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HOW TO

How to ... navigate specialised programmes for early-career doctors in medical education

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Abstract

Investing in early-career medical education programmes for aspiring clinician-educators, scholars and leaders offers a strategic approach to shaping the future of health professions education internationally. This paper explores the design and impact of a nationally funded Specialised Foundation Programme (SFP) within the United Kingdom. Drawing on existing literature and insights from local trainees, we provide practical guidance for early-career doctors navigating entry into the field of health professions education. Additionally, we discuss the programme's potential to enhance professional development through structured mentorship, formal qualifications and active participation in scholarly activities, while also addressing the challenges inherent in navigating clinical and academic identities. This paper will be valuable to doctors embarking on early-career medical education pathways, programme leaders and international stakeholders seeking to establish similar initiatives to support the next generation of health care educators and scholars.

1 | INTRODUCTION

Internationally, fostering the next generation of medical educators has become a major focus, with increasing efforts to provide structured training for resident doctors. The Residents-As-Teachers (RaT) programme, which has been in place for several decades, primarily in the United States, is a key example. However, RaT programmes often lack a standardised approach to design, implementation and evaluation, making it difficult to meet the diverse educational needs of residents.¹ Similarly, the clinician-educator track, first introduced for resident doctors in the United States over a decade ago, faces challenges such as significant variability, limited structured mentorship and insufficient institutional support.² To address these issues, a strategic approach is needed—one that involves centralised programmes with significant protected time for medical education, equipping early-career doctors

with the necessary skills and knowledge to become clinical educators, scholars and leaders.

The Specialised Foundation Programme (SFP), previously known as the Academic Foundation Programme, is a unique strand of the UK foundation programme. It provides newly qualified doctors in their foundation years (FY1 and FY2) with dedicated time and opportunities to pursue academic interests in research, education and leadership alongside their clinical training.³ The SFP in medical education (MedEd) specifically offers 4 months of dedicated teaching time at partnering educational institutions, along with support and guidance for scholarly projects. These programmes play a crucial role in nurturing a pipeline of aspiring clinician-educators, helping to address the growing demand for medical professionals amid a global shortage of clinical academic and teaching staff. However, there is a concerning lack of tailored literature and guidance for early-career doctors

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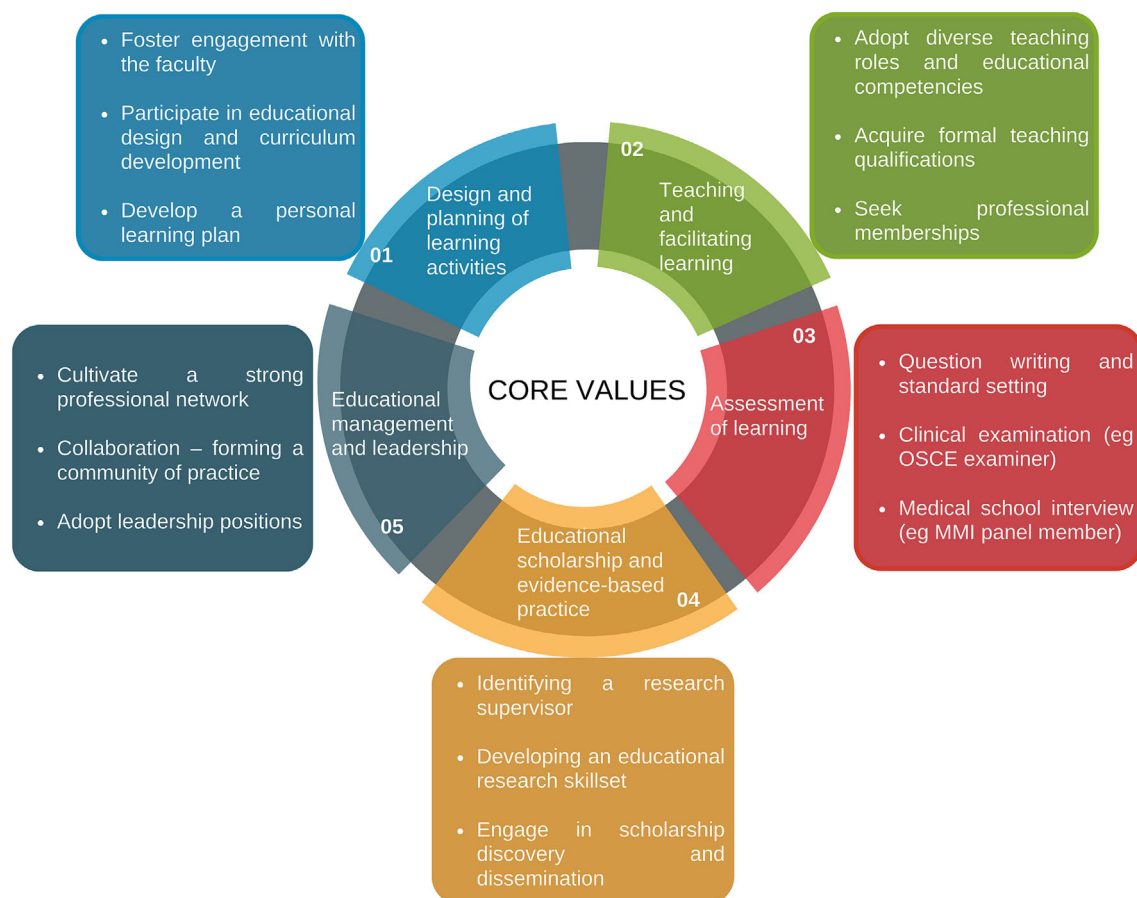


