Reading and Newbury VTS

GP Training in the Thames Valley

Medical Education Fellowships: those who can, teach…and practice medicine

An interview with three clinicans involved in a GPST3's year as a Medical Education Fellow

Dr. Edward Jack Amiry, Dr. Juliet Zani, Dr. Lada Jamnicky and Dr. David McCartney

Introduction

Medical Education Fellowships are not a new idea, but they may be new to a lot of us. They originated in the 1970s in the United States of America from within family medicine training, and today over half of the medical schools in the U.S.A. have such programs.[1] In the U.K, primary care is becoming more and more involved with medical education. GP trainers act as mentors for registrars, who in turn educate their trainers and medical students.[2] Furthermore, GPs are often involved in the education of other healthcare professionals within their practices such as advanced nurse practitioners, pharmacists and paramedics. Despite this important role, GPs rarely receive any formal education training unless choosing to do so in their own time; often years after qualifying such as when becoming a GP trainer. We undertook interviews with three clinicians to assess the impact of a GPST3's year as Medical Education Fellow at Oxford University.

Dr. David McCartney was the Fellowship supervisor. He is Director of Graduate Entry Medicine at Oxford University and a GP partner in Oxford.

This was the first year you have had a medical education Fellow working in your department, why now?
I have been keen for a long time to create better formal opportunities for trainees to be involved in Medical Education at the University, in particular for GP Trainees. Initial encouraging informal discussions with individuals at the Deanery led to my writing a brief written proposal for the position. After this we agreed on a collaborative project between the University and the Deanery to facilitate the project.

How did you decide what kind of work the Fellow would undertake?
The activities within Medical Education are very broad – I was keen that a Fellow had the opportunity to see and be involved in the whole range of activities that happen – from welfare and pastoral support, through to curriculum design and summative assessments. It was also important that the Fellow had the opportunity to spend time on something that they were particularly interested in – and have a project that they could 'make their own'.

How did your ideas about Fellowships change over the course of the year?
I felt it was important that Fellowship evolved as the year went by – in part so that the Fellow had time to develop and work on their own ideas. Supervision was flexible – and it was important to strike the right balance between offering ideas, inspiration and guidance, whilst allowing the Fellow pursue their own interests.

Was it difficult to set up the Fellowship within the university/deanery?
This was the first joint Medical Education Fellowship between the Deanery and the University – it was a really positive experience, and it was great to be able to work with colleagues in a different area of education and training.

How did you go about advertising for the position, and what was the response like?
The advert was sent to all trainees in the region who were eligible – i.e GP trainees who were moving in to their last year of training. There was lots of interest and enquiries and many excellent applications.

How did you decide how you would interview applicants?
It was important that the interview provided an opportunity for applicants to demonstrate their skills and suitability – all applicants were asked to prepare a brief teaching session – as first and foremost we wanted to recruit a Fellow with a real ability to teach and communicate to others.

What advice would you give to a colleague at another university who is considering taking on a Medical Education Fellow to their team?
This Fellowship was less directed than other teaching fellowships – and the specific teaching responsibilities were less structured – this provided a fantastic opportunity for a Fellow to bring ideas to the course and develop their own interests – working collaborative across the University/Deanery has been a hugely positive experience and I am grateful to the Deanery for allowing flexibility within the training to facilitate this.

As partner in a GP surgery yourself, what do you think about the role of Fellowships within GP training?
GP trainees often have less exposure to other junior trainees and medical students given the smaller clinical setting that they are in. It's hugely important that medical students and junior trainees are inspired by near peer GP trainees and I am keen there are more opportunities going forward for GP Trainees to be involved in medical education in this way.

Dr. Lada Jamnicky is a GP partner and trainer Tilehurst, Berkshire. She was Dr. Amiry's Educational Supervisor throughout their GP training.

Were any concerns raised by your partners about the Fellowship before you gave the green light?
I am based in an established training practice with a long tradition of teaching medical undergraduates, so there was widespread enthusiasm for a non-traditional training programme. Whilst the Fellowship presented some logistical issues, such as co-ordinating trainee and trainer clinical days, this was no more challenging than accommodating a LTFT (less than full time) trainee and overcome through a combination of flexibility, creativity and technology. In reality, the only major problem was room space. Overall, the feeling in the practice was overwhelmingly positive.

