle service. The content of the conference programme included the standard activities and some new initiatives. The number of popular full-day and half-day preconference workshops increased to 26 and they were fully booked. The full-day workshop was on patient-focused simulation and focused on the practical aspects of preparation of various scenarios for standardised patients.

For the first time in Trondheim the AMEE conference orientation session was implemented and was designed for those new to AMEE conferences who wanted to know more about AMEE and AMEE conferences. The presenters, Madalena Patrício, Pat Lilley, Ronald Harden, and Andrzej Wojtczak, provided some background information about AMEE development and its activities and gave hints as to how to get the most out of conference participation. The three main plenary themes were: “Learning by doing”, “The basic sciences and medical education” and “Meeting students’ needs”
The third plenary included the Miriam Friedman Ben-David Lecture “How we can prepare students for the information flood” and a presentation on “Students as a (valuable) resource” that was superbly delivered by two students, Hans Jacob Westbye (Norway) and Jan Hilgers (Germany). The plenaries were followed by 18 symposia, each introduced by a panel of experts to stimulate audience discussions on various issues resulting from presentations of the guest speakers. The short communications and poster sessions focused on 35 topics that were reflected in participants’ presentations.

The Essential Skills in Medical Education (ESME) Course that was introduced at AMEE 2005 in Amsterdam was held again. The evaluation of the ESME courses has been excellent and there was a proven need for such courses. Several participants completed their post-course report which lead to the award of the ESME Certificate in Medical Education. In Trondheim two new courses were offered to participants:

1. Research Essential Skills in Medical Education (RESME), introduced participants to some essential principles and methods of research in medical education in order to help them write a research proposal, formulate a research question, select an appropriate methodology, and develop a research plan. The course is made up of several elements: one full day preconference workshop; attendance at the AMEE conference; assignments during AMEE; daily lunch discussions with a tutor; participation in one or two preconference workshops; an in-conference workshop relevant to a course; and one half-day post-conference workshop. The course was run by Charlotte Ringsted from the University of Copenhagen, Denmark, Albert Scherpbier from Maastricht University, The Netherlands, Brian Hodges from the University of Toronto, Canada, and Alan Bleakley from the University of Exeter and Plymouth. A certificate of attendance is awarded to those participants who complete the four-day course connected to the AMEE conference. A RESME Certificate is awarded to those participants who complete a research proposal within six months of the conclusion of the AMEE conference.

2. The Fundamentals of Assessment in Medical Education (FAME) was offered by the National Board of Medical Examiners (NBME) and the Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia, in collaboration with AMEE for the first time at the Prague Conference 2008. The course faculty are internationally-recognized experts drawn from the sponsoring organisations and from around the world. This five-day course was directed at those with responsibility for assessing knowledge and reasoning, assessing skills, assessing workplace performance or assessing programmes. The preconference session ended with participants and faculty working together to prepare an individualised conference itinerary to help each participant select those sessions of most relevance to his/her needs. On conference days, participants and faculty met daily over lunch to review sessions attended. At the post-conference session, faculty summarised the course experience, addressing remaining questions and discussing possible future study. A certificate of attendance was awarded to those participants who completed the face-to-face course, and those who submitted a post-course report describing the implementation of an approved project in their home institution would receive a FAME Certificate of Completion.
The recently introduced AMEE Spotlights, evaluated as a very popular part of the conference in Trondheim, focused on such topics as simulation, assessment, research in medical education, students, international dimension of medical education, new paradigms of medical education, postgraduate education, and continuous professional development (CPD). The conference ended with the AMEE awards established with support of the Patil family, awarded to presenters of some short communications chosen by participants as having made a novel contribution to the conference.

The AMEE General Assembly received with great satisfaction the news that AMEE conferences had become the largest annual international medical education conference attracting medical and other healthcare professions educators from around the globe. The fast rising number of conference participants and groups within AMEE representing other disciplines was extremely encouraging. A large number of student helpers participating in the AMEE conferences made a valuable contribution to the smooth running of the conference.

Warmly thanking the organisers of the Trondheim conference for their efforts making the forum run smoothly, it was however stressed that due to its continuing expansion the AMEE conference has very specific requirements, including appropriate conference centre facilities, good international access, and a range of suitable hotels. Therefore there were few European destinations that would meet the very specific requirements. The AMEE Office in Dundee, where the General Secretary and Administrator are based, makes operational decisions in collaboration with the President and the Executive Committee, and carries out the day-to-day work of the Association.

The AMEE Constitution approved in 1992 in Dundee and amended in 1998 in Prague and then in 2000 in Beer Sheva, needed further amendment to introduce a Nominations Committee charged with the responsibility of bringing forward to the General Assembly, after consultation with members of the Association, the best nominations to fill vacancies on the Committee. The amendment was accepted by the General Assembly.