FIGURE 1 Suggestions on activities that early-career doctors in specialised medical education programmes could undertake during their training to advance their academic careers. Source: Adapted from the professional standards of the academy of medical Educators.⁴

transitioning into educator and scholar roles within health professions education. This gap could lead to underutilisation of available resources and hinder their professional growth. Additionally, the absence of concrete guidance poses challenges for supervisors in effectively mentoring these future clinician-educators.

In this ‘How to ...’ paper, we offer practical strategies and guidance and address the primary challenges in navigating roles as educators and scholars within specialised programmes in medical education. Our insights are derived from a synthesis of existing literature and professional standards and a survey of doctors locally who have completed these programmes. **The principles and strategies discussed in this article have relevance beyond the UK context, offering guidance for international audiences looking to enhance medical education training programmes.**

2 | SECTION 1: HOW TO ... NAVIGATE THE ROLE AS AN EARLY-CAREER EDUCATOR

This section outlines how early-career doctors could demonstrate proficiencies across domains One, Two, Three and Five of the professional standards established internationally by the Academy of Medical

Educators⁴(Figure 1). This section embodies the role of a medical educator who integrates theories and evidence of best practices in the design, implementation, assessment and evaluation of teaching.⁵

2.1 | Foster engagement with the medical education faculty

Doctors in specialised medical education programmes are typically granted honorary clinical teaching roles with partnering universities throughout their training programmes. This approach encourages active engagement in scholarly endeavours through regular interaction with faculty members and students. This constructivist framework enhances residents’ professional development as competent medical educators as they build on their prior knowledge and experiences and actively construct new understanding through collaborative learning and reflective dialogue.

‘During the local medical faculty “away day,” I had the opportunity to meet all the faculty members, chat with student representatives, and learn about exciting local projects. This experience was incredibly helpful as I was just stepping into my new role’.

2.2 | Cultivate a strong professional network

Early-career doctors are encouraged to collaborate closely with academic faculty members, facilitating the development of a valuable network of contacts and fostering professional relationships with those who share similar academic interests. These connections provide insights into diverse career trajectories within medical education, which are crucial for creating a personalised career path. This network is instrumental in uncovering future opportunities, such as clinical teaching fellowships. Additionally, these programmes pave the way for advancement to senior positions, including senior lectureships, departmental leadership roles and professorships in medical education.

'I managed to secure a teaching role at the university as an anatomy teacher during my specialty training, all thanks to the connections I made during the SFP'.

