Where is the next generation of medical educators?

Lack of a career pathway threatens our medical educator supply

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There has been much political celebration over the opening of new medical schools and graduation of new doctors in Australia. Regrettably, less attention has been paid to how, and by whom, these extra students and trainees will be educated. While medical education expertise underpins high-quality educational programs, it remains a struggle to fill positions in this evolving discipline.

In early 2012, six medical programs in New South Wales and the Australian Capital Territory — Newcastle, Wollongong, Notre Dame, Western Sydney, Macquarie and the Australian National University — were seeking heads of medical education. Vacancies were triggered by educators taking up positions elsewhere, with gaps eventually filled by senior academics from other medical schools. Experienced educators continue to shuttle between Australia, the United Kingdom and other countries to meet the growth in demand created by increased student numbers in both new and established medical schools. This "reverse musical chairs" situation raises the question: where will the next generation of medical educators come from?

As well as increased quantity, this demand is driven by justifiably increased expectations of educational *quality* and outcomes. Major curriculum reviews and the need to meet stringent accreditation standards across the continuum from entry level to continuing professional development programs[1] have become core business for medical programs. Specialist medical educators have the expertise and commitment to lead and deliver evidence-based educational improvements, and to engage and motivate the many teaching clinicians for whom teaching is not a primary calling. However, the lack of defined career pathways, a failure to formally recognise medical education as a specialty, and the emphasis in many universities on research at the expense of teaching[2] have resulted in an erratic supply of medical educators.

Medical education offers diverse and meaningful work, ranging from designing and implementing medical programs to determining competency, providing pastoral support to students, training clinical teachers and researching the impact of education. Teaching may be provided opportunistically by clinicians or by full-time university academics. Some teachers possess formal education qualifications, including PhDs in education; others simply possess enthusiasm and experience in supervising medical trainees.

While this diversity reflects the delivery of medical education by educators from various backgrounds and by clinicians fulfilling professional obligations to teach, it creates difficulties for defining medical education as a specialist discipline with a standard career pathway. In the absence of compulsory qualifications, the UK Academy of Medical Educators describes its members as

> those who have committed a significant amount of their time, energy, and professional development to medical education and can demonstrate that this has become an important component of their career.[3]

The most recently published international survey found educators come primarily from medicine (68%), but also from education (12%), basic science, psychology and other health professions. Few have formal qualifications (16% have a master's degree, 7% have a PhD), averaging 13 years of experience in education and 20 years in clinical medicine.[4]

Case studies of medical education units recommend staffing by a flexible multiprofessional team, led by a director with requisite experience and leadership abilities.[5] But there appear to be few such stand-alone units, with many educators working in "virtual" departments of tenuous longevity. Further, perceived loss of clinical salary and standing may deter medical graduates from choosing education as a sole career; many have a hybrid career that combines education with clinical services and research.

To date, there has been no systematic analysis in Australia, New Zealand or the UK to determine current and projected workforce requirements, hampering rational planning and career pathway development. At a recent national meeting of senior educators representing 18 of 21 Australasian medical schools (MedEd12 Conference, Sydney, NSW, 21–22 September 2012), it was agreed that there were few junior educators on the career ladder. Without a career pathway, conference participants had advised interested students to maintain "day jobs" in clinical medicine, despite nearly 80% of final-year students expressing an interest in teaching.[6]

Although medical education has professional standing in the form of dedicated societies, journals and conferences, it is yet to be recognised as a specialty and vocational scope of practice. The common scenario where a career in medical education is undertaken only after years of clinical practice is not sustainable. Teaching is considered integral to good medical practice for all medical practitioners,[7] although fewer would be expected to pursue education as a specialist career. We therefore recommend a

range of strategies to develop the medical education pipeline in different settings:

- *Medical students*: role modelling; peer-teaching opportunities; and, for motivated students, an education stream demonstrating that education is a viable and rewarding career
- *Medical graduates*: flexible teaching experiences for different levels of interest; opportunistic clinical teaching; teaching fellow and registrar positions; qualifications in educational theory and practice; and mentoring by senior educators
- *Medical education specialists*: specialty recognition; an Australasian academy of medical educators; and resourcing to build capacity in medical education research.

As a first priority, we call for an economic analysis of current and projected medical education workforce requirements across Australasia, to provide baseline data. Without evidence and strategic development, quality medical education — and the quality of Australasian graduates — will remain dependent on the serendipitous career paths of a few individuals.

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