Editorial

Education for Capability in Medicine

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Medical education has undergone significant reform over the past century, transitioning from traditional lecture-based instruction to more innovative approaches such as the SPICES model. SPICES stands for Student-centred, Problem-based, Integrated, Community-based, Elective, and Systematic learning, and represents a structural shift in curriculum design[1]. Medicine, as a profession, requires not only mastery of a vast body of knowledge and clinical skills, but also the consistent demonstration of high standards of behaviour[2,3]. In todays' rapidly evolving healthcare landscape, doctors must exhibit capabilities beyond basic clinical competence. Medical education must therefore embrace a cultural transformation—emphasising skills such as effective teamwork, transformational leadership, innovation, continuous improvement, and responsible management of healthcare resources[4]. Society increasingly expects tomorrows' doctor to be a care provider, communicator, manager, decision-maker, and leader, consistent with the World Health Organizations' "five-star doctor" model[5,6]. Education for capability builds upon the foundation of core competencies—knowledge, skills, and attitudes—but extends further, focusing on the integration and adaptive application of these attributes in complex and unpredictable clinical environments. This is essential to ensure that tomorrows' doctors can practise independently, confidently, and deliver the highest quality of care[7].

While closely aligned with competency-based education, education for capability represents a broader and more dynamic approach. Traditional competency frameworks typically focus on discrete, observable skills and knowledge areas, assessed against predetermined benchmarks. In contrast, capability entails the integration of knowledge, skills, attitudes, and contextual awareness to navigate complexity, ambiguity, and change. Fraser and Greenhalgh (2001)[8] clarify this distinction: while competence refers to what individuals know or can do, capability reflects their ability to adapt, generate new knowledge, and improve performance over time. Carter et al. (2024)[9] further argue that educating for capability requires preparing both learners and educators to function not only in standardised settings, but

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also to reflect, adapt, and respond effectively to unpredictable real-world challenges. Supporting this perspective, Epstein (2019)[10] contends that generalists—those trained to think across domains—are better suited to manage complexity than those trained narrowly. This shift in emphasis is critical to preparing doctors for the demands of contemporary healthcare systems.

A central aim of undergraduate medical education is to produce doctors who can meet the health needs of their communities and remain engaged in lifelong learning[11,12]. Capability ensures that graduates can apply clinical knowledge in practice, adjust to emerging challenges, and integrate technical and non-technical competencies. These include professionalism, ethical judgement, and the ability to recognise and work within one's limits[9]. Foundational competencies such as effective communication, time management, teamwork across diverse populations, and problem-solving are essential[2,13]. Beyond these, modern medical professionals must also develop broader transferable skills—leadership, administrative competence, financial literacy, and the ability to coordinate and manage teams[14,15].

Communication deserves particular emphasis, as it is central to every aspect of healthcare delivery. The goal of the physician is often summarised as: "to cure sometimes, relieve often, and comfort always." To fulfil this, effective communication is indispensable[16,17,18]. Strong communication skills help build trust, support patient-centred decision-making, and strengthen the patient-physician relationship[19]. Research shows that communication failures are a more frequent source of dissatisfaction among patients, the public, and even colleagues than any technical shortcoming[5,16]. Doctors who are skilled communicators, better able to listen, understand and do more than deliver care; they educate patients, public, advocate for community needs, and represent the profession within society[20].

Education is the foundation of national progress, and its central goal today is to empower and facilitate learning. In medicine, the roles of clinician and educator are deeply intertwined. Nearly all doctors participate in teaching—formally or informally—by mentoring students, junior colleagues, or other professionals[21]. However, few clinicians receive formal instruction in educational theory or teaching methods, which can limit the impact of their instructional roles. Teaching remains undervalued in many clinical settings despite its essential contribution to future healthcare quality. Recognising and supporting the educator role within the medical profession is crucial to raising teaching standards and strengthening clinical training as well as leadership and management training to lead in the interdisciplinary medical team[22,23,24].

The development of medical capability is not unlike the growth of a tree: sustained by continuity, connection, and nourishment. Just as a tree's older leaves and roots support new growth, medical education must draw upon established knowledge and experience to cultivate future practitioners. The health and education of a population are universally recognised responsibilities of any government, essential to national stability and development. High-quality medical care is only achievable through a robust, responsive education system. Investment in the professional development of healthcare workers—through both clinical and educational training—is critical to meeting the evolving health needs of society. In a time of rapid scientific and technological change, educators must be committed to continuous development in order to prepare future generations for increasingly complex medical practice[25,26].

Policymakers and educational leaders must prioritise the strategic development of the medical education system. This includes identifying training needs, enhancing teaching capacity, and supporting lifelong learning. It is important to cultivating an awareness of ones' own value, prejudices, and providing a strong comprehensive health care with an understanding of the patients' cultural and spiritual dimensions[3,27]. By doing so, educational managers create environments that foster capability across all levels of practice[28]. The World Health Organization (WHO) has been actively supporting reform and improved medical education system to meet the changing needs of health care in collaboration with World Federation on Medical Education (WFME), a global umbrella organization for the six Regional Associations for Medical Education since it was founded in 1972 [29]. Educators and practitioners are often one and the same. By supporting doctors in both roles—caring clinicians and learning facilitators—we build a workforce that is not only clinically proficient but also committed to

the development of others. This editorial calls for a culture that values education for capability as a core outcome of medical education, and that sets clear expectations for educators to serve as facilitators of learning and champions of professional growth.

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