2.3 | Adopt diverse teaching roles and enhance educational competencies

Specialised medical education programmes provide early-career doctors with protected and formally scheduled teaching time, allowing them to refine their teaching skills and apply learning theory in practice. Through various educational activities—such as lectures, small group sessions, lesson planning, anatomy demonstrations and assessment practices—doctors gain invaluable teaching experience that is often difficult to acquire amidst the demands of everyday clinical duties. Additionally, by being embedded within academic environments, doctors are encouraged to engage in further learning and professional development opportunities, such as workshops. These workshops focus on enhancing teaching competencies, such as facilitating large and small groups, delivering effective feedback, mentoring and utilising technology-enhanced learning.

2.4 | Pursue formal teaching qualifications and memberships

Some specialised programmes fund early-career doctors to pursue a Postgraduate Certificate in Medical Education (PGCert). The PGCert, often considered the first formal qualification in medical education, offers them the gateway to explore the theoretical underpinnings and build foundational knowledge and skills. Furthermore, it lays the groundwork for pursuing higher qualifications such as a Master's degree, which are increasingly crucial for those seeking senior academic roles, as they often form the basis for progression.⁶ Additionally, a PhD represents a further step on the academic qualification ladder and would lend itself to those who pursue research in medical education. However, it is important to note that many clinician-educators employed primarily in clinical practice also contribute

significantly to teaching without necessarily pursuing a PhD, reflecting the diverse paths within medical education.

'The PGCert provided a useful platform to work towards my MSc which later helped me secure a permanent teaching role in the medical school'.

Early-career doctors are also encouraged to seek professional memberships with internationally recognised organisations, such as those from Advance Higher Education (Advance HE) and the Academy of Medical Educators (AoME). These memberships not only enhance their professional network but also provide access to additional resources and opportunities for continuing professional development.

2.5 | Involvement in assessment, recruitment and selection

As part of the specialised programme, early-career doctors may be encouraged to undergo training as examiners and actively participate in the medical school's examination process, including quality control of undergraduate assessments. This involvement may include contributing to question writing, standard setting and examining for clinical skills examination, such as the Objective Structured Clinical Exam (OSCE). Engaging in these assessment activities enhances teaching practices by fostering alignment between teaching and assessment methods, ultimately promoting more effective learning outcomes.

'It's quite surreal to find yourself acting as an OSCE examiner when you have only recently passed your exams just 1–2 years ago, but it was a great experience that informed my approach in teaching medical students'.

Additionally, early-career doctors may be encouraged to participate in the undergraduate medical programme admissions process by serving as panellists in multiple mini-interviews (MMIs). This role allows them to gain insight into the selection process while contributing to the evaluation of prospective medical students.

'Interviewing prospective medical students was eye-opening! I get to learn about the evidence behind multiple mini-interviews, and hearing these passionate students talk about their reasons for wanting to pursue medicine was really inspiring'.

This section demonstrates that specialised medical education programmes equip early-career doctors with diverse teaching roles, formal qualifications and professional networking opportunities, fostering their growth as competent educators. Additionally, these programmes aid in the formation of a clinical teacher identity by integrating learner feedback, role modelling and reflective practices.⁷ If

adopted and implemented globally, these strategies could enhance the teaching competencies of future clinicians.

3 | SECTION 2: HOW TO ... NAVIGATE THE ROLE AS A SCHOLAR

This section outlines how an early-career doctor can demonstrate proficiencies across Domain Four of the professional standards established by the Academy of Medical Educators⁴(Figure 1). This section embodies the role of a scholar who actively engages in critical evaluation and application of educational literature, contributes to research and scholarship and disseminates findings through presentations and publications.⁵

3.1 | Fostering successful mentor-mentee relationship

A formal requirement of the specialised programme is to complete an educational research project under the supervision of a senior academic. This mentorship offers early-career doctors the opportunity for vicarious reinforcement, allowing them to leverage their mentor's expertise and apply observational learning principles to explore various educational activities and refine their academic writing skills. The medical education community is known for its welcoming and supportive nature, making the cultivation of these mentoring relationships essential for professional development within the framework of the social learning model.

'I had the opportunity to work closely with local professors who took me under their wing, without their mentorship, I would have had a hard time navigating the complexities of scholarly literature'.

