

Professional development of medical educators

Clinicians are increasingly involved in teaching, learning, assessment and supervisory activities with medical students, trainees and other health professionals. Participation in professional development pathways and activities in medical education enables clinical teachers to provide high quality education and training.

This article explores the role of professional development for clinical teachers in assisting individual teachers and organizations to deliver more effective and relevant education and training. It considers the needs of clinical teachers and the different opportunities, roles and activities available to medical educators.

Background and context

This year we celebrate the centenary of Abraham Flexner's seminal report on the transformation of American medical school system (Flexner, 1910), a report that led to the structures of basic medical education that we see today. Flexner would not have recognized the complex structures, management and quality assurance arrangements of our postgraduate training, and the energy and resources being invested in regulatory systems to ensure the ongoing personal and professional development of practising clinicians. Medical education in the 21st century is a lifelong affair spanning three sectors: undergraduate, postgraduate and the continuing professional development of established clinicians.

Medical education's aim is to supply society with knowledgeable, skilled and up-to-date health-care workers who undertake to maintain and develop their expertise over a lifetime career. Medicine occupies a privileged position in society and, as a result, has set itself apart from the main-

stream. However, in common with other areas of higher and professional education, three distinct trends have come to prominence in recent years: increasing accountability, a discourse of excellence and the 'professionalization' of medical educators (Swanwick, 2008).

A sense of increased accountability permeates medical education from top to bottom. The blossoming of regulatory requirements and a centralization of curricula by institutions and Royal colleges has moved the medical teacher from a position of independence (and idiosyncrasy) to a one where prescribed educational outcomes must be delivered, assessments performed to demand and student evaluations scrutinized and acted upon. Heightened levels of accountability exist not just to institutions but also to the end user, and students and trainees come with increasing expectations for high quality teaching and training. Most importantly, accountability is a key facet of a new social compact with patients; a compact, no longer based on blind and unquestioning trust, but on true partnership in which patients are key stakeholders in the education and training of the future and existing medical workforce.

In some ways the 'pursuit of excellence', has been a response to the above. Excellence (and related superlatives such as 'world-classness') is part of a discourse that pervades the public sector and is exemplified in documents such as Professor Sir John Tooke's report on the UK's reform of postgraduate training *Aspiring to Excellence* (Tooke, 2008) and Lord Darzi's wide-ranging policy for reform *A High Quality Workforce* (Darzi, 2008). It is now formally recognized that the quality of medical teaching and training is inextricably linked to the quality of patient care. And quality in medical education, increasingly informed by performance metrics and user evaluations, is very much on the health service agenda.

The final trend to highlight is that of the professionalization of medical education, a drive that comes from within medical edu-

cators themselves, a feeling of wanting 'to do it better'. Manifestations of this include an explosion of interest in professional organizations, with over 2000 delegates now regularly attending the annual conference of the Association for Medical Education in Europe, a growing number of professional associations and medical education journals, and a record number of doctors acquiring relevant postgraduate certificates, diplomas and masters degrees from an increasing number of institutions.

Frameworks for professional development

One way in which these trends are expressed is through the development of standards and frameworks for development. Standards for medical educators can be viewed as a set of Russian dolls, each set nestling inside each other but becoming more and more specific as the doll is opened. These standards reflect generic quality assurance activities and requirements from professional and statutory bodies in both undergraduate and postgraduate contexts.

All teachers in higher education, which, broadly speaking, should include the majority of medical educators, come under the UK Professional Standards Framework of the Higher Education Academy (Higher Education Academy, 2006). This overarching framework provides guidance for individual teachers and for all UK higher education institutions in creating their own staff development programmes. The Professional Standards Framework outlines key areas of activity, core knowledge and professional values against which individual teachers and programmes are accredited.

More specific still is the Professional Standards Framework of the Academy of Medical Educators launched in December 2009 (Academy of Medical Educators, 2009a). This framework is intended to 'encompass the skills, knowledge and practice required of those who perform the wide variety of educational roles undertaken within medical education' and are

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‘designed to assist medical educators to work towards excellence’. The six domains against which medical educators are invited to benchmark themselves, or which organizations can use as a development framework, are shown in *Figure 1*.

