Clinical education: a routine activity of extraordinary importance

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The Royal College of Physicians of London (RCP) was established in 1518. During its extraordinarily long and impressive history, it has maintained a distinguished tradition of training and educating its members for professional practice. In recent years, it has been actively developing its continuing professional development schemes, conferences, lectures and training courses. It has developed a resource centre offering a comprehensive collection of print and multimedia educational resources, and it maintains a comprehensive programme of fellowships, lectureships and prizes. It offers mentorship and guidance to junior doctors aiming to become consultant physicians, campaigns on behalf of its members, publishes reports of research, and actively influences policy and opinion on matters of interest to its Fellows and Members. Most importantly, through its MRCP(UK) examination scheme, the RCP sets nationally recognised standards for professional practice that all physicians are expected to meet.[1] In other words, the RCP does what all medical royal colleges should do: its core functions are to set career and professional standards, to reward achievement and to represent the interests of its members, and it does all this with the aim of improving patient care and the health of society in general.

Established in 2006, the Academy of Medical Educators is still in its infancy. But – and this is not a coincidence – its aims and functions strongly reflect those of the medical royal colleges. Like them, the academy's core functions are to serve and represent its members, to improve standards and reward excellence, and to contribute to the improvement of clinical care. The difference is that the Academy of Medical Educators is the first organisation explicitly set up to establish and promote professional standards for clinical teachers.

We have sometimes been asked why there was any need to establish a separate professional organisation for medical educators. After all, nearly all doctors have teaching and mentoring roles, and most do a pretty good job of delivering training to juniors. Teaching, it is argued, is just one of those many things that doctors have to fit into their busy working lives, along with all the other competing demands on their time. Why should there be a new emphasis on standards in medical teaching? And why now, when the profession is already under more external and internal pressure than it can comfortably withstand? The answer is contained in the question. Clinical teaching often goes unrecognised and unrewarded precisely because all doctors, whatever their medical specialty, are expected to do it. But employers want their 'penny's worth' so the pressure is on clinicians to devote time to clinical practice rather than to teaching. Developing and fostering excellence in the next generation of healthcare professionals, despite its vital importance of delivering high-quality patient care, is seen as a 'supporting activity' and is therefore likely to be among the first things to get sidelined when the pressure is on. For example, the *Census of consultant physicians in the UK, 2006* reveals that consultant physicians routinely work more than their contracted hours; that education takes up the largest slice of the precious time available to them for 'supporting activities'; and that many have difficulty getting time off for educational activities (to study and to deliver education).[2] It is hardly surprising that there is little incentive for doctors to get involved in teaching and yet, to its great credit, the medical profession continues to educate its junior members in the face of organisational indifference and increasing workload pressures.

Some clinical teachers go even further and become truly outstanding educators. Though most of us can recognise it when we see it, high-quality clinical education is hard to define and still harder to achieve. Excellence in medical education, which includes leadership, assessment, course and curriculum design and scholarship,[3] is not so much a gift or a talent as a hard-won set of professional skills that take time and dedication to master. The academy therefore sees its core role over the coming years as recognising and rewarding the commitment and dedication of clinical teachers throughout the UK, in defining and fostering excellence in medical education, and in acknowledging and valuing individual's achievements as a way of raising standards throughout the profession.

Why would existing members of a royal college also want to join the Academy of Medical Educators? Just as membership of a medical royal college offers a recognised confirmation of an individual's achievements within a medical specialty, membership of the academy will provide clear evidence for employers

and appraisers of an individual's achievements in clinical teaching. Although all medical educators will be welcome to join at associate level, regardless of specialty or professional background, other categories of membership will be introduced as part of the standard-setting responsibilities of the academy. Individuals who are awarded membership within these categories will be entitled to use post-nominals. Furthermore, in addition to the personal benefits conferred by membership, the existence of the academy is a clear reminder to policy makers of the cardinal role that education has to play in maintaining professional standards in medicine, and of the need to foster and reward dedication and skill in medical teaching. The Academy of Medical Educators offers an organisational opportunity for the medical profession as a whole to assert the vital importance to patient care and healthcare delivery of allowing doctors time and space to develop their skills as educators.

Competing interest

John Bligh is President of the Academy of Medical Educators. Julie Brice is Executive Officer of the Academy of Medical Educators.

References

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