



Entrustable Medical Teacher: Can We Confidently Entrust Our Loved Ones to Their Guidance in Health Professions Education?

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Dear Editor

Entrustable Professional Activities (EPAs) have reshaped the evaluation of health professions trainees by focusing on their readiness to perform clinical tasks (1, 2). This shift raises a crucial question: Can medical teachers—the mentors responsible for shaping future health professionals—be equally entrusted with the responsibility of guiding learners toward becoming competent, ethical, and skilled practitioners? Although extensive attention has been devoted to entrusting learners, the concept of entrusting medical teachers remains underexplored. Addressing this gap is vital to ensure the quality and safety of health professions education.

The concept of entrusting medical teachers is nascent yet imperative to the integrity of health professions education. Traditionally, teaching competence has been assumed based on credentials and clinical expertise. However, effective teaching requires a distinct set of competencies beyond clinical knowledge, including curriculum design, learner assessment, educational leadership, and facilitation (3). In the absence of clear standards and validated measures of teaching competency, the risk is that learners may not receive the structured, adaptive, and evidence-based mentorship necessary for safe progression in training and professional identity formation (4).

Recently, frameworks for EPAs tailored to

medical teachers have emerged (3, 5), delineating core activities such as creating supportive learning environments, delivering feedback, assessing learner competence, and fostering professional development. By operationalizing these EPAs, institutions can assess, certify, and continuously advance medical teachers' capabilities, ensuring they uphold their critical role reliably and ethically.

This approach aligns with the broader movement toward competency-based education, ongoing professional development, and accountability. Just as learners need safe, supervised progression toward autonomy, teachers require ongoing evaluation and growth opportunities to meet evolving educational challenges and technologies (6). Entrustment decisions about teachers not only reinforce institutional and public trust but also indirectly enhance patient safety via improved educational outcomes.

Moreover, placing entrustability at the heart of faculty development challenges the outdated model of “see one, do one, teach one.” It demands rigorous training, assessment, and feedback for teachers, acknowledging teaching as a specialized professional activity that requires continuous refinement (6). This commitment ultimately not only benefits teachers but profoundly shapes learners' competence, confidence, and ethical grounding—qualities essential for high-quality patient care.

From a parental or societal viewpoint, entrusting a loved one to a medical teacher extends beyond clinical instruction. It is entrusting them to a scaffolded educational experience, a role model who embodies professionalism and humanity in healthcare, and a guardian of safe, competent practice. Recognizing and certifying medical teachers' entrustability is, therefore, not only an educational imperative but also a safeguard for the integrity of the entire continuum of health professions education (3).

In conclusion, the concept of the "entrustable medical teacher" not only provides a novel framework to ensure educational quality but also establishes a solid foundation for enhancing accountability and professionalism in medical education. Through systematic framework development and ongoing assessments, medical teachers can reach the same standards of preparedness and accountability expected of them. This approach represents a crucial step toward safeguarding public health by ensuring the next generation of health professionals is educated under the guidance of competent, ethical, and trustworthy teachers. Importantly, it should be viewed not merely as a restatement of past ideas but as a call to action for implementing meaningful structural reforms in medical education.

Conflict of Interest

The authors have no conflicts of interest to declare.

Authors' contribution

The article was written only by S.M.

Declaration of AI

No artificial intelligence (AI) tools were used.

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