How did you find supervising a trainee with educational commitments on top of their clinical ones?
Supervising a trainee with educational commitments was no more onerous that having a LTFT trainee. The training programme favours the organised trainee and, in my experience, a registrar's organisational skills have the biggest impact on work placed based assessment (WPBA) and supervision.

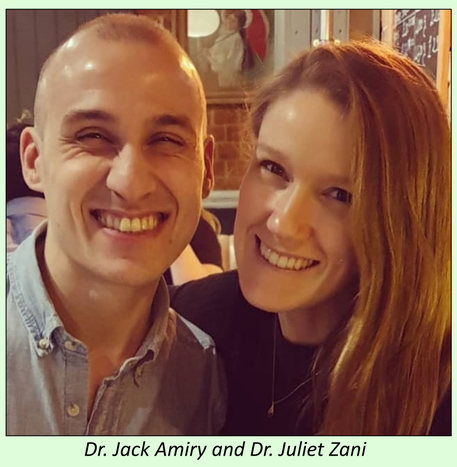
Was there anything that came as a surprise to you during the year supervising this trainee?
Three surprises:
1. I had expected the Fellowship to be primarily theoretical rather than practical.
2. The practice benefitted directly from the Fellowship as the trainee took every opportunity to teach staff at the surgery- for example, formal teaching on managing difficult patients to our reception staff had very positive feedback and staff are now looking forward to an annual refresher.
3. My trainee's already abundant enthusiasm for medical education increased further over the course of the programme!

What advice would you give to trainers who have an ST2 trainee requesting permission to undertake a medical education Fellowship during their ST3 year?
In terms of preparation, I would advise a trainer to explore the benefits and challenges of doing a Fellowship with their ST2, in addition to the practicalities that might have a direct impact on training. For example; co-ordinating clinical days with their trainee and how they plan to meet commitments such as WPBA and exams. In reality, a well-organised trainee should have no trouble navigating both paths, but the demands of the MRCGP should not be underestimated.

How did your ideas about Medical Education Fellowships change over the course of the year with this trainee?
I had high expectations of the Fellowship and was not disappointed. The biggest testament to the success of the Fellowship programme is that my trainee wants to have a portfolio career as an educator and GP.

From August and November you ended up having two ST3s to supervise directly in practice, as well as your ST1/2 trainees at other surgeries. How did you find this?
The responsibilities and workload could be demanding, particularly when supervising an ST1, ST2 and ST3 simultaneously: the addition of another ST3 into the mix adds another dimension in terms of organisation. However, it is also generally recognised that a competent registrar in their final stages of their training requires minimal direct supervision and is, in terms of capacity for work, as good as a fully qualified GP. The only real challenge, therefore, was that of organisation and logistics, namely room space, timing of tutorials, and tailoring WPBA requirements.

Dr. Jack Amiry undertook the Fellowship between August 2019 and August 2020. They currently work as a locum GP and Honorary Lecturer at Oxford University.



Dr. Jack Amiry and Dr. Juliet Zani

What was the process of applying for the Fellowship like?
I got an email advert about the Fellowship, explaining it would be two sessions a week - taking the place of two clinical sessions. The interview involved a prepared 5-minute "teaching session", followed by standard interview questions, lasting 25 minutes in total. I heard back soon after and the post started two months later.

Did you have any concerns before you started?
Oh, absolutely! I had no idea what a Fellowship would *actually* entail. The advert talked about lecturing which was no problem, but also developing an online teaching resource, and departmental meetings and I didn't know what those would involve. I also had friends who had Research Fellowships where they'd felt unsupported by their supervisors, which worried me a little.

Can you describe some examples of the work you did during your time as a Medical Education Fellow?
I was involved in lectures, sim sessions, clinical skills and mock OSCEs. I conducted pastoral meetings, helped write and mark examinations and attended a number of departmental meetings. I was also encouraged to pursue a personal project on 'Patient Identity'; organising speakers to discuss the impact of gender, sexuality, disability and ethnicity on personal healthcare experiences.

