

# Teaching the teachers: no longer an optional extra

In a quiet and not often visited corner of the General Medical Council (GMC)'s *Good Medical Practice* (2001) – paragraphs 15 and 16 if you're interested – lie two important statements. First that:

**'Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.'**

A willingness for doctors to be involved in clinical teaching is then a professional responsibility. But the GMC doesn't stop there, insisting that:

**'If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.'**

What this means is that all doctors with clinical teaching or training responsibilities have a duty to undertake some form of educational training and development. With the introduction of revalidation later this year, implicit in the GMC's statement is that doctors who teach or train will need to provide evidence that they have attained the appropriate skills, attitudes and competences.

Universities arrived at this point some time ago after the Dearing Report (1997) called for improvements to the quality of teaching in higher education. National standards are now embedded in the accreditation processes of the Higher Education Academy (2009). Similar requirements are echoed in *Tomorrow's Doctors* (General Medical Council, 2003), the GMC's framework of guidance for UK medical schools, which demands that clinical teachers should participate in staff-development programmes.

Regulation in postgraduate medical education is catching up and with the establishment of the Postgraduate Medical Education and Training Board in 2005 (a short-lived organization as it happens, soon to be subsumed within the GMC) a number of 'standards' documents have appeared. The emphasis here is on supervision rather than teaching, but the tenor is

the same and Postgraduate Medical Education and Training Board's over-arching *Generic Standards for Training* (Postgraduate Medical Education and Training Board, 2008) requires that consultant trainers with a supervisory responsibility are both selected for their role and can demonstrate their ability.

Finally, the Department of Health's policy document *A High Quality Workforce: NHS Next Stage Review* (Darzi, 2008) formally recognizes that the quality of medical teaching and training is inextricably linked to the quality of patient care. Lord Darzi's paper outlines the government's intention that all educational supervisors in secondary care undergo 'mandatory training and performance review as currently exists in primary care'.

So there you have it. Undertaking a 'teaching the teachers' programme is to be a mandatory requirement whether you teach undergraduates or supervise foundation doctors or specialty trainees. And most consultant teachers will have contact with learners at all three stages of training.

## What is unique about medical education?

Medical education is a hybrid discipline that has appropriated both theory and practice from other areas of mainstream education. However, it has also made some significant contributions to the field, such as in the areas of problem-based learning, simulation and assessment. In its practice, medical education has a number of features that set it apart from other educational disciplines.

In medical schools, these unique features are most notable outside the lecture theatre, an efficient but not always effective vehicle for mass knowledge-delivery that we continue to share with higher education. Undergraduate medical education now makes extensive and creative use of a variety of teaching methods including clinical skills labs, e-learning and small group discussion. The rise of integrated and problem-based curricula exposes stu-

dents to a wide variety of clinical areas from early in their medical training and the tyranny of final year examinations has given way to more authentic assessments such as objective structure clinical examinations (Boursicot et al, 2007) and portfolios (Driessen et al, 2003) delivered across, and integrated within, the course.

## Changes in postgraduate training

Postgraduate medical education is also changing, albeit slowly. Historically, training at this level has been loosely structured on an apprenticeship model where learning through observation, modelling and graded participation occurred in an idiosyncratic and haphazard fashion, supported by often serendipitous access to formal educational events such as grand rounds, half-day release courses and departmental meetings.

With the reduction of hours brought about by the New Deal and the European Working Time Directive (Pickersgill, 2001; Department of Health, 2004), and an increased public and professional accountability, there has been widespread recognition that 'learning by lurking' is not enough to guarantee the production of safe and competent clinicians. From the Calman reforms of the 1990s onwards (Paice et al, 2000), postgraduate medical education and training has undergone a slow but inexorable transformation that mirrors changes in undergraduate programmes.

The new training places a strong emphasis on supervision, both with an eye to patient safety but also the oversight of professional development of trainees (Kilminster et al, 2007). Trainers in all specialties are expected to deliver against clearly defined competency-based curricula and work with a raft of centrally imposed workplace-based assessments. Formal learning opportunities are combined with work-based experience to deliver curricula and there is an increasing use of simulation and technology to promote the development of technical and non-technical skills.

## Clinical teaching

So the competent clinical teacher may require a range of abilities from presenting lectures to facilitating small groups; from conducting developmental conversations to delivering formal workplace assessments; from offering feedback on a ward-based clinical examination to debriefing a full immersion team-based simulation.

Organizations and researchers have attempted to capture the complexities of medical education in a number of competency frameworks (Wall and McAleer, 2000; Hesketh et al, 2001; London Deanery, 2008). The most recent contributor is the UK's Academy of Medical Educators, an organization whose expressed intent is to 'improve patient care through promoting excellence in medical teaching and learning' (Bligh and Brice, 2007). To achieve this, the Academy aims to provide a recognized framework in order that medical educators can demonstrate their expertise and achievements through accreditation against an agreed national standard. The Academy is also helping to develop a transparent career structure for specialist medical educators.

The formation of the Academy of Medical Educators is just one example of what is an international trend and the 'professionalisation' of clinical teaching can only continue to gather momentum. Patients, politicians and our professional bodies will require nothing less.

As a contribution to this development, over the next 16 months the *British Journal of Hospital Medicine* will be publishing a series of practical articles for the clinical teacher (p. 158). The articles contain the essence of a suite of e-learning modules

commissioned by the London Deanery to aid the professional development of its own educational network in London's acute, foundation primary care and mental health trusts. The series provides comprehensive coverage of all aspects of clinical teaching and training. If after reading a given article, you want to explore a particular topic further then we recommend that you visit [www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk) where you can find the full suite of open access e-learning modules complete with a wealth of supporting material. **BJHM**

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## KEY POINTS

- It is a professional and regulatory requirement for consultant teachers to be educationally competent.
- Effective clinical teaching requires a unique constellation of knowledge, skills and professional values.
- Engagement in staff development programmes is already a requirement for undergraduate teachers.
- Mandatory training and regular review is to be introduced for all postgraduate supervisors.

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