Is the new White Paper for higher education feasible?

In 2003, the government published a White Paper, '*The Future of Higher Education*' (Deparment for Education and Skills, 2003), which set out a number of major reforms for the higher education sector. The recommendations are due to be implemented by 2006. This editorial addresses issues raised by recommendations relating to the improvement of teaching quality which specifically state: 'New national professional standards for teaching in higher education will be established as the basis of accredited training for all staff, and all new teaching staff will receive accredited training by 2006' and that 'from 2006 all new teaching staff should obtain a teaching qualification that incorporates agreed professional standards'(Deparment for Education and Skills, 2003).

CHALLENGES POSED BY THE WHITE PAPER

While this government initiative is to be welcomed because it emphasizes the importance of recognizing high quality teaching and the need to explicitly reward and promote good teachers, the recommendation poses some significant challenges for the education of undergraduate medical students.

Unlike the education of most undergraduates in other subject areas, a major part of the undergraduate medical teaching takes place in work-place NHS settings, where the greater part of the teachers are NHS clinicians, who are not directly employed by the higher education institutions (HEIs) to which the medical students are affiliated. Some of these teachers, but by no means all, will have honorary status with the HEI; for the majority of NHS teachers, their identity and relationship is linked to the particular medical school rather than the university. Consequently, changes in higher education policy often seem remote from the teaching of medical students on wards and in out-patient clinics.

However, if the government recommendation is to be fully implemented to cover undergraduate medical education, the implications are that everyone who teaches medical students will be expected to have received accredited training in teaching. This article looks at the feasibility and desirability of the implementation of these recommendations.

TIME FOR TEACHING

Currently, the working practices of NHS clinicians are undergoing significant changes. The European Working Time Directive has meant that clinical teams are fragmented and time available for teaching is often reduced; consultants have increasing training and supervisory responsibilities to their trainees; there is increased tyranny of hospital targets to be met, as well as the recent introduction of the new consultant contract with its service-based focus. These factors combined have resulted in a reduction in the amount of time available for undergraduate teaching.

Many doctors are committed and enthusiastic teachers who enjoy teaching. Indeed, teaching has often been viewed as a natural obligation for all doctors, which is enshrined in the 'Hippocratic oath'. The majority of medical schools have staff development programmes for their NHS teachers as these individuals are often not catered for by mainstream staff development activities of the university.

Peer review of teaching is now much more commonplace and is usually part of the quality management and enhancement processes in medical schools, even if the frequency and importance attached to them can be variable. What options are open to schools of medicine whose NHS teachers decline to take part in these processes? There is, of course, the ultimate sanction of removing students (and consequently money) from a particular trust, but this is rarely feasible as the numbers of clinical placements for students can be limited.

TEACHER TRAINING

In the authors' experience it is rare for NHS clinicians not to engage in teacher training, although there is less enthusiasm for peer review. Many courses, both local and national, have been well subscribed and even over-subscribed. Teaching is now recognized as an increasingly professionalized activity, which can be improved by training, and one in which not everyone can or should be involved. Enthusiasm for teaching is exemplified by the many postgraduate medical and health-care education certificate and diploma courses that exist, and the fact that many of these have long waiting lists of applicants.

However, is it appropriate, desirable or achievable that all new teaching staff should obtain a teaching qualification? The authors suggest not. While, as previously stated, more and more doctors are undertaking university courses, many clinicians who are excellent teachers do not have the time or inclination to undertake a formal qualification. Should this disbar them from taking part in the education of undergraduates? Absolutely not. Medicine has always had its apprenticeship aspect and clinical students are usually taught in small groups at the bedside. This requires large numbers of clinicians at all levels; the current level of teaching would simply not be sustainable if this rule was enforced. The authors would prefer to see a model based on an initial idea put forward by Boyer (1990), developed by Kreber (2002) and further refined by Trigwell

and Shale (2004). This model operates on three levels:

- The excellent teacher
- The scholarly teacher
- The scholar of education.

The excellent teacher

The excellent teacher is just that: he/she has usually taught informally for many years and at a variety of levels. They have learned what works and get excellent feedback from their teaching. They are interested enough to go on teaching courses from time to time and enjoy sharing and trying ideas about teaching, but do not wish to undertake any formal qualification.

The scholarly teacher

The scholarly teacher is often new to teaching and wishes to become more deeply involved in education in order to understand educational theory and its application to teaching. These individuals usually enrol in formal courses.

The scholar of education

The scholar of education is committed to researching education and contributes to the creation of knowledge about education, publishing their findings for public scrutiny.

UPS AND DOWNS

If it is insisted that all individuals who become formalized teachers obtain a formal qualification, this will cause an ill-afforded loss of large numbers of individuals, as well as the loss of a wealth of experienced practising clinician teachers.

The White Paper does, however, articulate some very important aims to promote the professionalization of teaching. Linking excellence in higher education teaching to rewarding staff, both in terms of financial remuneration and promotional criteria, and in the case of NHS staff, through the clinical excellence reward scheme, is to be encouraged. It is also essential if teaching is at last to stop being the 'poor relation' of research.

In addition, this White Paper recognizes the importance of professional bodies, such as the General Medical Council and the royal medical colleges in the promotion of good teaching, and points out that training for teaching falls within the explicit expectations for continuing professional development of these organizations.

CONCLUSIONS

Although there are many issues around teaching undergraduates that are special to medicine (especially the time availability tensions of the internally and externally imposed goals of service work), in the main, medical teachers are committed to training for teaching excellence. Many schools of medicine already provide teaching training programmes for their NHS teaching colleagues. Many postgraduate deaneries and royal colleges also run training courses for postgraduate educators which cover areas appropriate to undergraduate education.

The acknowledgement of the importance of excellent teaching for students with explicit linkage to rewarding staff and enhancing their status will help continue this groundswell of enthusiasm for teaching in medicine and counter the current obsession with government targets. Therefore, provided it is implemented with sensitivity and common sense, this White Paper poses no threats to medical education, and its principles have already been embraced by and acted on by schools of medicine. HM

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KEY POINTS

- Teaching is a professional activity which can be improved with training.
- The majority of clinicians involved in the education of medical undergraduates are NHS, not higher education institution employees.
- Most NHS clinicians have access to education and training courses and undertake these as part of continuing professional development.
- NHS clinicians who have conflicting demands on their time do not all require a formal qualification in order to be excellent teachers.
- Imposing a 'one size fits all' policy across higher education courses to include medicine risks alienating large numbers of clinicians who are already accomplished teachers and on whom undergraduate education is dependent.