The ESME courses proved popular worldwide and were additionally offered at the 2008 Asia Pacific Medical Education Conference (APMEC) in Singapore, at the 2nd International Conference in Medical Education in Sudan and also on invitation from the International Association of Medical Science Educators to be organised at the IAMSE Meeting in Salt Lake City, Utah, USA. The ESME Programme would continue to be a major activity in the future and online development of the courses was planned.

AMEE support of the Best Evidence Medical Education initiative has resulted in considerable success. A number of new review groups had been formed during the past year and workshops on BEME related topics organised in Trondheim had attracted lively discussion. The BEME website had been redeveloped and much of the information produced by the review groups was now available online. Another AMEE initiative, MedEdCentral, developed as part of the EU MEDINE Thematic Network, was introduced. The online information resource produced by AMEE in cooperation with the Transparency Task Force of the MEDINE Thematic Network and based on the “Wiki” principle, provided an important information source for medical educators worldwide.
Medical Teacher, which is free to AMEE members, underwent a style makeover in January 2007 and the number of issues increased from 8 to 10 with the possibility of increasing to 12.

AMEE’s commitment to support the countries where medical education is less developed was highly appreciated at the General Assembly, as well as offers of a reduced conference registration fee for a total of 37 countries worldwide, and a limited number of free registrations for potential participants from specified countries.

- **AMEE 2008 – PRAGUE, CZECH REPUBLIC.** The 2008 AMEE Annual Conference in Prague (Czech Republic) was organised in the Prague Conference Centre providing excellent facilities and easily accommodating the simultaneous sessions and workshops which was attended by 2,300 participants from 86 countries. It was noted that there was a great number of participants from the Asian continent, especially Thailand and Indonesia.

At AMEE 2008 in Prague, the number of preconference workshops increased to 34, some of them of particular relevance for the participants of the ESME courses. In addition to the courses that were run during previous conferences, namely ESME, RESME and FAME, two additional courses were introduced:

1. Essential Skills in Medical Education Assessment (ESMEA), a course aimed to give participants a general understanding and basic skills in assessment such as designing assessments, writing test materials and standard setting, led by Dr Kathy Boursicott (St George’s University of London). In the preconference session participants were introduced to the principles of assessment, blueprinting, item writing, designing and piloting OSCE stations and standard setting through a series of interactive lectures, presentations and small group work. At the post-conference workshop the learning needs of attendees were reviewed and an action plan developed to take to their home institutions. Participants have the option of completing a post-course report leading to the award of the ESME Assessment Certificate in Medical Education.

2. Essential Skills in Technology Enhanced Medical Education (ESTEME) is a course aimed to give participants a basic understanding and initial skills to help them select, develop, use and integrate appropriate technologies such as online multimedia tutorials and high-fidelity virtual patient applications. The course is led by Dr Barry Issenberg (University of Miami, USA). Participants who successfully complete a post-course curricular plan receive the ESTEME Certificate in Medical Education.

The opening plenary included “An Introduction to AMEE 2008” presented by AMEE Secretary General Professor Ronald Harden and then two invited speaker presentations, one on “CLASS strategy” (Context, Listening skills, Acknowledgment of emotions, Strategy, Summary) and the second on “patient safety” followed by discussion in the second plenary, themed “How do people learn”. Three speakers addressed the following topics: “Acquiring knowledge and skills, learning from animal learning”; “Making basic sciences relevant: teaching for transfer”; and “Learning medicine in the workplace”.
The programme included a newly introduced format of simultaneous sessions that included symposium, large group discussion, short communications, poster presentations, workshops, and research paper presentations run simultaneously to give maximum choice according to needs or interest.

For the first time at AMEE 2008 the Research Paper presentations were included in the conference programme. These included case studies serving as examples of medical education research in practice.

Another new initiative, ‘Secrets of Success’, allowed attendees to have demonstrations of successfully-implemented innovations and share first-hand experiences and practical details along with any other related resources or materials.

The closing plenary included two presentations on “Using complementary medicine to advance both science and professionalism in the medical curriculum” and “Medical Education research – the rhetoric, the reality and future routes” and then the AMEE Spotlights – the messages to take home.

In Prague, topics included undergraduate medical education, postgraduate/continuing professional development, new learning technologies, assessment, research in medical education, student learning, and international medical education.

The conference ended with the announcement of the winners of the AMEE Awards through support of Patil family to the presenters of the best short communications, the Medical Teacher poster prize to the author of the best poster and for the first time the Miriam Friedman Ben David New Educator Award to a promising young educator, selected from among nominated candidates. Finally the student group, whose services have become a welcome part of AMEE conferences, was thanked by the President.