Delving further reveals sector-specific standards such as those for postgraduate supervisors produced by the Postgraduate Medical Education and Training Board (2008). Similar requirements are echoed in *Tomorrow’s Doctors*, the General Medical Council’s (GMC) framework of guidance for UK medical schools (GMC, 2009), which requires that all clinical teachers should participate in staff development programmes. These two regulatory organizations, Postgraduate Medical Education and Training Board and the GMC, merge into one this year.

Regulatory standards are further explicated in local interpretations such as the London Deanery’s *Professional Development Framework for Supervisors* (London Deanery, 2009).

All of this is underpinned by professional expectations of doctors that they should be willing to teach, and if they do so, that they ‘must develop the skills, attitudes and practices of a competent teacher’ (GMC, 2009). All doctors with clinical teaching or training responsibilities then have a duty to undertake some form of educational training and development. With the imminent introduction of revalidation, implicit in the GMC’s statement is that doctors who teach, train or supervise learners will need to provide evidence that they have attained the appropriate skills, attitudes and competences.

Challenges for clinical teachers

Although clinical teachers face many of the challenges that any teacher faces (such as increasing student numbers and adherence to quality assurance requirements), they carry the ‘double burden’ of delivering safe and high quality patient care while being responsible for teaching and training (McKimm and Swanwick, 2010).

The key challenges for clinical teachers include:

- Lack of time
- Teaching amid busy clinical workloads and service pressures
- Feelings of isolation
- Patients’ rights and expectations about the quality and safety of their care that can conflict with students’ or trainees’ needs
- Increasing numbers of medical and other health-care students
- Involving patients meaningfully in medical education
- Interprofessional education
- Keeping pace with new scientific and clinical knowledge
- Keeping up to date with educational requirements and advances in teaching, learning and assessment
- The impact of technology, including e-learning and simulation.

All this is in addition to the changing expectations from students and trainees and increasing demands from regulators and statutory bodies described above.

What sort of development?

Faculty development – ‘teaching the teachers’ or ‘training the trainers’ – programmes the world over have tended to focus on the

improvement of individual teaching abilities across a broadly similar range of activities. A typical content list is provided in *Figure 2*.

Faculty development has tended to be delivered as either short courses, workshops or as accredited university awards. More innovative approaches have included longitudinal programmes – where faculty commit a proportion of their time on a regular basis over 1–2 years to develop their knowledge and skills – and the use of individual coaching, mentorship and e-learning. A systematic review looking at effectiveness of faculty development programmes (Steinert et al, 2006) found that the key features of effective development programmes were:

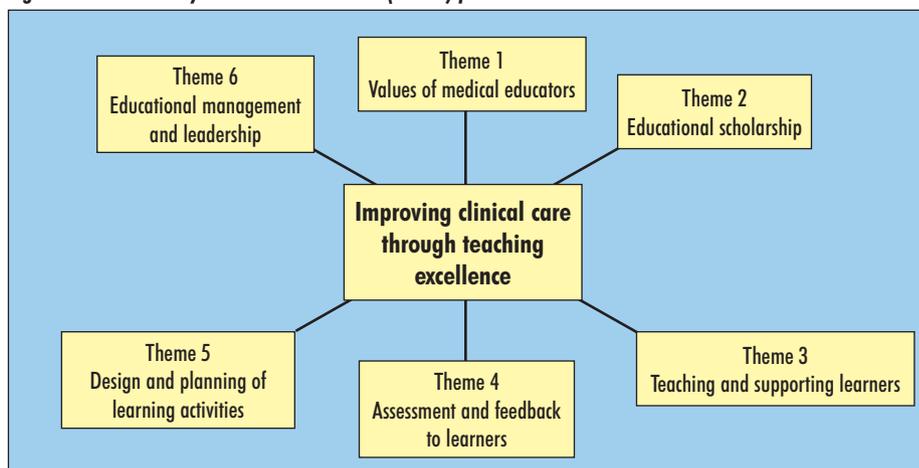
- Use of experiential learning
- Provision of feedback
- Effective peer/colleague relationships
- Well-designed interventions following established educational principles
- Use of a diversity of educational methods within single interventions.

