ERG FINAL REPORT GPTQ:

Barriers and enablers to attracting and retaining Medical Educators: A mixed-methods study

Research Team

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AIMS AND OBJECTIVES

There is a growing need to recruit and retain doctors in Medical Education roles (which currently represent <1% of the medical workforce). Medical Educators work across a variety of environments, including Regional Training Organisations, General Practice and other medical colleges, universities and independent medical organisations. In recent years we have seen the displacement of the medical education workforce during restructuring of training organisations; direct employment of educators by General Practice colleges, and the growth of private medical education providers. There have been ongoing challenges in recruiting and retaining medical educators in many regions.

There is limited evidence about the factors influencing early career transition and career trajectories of Medical Educators in Australian General Practice Vocational Training. The aims of this study were:

- To *explore* the barriers and enablers for Medical Education career recruitment and retention.
- To *define* opportunities to improve career pathways for Medical Educators.

METHODs

We used an exploratory sequential mixed-methods design. The initial phase of the project involved focus groups with GP Supervisors, Medical Educators and External Clinical Teaching visitors recruited via GPTQ, GPSynergy, NTGPT, GPME and the RACGP Medical Education Network. Following the focus groups, results from data analysis were used to inform a survey delivered to a larger participant pool. A final stage involved key informant interviews with experienced educators to determine how the barriers and enablers identified can be managed at an organisational level.

Ethics approval was granted by the University of Queensland.

RESULTS

Five focus groups (n=17) were conducted with both new and experienced educators, with the subsequent survey involving 67 participants. The response rate is difficult to estimate as the size of the Medical Educator workforce is ill-defined but is estimated to be between 300 and 400 professionals.

The demographic profile of participants in the focus groups and survey are outlined in Figure 1, showing the majority of participants were middle-aged females. Within the survey group, 63% of

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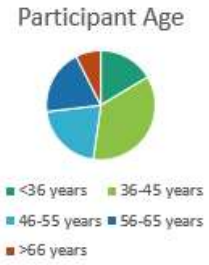
GPs held an FRACGP, whilst 12% a dual Fellowship with ACRRM. Most participants lived in the same area where they work as MEs (I.e. not remote work) and 55% were located in MMM1 areas. The majority of participants in both groups held additional tertiary qualifications, and were involved in education and supervision at multiple levels – including with allied health and medical students.

Figure 1:

Demographic	Focus Group (n=17)	Survey (n=67)
Female (vs male)	76%	69%
AMG (vs IMG)	82%	74%
New MEs (<2 yrs experience)	29%	16%
Qualifications	50%	N=86



Key informant interviews – n=4

So what drives Medical Educators to do what they do?

"It's a translation of general practice education into the real world." (Focus group 2, Participant 2)

The primary motivator for involvement in medical education was altruism – 'giving back', followed closely by the desire to influence change and have impact on clinical skills. Some educators were driven by their own experiences with Medical Educators – both positive and negative. Other motivators included collegiality, flexibility, ongoing learning, research opportunities, and salaried employment, in addition to supplementing clinical practice. These findings were similar in the focus groups and survey participants.

We identified a variety of pathways into medical education - via examining, supervision, but predominantly by invitation (i.e. 'tap on the shoulder'). There was some perception that the medical education environment was a 'closed shop' and that it was difficult to obtain information regarding both the role and opportunities. The identified roles and responsibilities of a Medical Educator included teaching, administration, assessment, pastoral care, professional development and representative roles, with position descriptions often not reflecting actual practice. The predominant skill required were recorded as administration, clinical experience, communication, understanding of the education environment and mentorship. It was interesting that 'teaching' was not mentioned.

The enablers to commencing or maintaining a career in medical education included an altruistic outlook, role career diversity/flexibility and job satisfaction and continued clinical/medical education upskilling. Regarding barriers, lack of awareness of career opportunities, poor remuneration and role uncertainty were reported independent of career stage. However, barriers such as clinical and family commitments, lack of confidence and support in the role, and administrative burden varied dependant on the career stage and experience of the educator.

Two-thirds of participants reported that their organisations did not require medical education qualifications for commencing an educator role, however 20% of survey participants were unsure of

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the need for qualifications. One-third of survey participants identified a clearly defined medical education pathway in their organisation, whilst one-third could not identify a pathway and one-third were unsure if there was a pathway.

The key informant interviews revealed the significant impact that the funding and structure of General Practice training has on training organisation workforce planning. There is more availability of educators in urban areas, and rural educators have additional needs to consider due to increased clinical responsibilities. Professional development was noted as important for all educators, and qualifications are becoming more necessary for senior roles. The participants recognised the mismatch between position descriptions and what happens on the ground, but also that medical educators are adept at accommodating to the roles required, likely due to their complementary skill of managing the diverse requirements of general practice. The overwhelming factor influencing recruitment and retention identified, was the importance of maintaining a positive organisational culture, collegiality and teamwork.

IMPLICATIONS

Many of the enablers and barriers identified may be modifiable at individual, organisational and institutional levels and knowledge of these factors will be useful to those employing educators to recruit and sustain their Medical Educator workforce. It is clear that the roles and responsibilities of educators and opportunities for employment should be more widely known. More work is required to ensure that position descriptions are pragmatic and accurate, and that opportunities for career progression are defined. Professional development and education requirements for Medical Educators needs further definition but progressing this may be problematic given the diversity of organisational environments in which educators are employed.

FUTURE RESEARCH

The findings of this project will provide important guidance to build an adequate and sustainable Medical Educator workforce for Australian General Practice training. Although the sample group was broad, because the Medical Educator workforce is ill-defined, it is difficult to know if the findings of this project have external generalisability. Surveying a more organised, inclusive and cohesive Medical Educator workforce would be ideal, after the establishment of such a body.

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