The Executive Committee and Secretariat consisted of President Madalena Patrício, Secretary General Ronald Harden; Members Kati Hakkarainen (Finland), Jean Jouquex (France), Jorge Pales (Spain), Charlotte Ringsted (Denmark), Trudie Roberts (UK), Cees van den Vleuten (The Netherlands), Robert Duvivier (Student Representative), Margarita Baron-Maldonado (Past President), Stefan Lindgren (WFME) Pat Lilley (Operations Director), and Tracey Martin (Administrator).

- **AMEE 2009 – MALAGA, SPAIN.** The 2009 AMEE Annual Conference in Malaga (Spain) was organised in cooperation with the Spanish Association for Medical Education (SEDEM) which held simultaneously its 19th meeting. It was organised in a modern congress centre that provided very comfortable facilities to accommodate over 2,300 participants from 86 countries and all continents. Over 50 per cent of attendees participated for the first time having learnt about the merits of the AMEE conference from their colleagues. It is encouraging that the growing popularity of this annual meeting is based on the recognition of the quality of conference activities.
The plenary sessions were simultaneously translated into Spanish and there were some sessions specifically directed to Spanish participants. It is worthwhile remembering that in 1970 when SEDEM had just been established, during the “Seminar on teaching methods in medicine” in Madrid organised jointly with the WHO Regional Office in Copenhagen, the decision was taken to establish the Association for Medical Education in Europe.

Each year the AMEE programme has grown in size and complexity. With up to 26 simultaneous sessions and around 1,000 abstracts in total, participants frequently faced difficulty in selecting which sessions they wanted to attend. In an effort to help attendees find presentations relating to their areas of interest a new initiative was introduced. An online personalized programme could be compiled from a list of keywords, complete with abstracts.

In the preconference programme there were 37 full-day and half-day workshops on a wide range of topics; three of these were conducted in Spanish and one was organised by Students for Students and Junior Doctors. Most of the workshops were full, indicating that attendees wanted to attend practical sessions and not just listen to presentations. This development was extremely satisfying for AMEE, indicating that the conference participants wanted to take back to their country practical knowledge and skills that could be applied at home.

Also well attended were the Essential Skills in Medical Education (ESME) courses, accredited by AMEE, which deal with different aspects of medical education — ESME, RESME, ESMEA, ESTEME, and the FAME course, which is offered by the National Board of Medical Examiners (NBME).

The AMEE conference orientation session for new participants, which introduced them to AMEE and help them get the most from the conference, was very well attended, indicating a need for such a briefing to enable attendees to find their way through hundreds of different conference activities.

The opening plenary started with the AMEE Secretariat “Introduction to AMEE 2009” and was followed by two thoughtful presentations from invited speakers “Evidence based view on global health” and “Rethinking Medical Education: some needed, overdue reforms”. The second plenary addressed three topics: “Moral panic, political imperative and what the profession knows about developing its new generation”, “Clinical learning: the missing acronym” and the SEDEM sponsored Miriam Friedman Ben-David Memorial Lecture “Evolution of clinical skills assessment: Miriam would be proud” presented by a close collaborator of Miriam and her boss for some years in ECFMG, Professor James Hallock.

Plenaries were followed by large group sessions and symposia introduced by panels of experts to stimulate debate; this included participation from the audience. Short communications were presented in 25 themed sections and there were many posters sessions. Posters played an increasing role due to the large number of poster submissions each year and improved quality. Also, the medical education research paper sessions, introduced in 2008, were highly rated. During the Malaga conference two large group sessions were conducted in Spanish.
There were several new events that appeared for the first time at the Malaga conference:

- Pre-booked sessions of hands-on CPR simulation training was introduced, which ran throughout the conference.

- PhD reports in medical/healthcare professions education to enable those who, within the last three years, had completed a PhD in this discipline to present their research and share their experiences.

- Secrets of Success introduced in 2008, gave authors the opportunity to demonstrate an innovation in healthcare professions education.

- Fringe sessions, with presentations relating to a new and interesting way of teaching, learning or assessment.

- Meet the Expert sessions presented other opportunities for conference participants.

- Special Interest Groups including the Association of Standardized Patient Educators (ASPE); Ibero-American Group; International Association of Medical Science Educators (IAMSE); Young Educators’ Group; and Veterinary Education Worldwide (VEW) took the opportunity to meet.

The closing plenary session by Dylan Wiliam from London on “Learning, assessment, technology: in that order” was followed by the AMEE Spotlights, with topics such as new learning technologies, professionalism in medical education, educational research, student issues, and finally a provocative topic entitled “What I learned at the conference that I plan to implement in my own institution”.

At the end of the closing session the AMEE Patil Awards, the Medical Teacher Poster Prize and the AMEE Poster Quiz Prize, were announced and for the second time the AMEE Miriam Friedman Ben-David New Educator Award was presented.