Overall satisfaction with the programmes described in the papers analysed was high, with participants reporting improvements in their own teaching behaviours which were also picked up by students. Other reported changes included greater educational involvement and the development of collegial networks. However, the evi-

Figure 2. Typical content of faculty development programmes.

- Teaching skills and methods
- Supervision
- Assessment (including workplace based)
- Feedback
- Objective setting
- Learning needs analysis
- Appraisal
- Careers advice
- Working with portfolios
- Management of poor performance
- Diversity and equal opportunities
- Educational theory
- Small group facilitation
- Lecturing
- Team development
- Management and leadership of educational change
- Quality assurance, enhancement and evaluation

Figure 1. The Academy of Medical Educators (2009a) professional standards framework.



dence that faculty development makes a difference to outcomes is somewhat thin on the ground. A review by the Academy of Medical Educators (2009b) found that, despite some low level evidence cited elsewhere (Kilminster et al, 2007), no high quality controlled trials or systematic reviews could be found that robustly demonstrated a causal link between trainer development programmes and enhancements in trainee progress or patient outcomes. That is not to say that there is no benefit, but the research has yet to be done.

Careers in medical education

From the time of Hippocrates, medical education was viewed as something essential to the very nature of being a doctor, but also perhaps as something exercised on an ad hoc and amateur basis by any doctor, to any willing student. Now, throughout undergraduate and postgraduate medicine there are many opportunities for doctors to engage in increasingly well-defined educational roles. Students and trainees participate in teaching and there are many university and health service departments and other organizations devoted to medical education.

For clinical teachers, challenges remain about the time allocated to undertake these activities and the extent to which medical education is recognized and valued within service institutions. Clinical excellence awards recognize teaching and training but only as a small component of the application, and arguments about the appropriate time required in consultant job plans (and where to find it from) continue to rage. And so, to a frustrating extent, we continue, at least for the moment, to fall back on the goodwill of colleagues, their professional values and Hippocratic obligations.

Some of the more common and well-defined roles in medical education found in the hospital setting are described here:

Undergraduate

Clinical teachers

Although nomenclature varies between different medical schools and service providers, all medical schools have a large number of clinical teachers who are required to provide teaching for students at all stages of the programme in their speciality. Some teachers will have honorary medical school appointments (e.g. senior lecturer or professor) whereas others may simply have one

or two sessions allocated to teaching and assessing students funded through the Service Increment for Teaching but will not have an academic post.

Educational coordination and management

A smaller number of posts exist in which clinicians take on a wider range of responsibilities and activities on behalf of a medical school. These are usually joint appointments between the school and the NHS employer. In addition to leading clinical departments, other typical cross-programme roles include leadership or coordination of years or phases, clinical teaching and clinical assessment. These roles involve participation in curriculum committees, curriculum review and development, educational research and other medical school activities.

Academic training posts

Increasingly, special posts are being funded by schools (and/or deaneries) such as academic teaching fellows (these may be in certain specialities or more broadly) which provide opportunities for continuing clinical training, educational research and teaching students or trainees while undertaking an educational development programme such as a postgraduate certificate in medical or clinical education.

Postgraduate

Postgraduate educational supervisor

An educational supervisor is responsible for the overall supervision and management of a trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement and for reporting on trainee progress to the postgraduate deanery.

Postgraduate clinical supervisor

A clinical supervisor is responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Sometimes the role is merged with the educational supervisor in which case the 'baton' of educational supervision is handed on from one placement to the next.

Training programme director

The training programme director is responsible for the orchestration of train-

ing placements and programmes for postgraduate trainees.

Director of medical education

The director of medical education is responsible for maintaining and developing the profile of education within a trust and ensuring the delivery of the deanery educational contract. He/she is usually a trust employee but has a close professional relationship with the deanery to ensure quality control of programmes, develop and deliver the wider multi-professional educational agenda and for supporting and developing tutors as educators.