What was a typical week like, and how did you balance your roles?
My timetabled schedule looked like this:

Day	Mon	Tues	Wed	Thu	Fri
AM	Clinical	VTS	Clinical	Tutorial	Fellowship
PM	Clinical	Study	Clinical	Study	Fellowship

VTS = vocational training scheme (GP training)
Tutorial = conducted by Educational Supervisor

My ST3 year was extended to make up for missed clinical time; it began in August 2019, I took the CSA in March 2020 (feeling very ready to do so) and completed training in late October 2020. I didn't find balancing the roles difficult - clinical work never bled into Fellowship time, but then my practice were very serious about not using trainees solely for service-provision.

I should mention that my wife does enjoy mocking my commitment to organisation, but a carefully manicured calendar and colour-coded email folders certainly helped this year, so…joke's on her.

Looking back, it wasn't uncommon to find myself doing Fellowship work outside of working hours, but it really never felt onerous. Certainly it was never done through pressure/expectations from the department, more just my own eagerness to take on multiple projects.

What was the most difficult thing about the year?
It *was* quite tricky to establish exactly what targets I needed to hit to CCT, be it clinical hours, OOH sessions or WBPAs. There was a lot of back and forth with a very helpful administrator at the GP Lead Employer (who could recognise me by voice eventually). I sent them a well-deserved thank you card when I finished.

At the start of the year the breadth of university staff we worked alongside felt overwhelming: there was an endless list of people who I felt I *should* know, but didn't. Fortunately, after a couple of months I'd met most people at least a couple of times and felt more settled.

How would you describe the effect the Fellowship had on you as a clinician educator?
I would say it had several major effects:
1) It boosted my confidence, giving me more practice lecturing, as well as experience teaching in new situations such as simulation and clinical skills.
2) I gained invaluable exposure to departmental meetings. These gave me an understanding of how examinations are written and marked fairly, of the way educational content is created and revised, and also how pastoral care is organised and reviewed. I really felt like part of the team which was a special experience for me.
3) I feel I can now *identify* as an educator, and it really inspired me to pursue a career in Med-Ed - a world that seemed somewhat impenetrable before!

What impact do you think you had on the students?
A nice moment that comes to mind was discussing one student's future career plans. They told me they had always liked the idea of being a GP in the past, but felt an unspoken pressure in Oxford; that to be "successful" you had to be a world-renowned subspecialist in something! They said seeing myself and David in our roles helped them shake the idea that GP was a back-up and they were now seriously considering it as a future specialty, which felt great to hear.

Are you planning to continue work as an educator?
I'm lucky to have been invited to do some further work with David as well as other parts of the medical school, including the Primary Care teaching team. I've also taken on the role of Tutor for three first-year medical students at Pembroke College, which is great fun. I basically take on anything and everything that I can get my hands on!

Looking back now, in what ways might you have changed the Fellowship experience?
I might have tried to do a PGCert in Medical Education at the same time. I considered this at the start of the Fellowship year, but I wasn't certain I wanted to go into education in the future. I am now doing a PGCert and really enjoying it, but it's easy with hindsight.

What advice would you give to someone else considering applying for a Med-Ed Fellowship?
If you're considering a career in Med-Ed it's a really terrific option. I'd advise being open to any and all educational experiences because I found it difficult to know what I would enjoy until I'd actually tried them.

Lockdown meant a lot of teaching moved online. National shortages in work-from-home equipment meant that certain adaptations needed to be made.

Discussion

We found the Fellowship was successful for all involved. It gave the Fellow confidence and a desire to pursue a career combining Primary Care and Medical Education. Their trainer reported a positive impact both on their development and on the training practice itself. Their supervisor found the Fellowship easy to set up thanks to support from the Deanery and was enthusiastic to increase these opportunities in future. While only looking at a single Fellowship, we hope this highlights a previously underutilised role for trainees that could have widespread benefits, without significantly extending training or negatively impacting training practices. We hope to promote discussion about what we as a specialty should value in our training programme, and how GPs can further impact medical student training.

References
1) Coates et al. 2016. Creating a Cadre of Fellowship-Trained Medical Educators: A Qualitative Study of Faculty Development Program Leaders' Perspectives and Advice. Academic Medicine, Vol. 91. p1696-1704.
2) Dick et al. 2007. Vertical Integration in Teaching And Learning: an approach to medical education in general practice. Medical Journal of Australia. Volume 187. p133-135.