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QUALITY IMPROVEMENT: AN ARGUMENT FOR DIFFERENCE

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The notion of quality lies at the heart of many local, national, and international initiatives that consume considerable resources, including time and money. Use of the term can be reckless, however, given that it still eludes common and agreed definition, (Kronfli and Griffin).[REFERENCE] At times, an adjective is assumed, so that 'quality education' seems to mean 'good quality education'. Or we turn the simple noun into a compound noun: for example, 'quality improvement' or 'quality management', meaning the thing that is done to quality.

None of these usages actually tells us what 'quality' is when applied to education. The term implies many characteristics, many desirable qualities, but how do we make a judgement of what is good against this uncertain background?

The papers included in this year's "State of the Science" issue of *Medical Education* show that 'quality' implies different things in different contexts; further, they reveal that it is applied differently to many different aspects of education and performance. Grant and Grant, for example, argue that acquiring a generalisable evidence base as a means to define quality is an implausible aspiration.[REFERENCE] Singh and Meeks offer a more particular perspective by pointing out that global standards for medical education fail to address the

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inclusion of disabled people. [REFERENCE] Together, these papers suggest that treating such standards as a definition of quality, may actually reinforce a lack of appropriate quality.

Other papers in this issue focus on application of the concept of quality in ways that further suggest plasticity of terminology, and variety in how issues related to 'quality' are realised. Jamieson, for example, highlights that 'quality improvement' is a contested term[REFERENCE], while Amaral and Norcini examine the tensions, or contradictions, inherent in formal accreditation processes.[REFERENCE] They outline variability of context, purpose, processes and outcomes, the changing landscape in this area, and the lack of evidence hazarded by 'many confounding variables'.

Such evidential and contextual problems pose a real challenge for our field and its efforts toward quality improvement given that globalisation of accreditation, particularly when linked to the migratory movement of doctors, has recently been promoted on that basis. In that regard, Rashid examines the history of changing political, social, philosophical, and power-based perspectives that have resulted in quality arguments supporting the loss of doctors from the global south to the global north.[REFERENCE]

More generally, the papers amassed here highlight that the concept of globalisation in medical education almost invariably reinforces the dominance of the global north[1] by emphasizing the overpowering influence of medical education imperialism that emanates from the empirically unsupported idea that 'metropolitan West is best'[2]. Dominant ideas about quality itself tend to come from the global north, while most medical schools are in the global south. Through the thorough and thoughtful scholarship contained in this issue, we hope that readers will be better positioned to situate definitions and explorations of quality within their own context in a manner that enables challenge to this influence, moving medical education away from a unipolar world in which any one power can exert itself with minimal constraint.

If globalisation is problematic, after all, so are attempts to understand and improve quality in very specific areas. Even in the well-researched field of clinical reasoning, Mamede and Schmidt show that myriad variables impinge on the formulation of unqualified claims.[REFERENCE] Samarasekera et al. demonstrate that the concept of empathy changes with time and focus, leaving definitions of quality and the notion of quality improvement in this competency area unclear.[REFERENCE] Goddard and Brockbank similarly consider who is 'allowed' to define the quality of professionalism, and the danger of uncritical acceptance of such definitions, which can be 'weaponised' and used against the profession itself.[REFERENCE] Through such critical analyses, we as a field can think more deliberately about what effects efforts to define universal quality could potentially have on the material practice of education. As Mizumoto et al. point out about health inequity: '…the root of health status inequity is in the unequal distribution of wealth and power….'.[REFERENCE]

Education is a social science, just as curriculum is an ideological statement.[4] As such, it is subject to the structural influences of values, cultures, political imperatives, economic conditions, policy, and purpose, as well as the individual influences of personal and developmental psychology, social circumstance, aspiration, understanding, and consciousness of self in context. Ideas of cultural materialism[5] suggest that these influences

are different in their reification in different locations, because they derive from different means and conditions of production. At any one time an idea might be dominant, residual or emergent[6]. That might make defining 'good quality' and setting standards out of context risky, while local quality improvement, as set out by Jamieson and others, might be more developmentally responsive and robust.

Such uncertainties and contextual differences suggest that it might be time to think about quality itself differently.

Rather than seeking a definition and statement about 'absolute good quality' in any aspect of education and its regulation, we consider the papers contained in this issue to either argue for or demonstrate clearly that appropriate quality (and, in turn, quality improvement) is an entity to be defined according to context and content. This might make us think more deeply and critically about globalisation and about standards that imply anyone has the authority to define what appropriate quality is for everyone, or what changes should be aspired to; rather we encourage enabling the definition of locally-driven quality improvement goals.

The literary scholar and critical theorist, Homi K. Bhabha, can help us to understand this more by referring to his demarcation between cultural diversity and cultural difference[7]. For him, diversity suggests culture as the 'object of empirical knowledge' (p18), identified by others. Cultural difference, in contrast, is 'the process of the enunciation of culture' (ibid) belonging to those who live it. With that, the contextual imperatives we see in the papers assembled here, are liberated, not to find generalisable truth, but to find relevant meaning where they are. Bhabha's work will enable the deconstruction of current assumptions underpinning policies and practices related to quality, and will challenge those seeking to reimagine them, to do so in a manner that is mindful of the historical power structures on which they are based.

Every paper in this edition tells us that if we are to improve quality, we must do that for ourselves, inside our own context and history, for each entity we address.

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