

So you want to be a Medical Education Fellow

Sarah Campbell, Paramita Cifelli

Dr Sarah Campbell, Undergraduate Medical Education
Fellow, Dr Paramita Cifelli, Associate Undergraduate Dean.

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Correspondence to: Dr Sarah Campbell, Medical Education
Centre, Whipps Cross University Hospital, London.

Email: slmcampbell@live.co.uk

INTRODUCTION

General Medical Council (GMC) Good Medical Practice (2013) advises doctors should be willing to teach and train both postgraduates and undergraduates¹. In reality for most specialties this has always been a significant part of the practitioner's role. What is unclear is how many have formal training in education. Whether applying for Core Training, Specialty Training or a Consultant post, evidence of involvement and training in teaching is becoming more and more desirable. There are also points to be gained from a formal education qualification and it is used as a discriminatory tool at interview².

With some doctors taking a break from climbing the training ladder, either between Foundation and Core, Core and Higher training or as an Out of Programme Experience (OOPE) year, Education Fellowships are becoming a useful and career enhancing option.

FELLOWSHIPS

Medical Education Fellowships are widely varied and are offered across the country. They can range in duration from six months to over two years. Most are based in NHS hospitals but there are a number in medical schools including Barts and The London School of Medicine and Dentistry and University College London³.

Whipps Cross University Hospital runs several year-long medical education fellowships including a fulltime undergraduate fellow, postgraduate fellow, who spends fifty per cent of their time working in acute medicine, and a senior anaesthetics fellow (OOPE) who spends fifty per cent of their time in clinical anaesthetics.

There is cross over in activity between all three roles but their responsibilities mostly are linked to their job title.

Each fellow is offered a Barts Health NHS 'Art of Debriefing' train the trainer course. They are then trained on-site as simulation faculty, with the opportunity to work across sites

on courses aimed at a wide range of specialties and disciplines including acute care, crisis resource management and leadership skills. The fellows provide clinical skills training for undergraduate and postgraduates in the medical education suite and through Barts and the London School of Medicine and Dentistry. They facilitate problem based learning seminars and design and deliver multidisciplinary in-situ simulation. They are an invaluable resource in postgraduate and undergraduate local teaching programmes.

Innovation is actively encouraged and supported in the form of new course design and provision, with previous fellows presenting their projects at national and international conferences. There is also support for pursuing a formal educational qualification.

BENEFITS

The main role of the fellowship is to improve and practise teaching skills, aiming to enable the fellow to teach more effectively back in their clinical role. It allows a dedicated period of time to concentrate on these skills in a structured environment providing supervision and feedback.

The experience will add evidence and support to future clinical job applications as well as helping fellows identify roles within medical education for their future career path.

The experience also benefits from reduced or no on-call work with evenings and weekends free. Many fellows enjoy knowing they will be working in one location and having a year-long 'rota' from the beginning of the job.

CHALLENGES

The change in pace in education roles following clinical medicine takes adjusting to. Most doctors are used to being overstretched, fellows who may be more familiar with typing up teaching sessions and presentations at home in between shifts now have time set aside to prepare their sessions. These roles have less regimented or dictated schedules than clinical ones and initially may feel directionless however innovation and new projects quickly fill this space.

For some not having any clinical work may lead to anxiety about deskilling and some may miss the challenges and diversity of clinical work. The lack of on-call will also mean a drop in salary for those previously 'banded' although there is invariable the opportunity to pick up additional locum shifts in most large NHS trusts.

CONCLUSION

Historically trainees in all disciplines would be able to develop their teaching and training skills while in their training posts however in the current climate clinical commitments mean that this can often not be guaranteed or relied upon and a trainee can find themselves ready to take on a consultant role without having offered any meaningful contribution despite the GMC advise that teaching undergraduates and postgraduates is an important part of our role as doctors. Medical Education Fellowships provide an opportunity



to focus solely on the skills needed to do this effectively. Fellowships are varied in how they provide this training and therefore with a bit of research it is possible to find the right one for your skills and stage in training. For those considering taking 'time out' of clinical training education fellowships are an excellent option.

REFERENCES

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