



Lessons from AMEE 2025: Reflecting on the Transition of Medical Education to the Artificial Intelligence Era

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Abstract

The AMEE 2025 International Conference in Barcelona, Spain, marked a pivotal moment in medical education's shift toward AI-enabled learning. Grounded in AMEE's philosophy of the "Scholarship of Teaching and Learning," this letter examines the implications of integrating artificial intelligence (AI) into curricula. Drawing on perspectives from delegates representing more than 85 countries, we argue that the future success of medical education will depend on balancing digital transformation with the preservation of critical thinking, clinical reasoning, and social accountability.

Key Words: AMEE, Artificial Intelligence, Clinical Reasoning, Medical Education, Social Accountability.

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Dear Editor,

The Association for Medical Education in Europe (AMEE) promotes the “Scholarship of Teaching and Learning,” advancing the view that medical education should be driven by empirical evidence and rigorous research rather than tradition or anecdote. By connecting educators and researchers worldwide, AMEE strives to ensure that curricula remain innovative, equitable, and socially accountable (1).

AMEE 2025, held in Barcelona, convened delegates from more than 85 countries under the guiding question, “How do educators relate to health?”. The conference highlighted both the considerable promise of generative AI (GenAI) to enhance educational efficiency and the risks inherent in its uncritical adoption. A recurring concern was cognitive offloading: sustained reliance on AI tools that may progressively erode learners’ independent reasoning and problem-solving capacity (2, 3).

Several symposia focused on the use of GenAI in competency assessment. Recent guidance in *Medical Teacher* warns that overdependence on algorithmic solutions can weaken students’ critical-thinking abilities and undermine the development of robust clinical judgment (3). Yet core elements of clinical reasoning—tolerance for ambiguity, hypothesis generation, and iterative, context-sensitive problem-solving—require active engagement with complexity that optimized AI outputs may inadvertently bypass. Consequently, curricula should position AI as an educational partner that augments, rather than supplants, the learner’s cognitive work (3).

The ASPIRE awards at AMEE 2025 reinforced a complementary message: sustainable innovation must remain firmly rooted in human values and social context. Awarded projects—notably in rural health and equity-focused education—demonstrated that technology adds meaningful value only when it reduces access barriers and strengthens empathic, community-responsive practice (4, 5). This dual theme—rapid progression toward sophisticated digital tools alongside the enduring necessity of human-centred education—emerged as a defining feature of the conference.

To translate these lessons into curriculum reform, three interrelated pillars can be emphasized.

- First, educators should develop and embed critical AI literacy. Students must be taught not only how to use AI tools, but also how to appraise algorithmic limitations, identify potential biases, and judge the evidentiary quality of AI-generated outputs (3, 5).
- Second, institutions should formalize and protect time for deliberate reflection. Structured reflective activities can strengthen diagnostic reasoning, metacognition, and professional identity formation, and should be integrated as routine components of the curriculum rather than optional additions (6).
- Third, faculty roles must be reframed from “content providers” to “learning experience architects.” In this capacity, educators scaffold students’ integration of digital information with real-world clinical realities, patient narratives, and ethical reasoning, ensuring that AI-supported decision making remains grounded in humanistic care (1, 3, 6).

In sum, AMEE 2025 reminded educators that AI is an important component of contemporary medical education but not its defining essence. Our ultimate priority remains the formation of physicians who reason responsibly, address health inequities, and combine technological fluency with compassion and professional integrity. Curriculum design must therefore pursue a sustainable equilibrium between digital innovation and human wisdom.

CONFLICT OF INTEREST: None.

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