The newly-established AMEE Lifetime Achievement Award was given to Professor Henry Walton, the first AMEE President (1972-1986), Professor Albert Oriol Bosch, AMEE Past President (1990-1993) and Professor James Hallock, former President of Educational Committee for Foreign Medical Graduates in Philadelphia, for long-standing collaboration with AMEE. The SEDEM Antonio Gallego Award, established in 2005 in memory of the great pioneer of medical education in Spain, went to Professor Andrzej Wojtczak in recognition of his long-standing cooperation with Spanish medical educators.

The participants of the AMEE Malaga Conference took back home not only valuable professional experiences, new lines of communication and renewed friendships, but also fond memories of time spent in Andalusia.
Some personal reflections on the AMEE annual conferences

The 1998 AMEE Annual Conference in Prague was attended by 400 participants mainly from European countries, Canada and the United States. In 2009 the AMEE Conference in Malaga attracted more than 2,300 medical and healthcare teachers from about 80 countries from around the world.

This European Association established in 1972 has developed into a global forum for medical educators, each year attracting more and more teachers from literally all parts of the world. In Malaga about 60 per cent of attendees were newcomers, eager to learn about new advances in medical education that could be introduced to improve the quality of education in their country. They also wanted to share with others their own educational experiences and achievements.

The fast-growing number of participants is associated with the increasing number of papers presented. Therefore the conference organisers are increasing the number of simultaneous symposia and large group sessions, small group discussions, workshops and posters sessions. It creates a situation in which participants have difficulty in choosing which sessions to attend from the many options available. At the same time, a growing number of meetings during coffee and lunch breaks are taking place, further limiting personal contacts and the possibility of exchanging views. Because of the growing number of attendees the potential venues for the conference begins to diminish as the first requirement is access to a large conference centre. No doubt this is the price of a rapidly growing interest in medical education. Although this development is extremely satisfying and encouraging to the AMEE Executive Committee, it also creates new challenges. We have to ask ourselves what kind of knowledge and experiences attendees need to take back home that can be effectively used in their work. As a global player AMEE has a responsibility to do all it can to meet the needs of attendees and to deliver the practical and theoretical content necessary for them to improve the quality of the educational process in their own countries. The question is how can AMEE do this?

With great pleasure I can say that some very important organisational steps have already been taken by the AMEE Secretariat. Firstly, I refer to the most important initiative of the development of the ESME courses for teachers in the healthcare professions linked to conference activities and covering teaching methods and curriculum planning in medicine; assessment of students or trainees’ competence; an introduction to principles and methods of research in medical education; and teaching the essential skills in technology-enhanced medical education. Secondly, the preconference workshops with the broad range of educational topics and delivery methods have attracted much attention from participants and continue to grow in popularity each year.
The conference Orientation Session, which was designed for new attendees, conveys information about AMEE’s history, tasks and activities, and provides information about the conference programme and is well attended and evaluated.

Another important event, the AMEE Spotlights, held at the end of the conference, provides attendees with key take-home messages. However, the summaries presented depend too much on the speakers and very often reflect their own views rather than the issues resulting from the presentations. I feel that it is necessary to develop a more structured pattern for these presentations, with stress on some practical implications for various aspects of medical education.

The Fringe, Secrets of Success, and Special Interest Group sessions provide opportunities to meet others and discuss issues of mutual interest. Also the new format of poster sessions provides the opportunity for more informal discussions about interesting innovative approaches in medical education. The “master class sessions” are a good way to review the “state of the art” of important approaches to medical education such as outcome-based education, the methods of assessment of clinical skills and especially professionalism, problem-based learning (PBL), or community-oriented medical education. They should help newcomers especially, to better comprehend the various presentations, to avoid misunderstanding and failure in implementation back in their own countries. It is AMEE’s obligation to prevent the uncritical acceptance of many attractive but poorly evaluated educational experiments.

The above-mentioned, recently introduced innovations are definitely the most important steps taken by the AMEE Secretariat and Executive Committee and they deserve to be praised for their effort and hard work. On the other hand, AMEE is more and more recognized as a source of educational expertise and innovative approaches and the AMEE conferences have become the world forum for educators with responsibilities in all stages of medical and healthcare professions education, where “networking” with colleagues with similar interest can take place in a friendly atmosphere. Therefore, the unwritten obligation of constantly looking for new innovative approaches is a great responsibility for the Executive Committee and Secretariat. However, the fact that the annual AMEE conferences are in reality the world conferences on medical education gives the organisers a sense of pride and satisfaction and motivates them to undertake new, challenging tasks.

So, it can be said – it is great to be an AMEE member, and I look forward to future AMEE conferences.