LETTER TO THE EDITOR

The Cost of Curriculum Overload

Sir,

What makes medical education controversial is the fact that there must be limits to its expense and length, and so difficult decisions must be made as to what to take out of or leave in the curriculum. There has never been a golden age when it was clear what constituted core knowledge and what was superfluous. However, what medical education has lacked in the past and often continues to lack is a rational and transparent debate about what we should put in the curriculum and what we should leave out.

Perhaps by examining past experiences, we might better understand what we should do in the future. In 1890 a paper was published in the BMJ on the subject of the pretechnical stages of medical education. The paper is a transcript of a speech by Sir Willoughby Francis Wade to the Annual Meeting of the British Medical Association in 1890, available in the BMJ archives. Wade was then president of the association and senior physician to the Birmingham General Hospital.

From the beginning of the text, it is clear that Wade was keen to delve into the finances of medical education. “We have no need to trouble ourselves about the education of the fortunate few - those who have the disposition and at the same time the leisure - in other words, the money to protract their studies.” Here he is interested in the length of education (which is directly related to its cost) and the fact that this will not concern those from rich backgrounds. There is little doubt, but that the modern discomfort in mentioning monetary matters finds resonance within the piece.

Wade then proceeds to make his argument even more explicit. “It is self-evident that if two men, equal as regards abilities and industry, study; then the one for five years and the other for seven, the net result must be in favour of the latter. It is, as we have seen, a question of money. The problem, then, is how to secure for the poor man the greatest possible amount of that knowledge which now falls to the share of the rich.”

The above short paragraph summarises the kernel of the problem of study cost and value in medical education: How to ensure delivering the greatest value in medical education for the lowest cost or in the shortest time.

And the author also makes clear the consequences of failing to pay adequate attention to this problem: “A year more means an increased strain upon the poorer aspirants; a year's delay in earning their bread, precluding some of them probably from entering the profession legally.” He also touches on the issue of entry into the profession: “If only the students, who are the least well furnished with money, were always the least well furnished with brains, well and good. But we all know that it is quite as often the opposite.” It was clearly difficult if not impossible for a poor student to study medicine.

Unusually for the time and indeed since Wade has at least one potential solution to the problem. In what might have seemed like heresy at the time, he suggests that Latin might become an optional as opposed to mandatory subject. He makes objective and irrefutable arguments that Latin is superfluous to the study of medicine. According to Wade, Latin is not needed - it acts as a “pecuniary obstacle”, obstacle to getting into medical school and to proceeding once admitted. In what must have been a brave address to the British Medical Association at the high watermark of Victorian Britain, he asks: “Which is the more important? Latin, or some other element of the rich man's more extended education?”

So, what conclusions can we draw from the piece? Many conclusions are clear: The expense can act as a barrier to entry and to progression within medicine. We need to make choices about what parts of the curriculum are dispensable. But there are perhaps more fundamental conclusions which are less explicit. We need to be radical when thinking about the future of medical education. Which one of us would be prepared to make equivalent declarations to our peers about current foundations of curricula? Who would be prepared to say that medical courses are too long or too academic or too unprofessional? What modern heresies exist about simulation or e-learning that we all suspect but which must remain unsaid? Who will say to their own institution that its tuition fees are too high? Who would say to their own chief executive that at a time of austerity they should continue to invest in education? If Latin was redundant over 100 years ago; but nobody wished to admit it, what is the equivalent today? It may be the modern problem of high cost healthcare professional education that prevents some students from studying medicine or leaves other graduates in great debt after they have qualified. The high cost of healthcare professional education will ultimately lead to high cost healthcare. All too often people who speak out are those who have recently retired or who are about to retire and so who have little to lose (and this may have also been true of Wade). We should listen to them, but also start to find our own voice. Perhaps, bravery should be on medical curricula - however, we will have to dispense with something else to fit it in.
What can we do without? *Quae est enim nostra Latina* (what is our Latin)?

**REFERENCES**


---

*Kieran Walsh*

*BMJ Learning, BMA House, Tavistock Square, London WC1H 9JR, UK.*

*Correspondence: Dr. Kieran Walsh, Clinical Director, BMJ Learning, BMA House, Tavistock Square, London WC1H 9JR, UK. E-mail: kmwalsh@bmjgroup.com*

*Received: May 04, 2016; Accepted: December 27, 2016.*