3.2 | Developing an educational research skillset

Specialised programmes in medical education provide mentorship and dedicated time for early-career doctors to enhance their academic prowess. Developing qualitative research skills through participating in workshops and courses is often pivotal, considering that most medical degrees lack formal training in this area. Leveraging the opportunity to develop these skills under the guidance of senior academics is ideal for early-career doctors, particularly within their zone of proximal development. While not mandatory, they frequently produce scholarly outputs such as successful grant proposals, conference presentations and peer-reviewed journal articles, showcasing their growth and contributions to the field.

'The best part of my first year was diving into a research project on how students and examiners view sequential testing. I got to sharpen my qualitative

research skills by conducting interviews and analysing data. Plus, I wrote up an evaluation report for local improvements and a research paper'.

3.3 | Engaging with health professions education literature

Engaging with literature on health professions education can be both enriching and enjoyable. However, early-career doctors often face time constraints, making it challenging to stay current with the latest research. Exploring HPE podcasts, such as 'The PAPERS Podcast', offers a time-efficient way to stay informed about best practices and recent developments in the field.

3.4 | Contributing to scholarship

Medical and clinical education research encompasses a variety of subspecialties, including emerging areas like artificial intelligence. Within this dynamic field, early-career doctors play a crucial role in advancing scholarly work. The close proximity in experience and career stage between these early-career scholars and medical students fosters strong rapport,⁸ creating an environment where students' perspectives are valued and integrated into scholarly discourse.

'I suggest discovering your niche in medical education scholarship. Becoming an "expert" in an area you're passionate about can leave a lasting impression, make you more memorable and enhance your employability'.

As many journals face a 'peer-review crisis', early-career doctors can make a valuable contribution to the academic discourse by signing up as peer reviewers. This mutually beneficial role allows them to enhance their skills in critical appraisal while gaining valuable insights into the publishing process of health professions education journals.

'As a SFP trainee in medical education, I sought to enhance my peer reviewing and critical appraisal skills. That's why I joined the "New Voices in HPE" programme. Developing peer review skills through regular interactions and mentorship with The Clinical Teacher Journal's editors and fellow trainee peer reviewers has been an incredible journey'.

3.5 | Conferences—Meeting the like-minded

Doctors on specialised medical education programmes may have the opportunity to receive study leave or funding to attend international conferences, such as those organised by The International Association for Health Professions Education (AMEE) and The Association for The

Study of Medical Education (ASME). Interacting with attendees at these gatherings, delivering presentations and engaging in scholarly discussion has proven to be a rich experience. The connections built often lead to mentorship opportunities and collaborative projects, offer insights into the core practices of scholarly inquiry and facilitate professional growth and identity formation within the health professions education community.

‘Having attended numerous conferences as a participant, I was honoured to receive an invitation to lead a workshop and join a panel as one of the speakers at a local conference. It felt like a full-circle moment for me’.

3.6 | Collaboration—Forming a community of practice

Collaboration is essential for successfully undertaking large-scale projects. As part of a national network, early-career doctors can leverage the power of teamwork to achieve ambitious scholarly goals. Additionally, they have the opportunity to connect with like-minded individuals passionate about medical education through adopting leadership positions in organisations such as the Trainees in ASME (TASME) and the Developing Medical Educators Group (DMEG). These connections foster a community of practice, enabling them to establish exciting collaboration opportunities and further their professional development.

‘After engaging in a passionate discussion with like-minded academics during a conference in November, we launched a project to establish the “Global Classrooms for Health Profession Education Network.” Amazingly, we’ve successfully secured funding for this initiative’.

Overall, specialised medical education programmes can enhance the development of future educators by fostering mentorship, research skills, professional networks, collaborative communities of practice and scholarly contributions. This approach to research skill development can be implemented in graduate medical education programmes internationally to foster scholarly growth among early-career medical educators.