Postgraduate dean

Postgraduate deans commission and manage the delivery of postgraduate education for all doctors and dentists in training. They ensure that training opportunities are available to meet future workforce needs and are responsible for recruitment to training placements and programmes. Through a network of associate deans, directors and specialty schools, postgraduate deans also manage a process of quality assurance against standards for training set by the Postgraduate Medical Education and Training Board. Deans and deaneries also play an important role in supporting the continuing professional development of a number of professional groups (e.g. GPs, staff and associate specialists, dentists).

Continuing professional development

College tutor

Before Modernising Medical Careers (Department of Health, 2003) and the establishment in deaneries of specialty schools, college tutors played a central role in the quality monitoring of training placements and the oversight of the training of junior hospital doctors. This is now not universally the case, and the college tutor role has become less easy to define. The level of involvement in local education varies from trust to trust and across specialities but college tutors continue to be the professional representative at the level of the local organization.

Medical director

Ensuring consultant participation in continuing professional development is ultimately the responsibility of the medical

directors of NHS trusts through the appraisal process and a network of appraisal leads. Depending on the college and the individual relationships at local level, encouragement and monitoring of continuing professional development in some instances has been devolved to tutors.

In addition the roles listed, numerous opportunities are also available for those with an interest in medical education ranging from acting as a facilitator in a local simulation centre, becoming an examiner for either a medical school or a Royal college and engaging in educational research.

The future for medical educators

The trends outlined above are only likely to continue and, as highlighted in an earlier article in this series (Swanwick, 2009), training the trainers is no longer an optional extra. With the advent of revalidation, educational roles and responsibilities are likely to become further and more clearly defined.

In the university sector, medical education is now regarded as a speciality in its own right and the worldwide shortage of clinical academics has stimulated a new focus on recruiting and retaining clinicians who will take a lead in medical education. *Tomorrow's Doctors* (GMC, 2009) suggests that medical students should be trained in basic teaching skills and have the opportunity to teach others. Although this poses the challenge of fitting yet another topic into crowded undergraduate curricula, it also means that, over time, more doctors will be formally trained to teach and they will not acquire these skills opportunistically or serendipitously. Junior doctors too are now being recruited as educators with academic training paths identified at both foundation and specialty levels. For example some academic clinical fellowships are specifically structured around medical education (National Institute for Health Research, 2010). Departments of medical and clinical education provide a focus for academic activities, including research and professional development programmes. There will therefore be increasing opportunities for medical students and doctors in training to take on roles in medical education, with the possible future development of medical education as a defined clinical sub-specialty.

Although all doctors will emerge from medical schools with basic teaching skills, in future not everyone will be required to

teach and train, and those that do so will have to demonstrate that they have the ability to do so. The introduction of professional standards means that those who wish to make a career in teaching will be able to obtain recognition and career pathways in medical education will become more clearly defined and appropriately remunerated. Already we are starting to see full-time appointments made in large trusts to Director of Medical Education positions.

As novel patient pathways and integrated services continue to break down the historical boundaries between professional groups, we will also see more need for interprofessional educators who can work with, teach and assess multiprofessional groups. Meeting the needs of medical educators will place more emphasis on being able to provide support for clinicians to identify their educational development needs, introducing flexible training and development programmes that fit around busy clinical commitments and providing pathways and programmes for career advancement in medical education by organizations, specialties and professional bodies. This will require effective, collaborative and informed educational leadership. Organizations and individuals will need to work closely together in order to provide seamless faculty and professional development, training and career opportunities, reward and recognize effort and aspiration and ensure that the students and trainees of tomorrow receive the highest quality education and training. **BJHM**

Conflict of interest: Professor T Swanwick is Director of Professional Development at the London Deanery. Professor J McKimm was commissioned by the London Deanery to lead on the development of the suite of e-learning modules from which these articles have been derived.

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KEY POINTS

- Doctors who teach students and trainees are increasingly required to be able to demonstrate their teaching expertise.
- Professional development activities help clinicians to improve their teaching.
- Professional standards for medical educators enable individual clinicians and organizations to benchmark teaching practice and gain recognition.
- A wide range of professional development opportunities in medical education exist for students, trainees and qualified doctors.
- An increasing number of roles in medical education are available for doctors who want to be involved in education and training.