

# 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<sup>1</sup>

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 assessment. This led to a surge of interest in attending courses and programs, especially with formalised assessment processes and, consequently, a growing army of medical educators to provide these education and training programs.

Until recently, medical education had for the most part been immune to this process of mandatory certification. From its early beginnings, medical education has evolved into the well organised, structured discipline that we take for granted today. This substantial workforce educates medical students, pre-vocational doctors and vocational trainees, provides continuing medical education, and contributes to education across a range of allied health, nursing and other academic disciplines. Additionally, Australian-trained medical

educators are sought after to assist in programs run by our nearest international neighbours.

The Australian Institute of Health and Welfare estimates around 1000 (1.1%) of all registered medical practitioners designate teacher/educator as their principal employment.<sup>2</sup> However, as medical education is unlike virtually all other branches of medical endeavour, there is no formal registration or grouping of medical educators, leaving total numbers unknown when educators who are primarily active clinicians are added to the mix.

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 Jones<sup>3</sup> explore general practice registrar education and Fraser<sup>4</sup> considers mentoring medical students, Leeder, Corbett and Usherwood<sup>5</sup> 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 to 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.

## Author

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