4 | SECTION 3: HOW TO NAVIGATE COMMON CHALLENGES OF SPECIALISED MEDICAL EDUCATION PROGRAMMES

4.1 | Imposter syndrome

At the start of their academic careers, doctors often invest significant effort in self-promotion and may grapple with feelings of inadequacy

while seeking recognition. Rejections, whether from award applications or journal submissions, can exacerbate frustrations and self-doubt. The sacrifices made in managing academic duties extend beyond personal time and rest; they can also impact finances, especially compared to peers who might choose lucrative locum shifts over scholarly pursuits.⁹ Additionally, the perception that medical education is often undervalued and underappreciated compared to clinical practice and research,¹⁰ coupled with the lack of recognition and reward for teaching excellence in an environment that measures success by research productivity, can lead to feelings of marginalisation and further diminish their identity as educators.¹¹

4.2 | Identity juggling

Early-career doctors often face a dual-career identity conflict, experiencing tension between their primary identity as clinicians and their responsibilities as educators.¹⁰ This balancing act can be particularly challenging, as the demanding nature of clinical work combined with academic duties may lead to burnout. Hierarchical professional identities, where teaching is viewed as inferior to clinical or research roles, can further marginalise clinician-educators and diminish their self-efficacy.⁷ Additionally, when their role as clinical teachers is unacknowledged, it can result in feelings of isolation and reduced self-worth.

Overcoming these challenges requires the cultivation of a resilient educator identity and a strong sense of purpose.¹² Early-career doctors should learn to embrace their academic clinician-educator role and recognise the intrinsic value of their contributions to health care. Establishing clear goals and developing a personal learning plan (PDP) that outlines their teaching, research and professional development objectives¹³ can help align their personal and professional aspirations.¹² Document milestones, such as completing a PGCert and other achievements, further demonstrate their commitment to continuous learning. Reflecting on both challenges and successes is also essential for identifying key learnings, tracking progress and setting new goals to ensure ongoing growth and sustained engagement in clinical education.

5 | SECTION 4: HOW TO ... NAVIGATE THE PATH AFTER SPECIALISED PROGRAMMES IN MEDICAL EDUCATION

Aside from the clinician-educator tracks in the United States, to the best of our knowledge, there is no established pathways internationally that offer significant, protected educational time and resources for clinician-educators to pursue a parallel educational career alongside clinical specialty training. While the National Institute for Health and Care Research (NIHR) in the United Kingdom offers academic clinical fellowship posts, their focus is on the scholarship of teaching and learning rather than direct educational delivery. As a result, these early-career clinician-educators are often forced to forge their medical

education career path through undertaking honorary university roles alongside full-time clinical training, working in part-time educational roles while opting for less-than-full-time clinical work or taking time out of clinical training to work as clinical teaching fellows or in similar education-focused roles.¹⁴ This dual pursuit of clinical and educational careers presents significant challenges, often resulting in the neglect of educational interests due to the demands of clinical duties and the pressure to pass membership exams. To address these challenges, we advocate for international stakeholders to establish clinician-educator training pathways with dedicated time and resources for both undergraduate and postgraduate medical education. This approach would promote the sustainability of the clinician-educator pipeline and support the development of the future medical education workforce globally. It is worth noting that national networks like the NIHR Incubator in Clinical Education Research are already making strides in building capacity by supporting the development of career pathways and offering targeted guidance for academic clinician-educators.¹⁵

6 | CONCLUSION

Specialised programmes in medical education offer essential training and resources that cultivate the next generation of clinician-educators, equipping them with the skills necessary to excel in academic, scholarly and leadership roles. However, balancing clinical duties with academic ambitions is not without its difficulties. By adopting and adapting the principles and practices outlined in this article, we can effectively nurture a pipeline of future clinician-educators to address the growing health care demands while ensuring the sustainability and advancement of the global clinician-educator workforce.

AUTHOR CONTRIBUTIONS

JL conceptualised and wrote the first draft of the paper and collaborated with SB, a former SFP trainee who is currently a lecturer in medical education, and CR, a professor in medical education, in drafting, reviewing and refining the manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article.

ETHICS APPROVAL STATEMENT

All participant provided written consent for their response to be shared anonymously in publication. The University of Sheffield Ethics Committee has granted ethical approval for the study (Reference: 057015).

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