Medical educators: The unsung heroes of general practice?

Stephen A Margolis

I have come to believe that a great teacher is a great artist … teaching might even be the greatest of the arts since the medium is the human mind and spirit.

− John Steinbeck

Back in the 1980s, clinical scope of practice for general practitioners (GPs) working in local and rural hospitals was based on the deemed skill set of the individual applicant rather than the selection of ‘tickets’ they held. This meant that inpatient, outpatient, emergency and procedural work was spread across the GPs attached to the hospital in a somewhat egalitarian fashion. By the early 1990s, mandatory certification enforced by government was progressively introduced across the entire breadth of clinical practice. The impact on clinicians was profound, as clinical privilege committees increasingly required structured, objective evidence of competence, often with mandatory evidence of having passed an appropriate summative process and, consequently, a growing mandatory certification. This lead to a surge of having passed an appropriate summative assessment. This lead to a surge of having passed an appropriate summative assessment. This lead to a surge of having passed an appropriate summative assessment. This lead to a surge of having passed an appropriate summative assessment. This lead to a surge of having passed an appropriate summative assessment. This lead to a surge of having passed an appropriate summative assessment.

In an age where your personal clinical practice is so closely tied to the clinical privileges your ticket of entry allows, it remains both disconcerting and perhaps delightful that medical education is almost the last bastion of ‘ticket’ freedom. Delightful, as this means almost all practitioners have the opportunity to participate in the pleasures and rewards of teaching; yet disconcerting, as being an effective teacher, educator and, especially an assessor, requires nurturing a range of attributes and developing a series of special skills. Certainly, the senior medical educators in Australia share a proud pedigree of academic achievement in education-related qualifications. And the hierarchy of learners continues to exist in medical education as in any other medical specialty, with each layer supporting, mentoring and teaching those in earlier stages who are progressing up the ranks.

So, perhaps this conversation is more about those relatively new to medical education who are considering their options in how to gain the knowledge, skills and attitudes to best develop their expertise. Is it now timely to move to a more formalised approach, defining a number of more clearly identified paths for the budding and enthusiastic teachers of tomorrow, allowing them to bypass the rather haphazard system through which older folk travelled?

In this month’s edition of Australian Family Physician (AFP), we present a number of papers that we hope will help expand our readers’ horizons on their personal contribution to the medical education of students and registrars they regularly meet and support in clinical practice. While Wearne, Butler and Jones3 explore general practice registrar education and Fraser4 considers mentoring medical students, Leeder, Corbett and Usherwood5 encourage consideration of the wider public health role GP trainees will be undertaking in contemporary general practice.

It is no surprise that GPs have taken medical education as an adjunct to their career paths, as teaching provides an important counterpoint to their clinical endeavours while providing an opportunity to share their experiences with the next generation.

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References