

# The rise of the clinical teaching fellow: a personal view of the postgraduate experience

## Abstract

Clinical teaching fellowships are becoming increasingly popular, with the numbers of posts ever-expanding. This increase has accelerated as education and training start to recover from the effects of the COVID-19 pandemic. However, the nature of these roles, the entry requirements and the potential benefits are often poorly defined. This article outlines the author's experience of working as a clinical teaching fellow for a year and provides tips on what to look out for when considering these roles, as well as how to get the most out of them.

**Key words:** Careers; Fellow; Medical education; Portfolio; Postgraduate; Teaching

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## Background

Teaching is one of the cornerstones of medical practice, yet its frequency and efficacy can vary significantly. The General Medical Council (2019) states that doctors should 'be prepared to contribute to teaching and training doctors and students' but, despite this, teaching within trusts often takes place on an ad-hoc basis. The COVID-19 pandemic has made the delivery of teaching more difficult as a result of measures including limits on the numbers of people allowed in each room, the cancellation of some face-to-face activities and a move towards virtual teaching (Al Samaraee, 2020; Kumar et al, 2022). However, as recovery from the pandemic continues, there is a need for structured educational programmes as well as the staff to deliver these. Historically, this has been the purview of consultant educators (Fokkema et al, 2012; Wijk et al, 2019), but increasing numbers of education or teaching fellowships are emerging (Furmedge et al, 2013; Ker et al, 2018).

Terms used to describe those embarking on these fellowships include medical education fellow, clinical education fellow, educational clinical fellow, simulation education fellow and, perhaps most commonly, clinical teaching fellow. The clinical teaching fellow role is largely split between postgraduate and undergraduate education, although other avenues exist, such as simulation and quality improvement. Alongside teaching commitments, many clinical teaching fellows also undertake clinical duties to maintain their clinical competence and gain specialty experience (Pippard and Anyiam, 2016). Challenges associated with the role include a lack of clarity about the specific responsibilities, a lack of career support, the duration of fellowship not being long enough to effect change and conflicts arising between the different responsibilities (Ker et al, 2018). Despite the challenges, the clinical teaching fellow role is considered rewarding and useful by those who have embarked on a fellowship (Roberts et al, 2014; Pippard and Anyiam, 2016).

Given the greater need for educational support since the pandemic and the growing emergence of clinical teaching fellow roles, this article provides an insight into life as a clinical teaching fellow at a London district general hospital. It explores the challenges faced and provides advice for those looking for or considering taking up a fellowship.

## Overview of the role of clinical teaching fellow

### Job requirements

The role of a clinical teaching fellow can be varied, but generally centres on the provision and delivery of medical education to qualified doctors and/or medical students. For this reason, the level of experience required can vary from role to role but, as a minimum, completion of

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the foundation programme (or equivalent) is expected. Depending on whether or not there is an associated clinical component, postgraduate qualifications in the associated specialty may also be required (eg MRCP, MRCS). More generally, teaching experience, an understanding of the structure of training and a passion for delivering education are crucial to the role. Teaching qualifications, such as a postgraduate certificate or postgraduate diploma, are useful but many posts will offer opportunities to undertake these as part of the job.

### Teaching

Teaching is the cornerstone of most clinical teaching fellow posts. This can be delivered in many forms, including lectures, small group teaching, bedside teaching, and simulation (both high and low fidelity). Clinical teaching fellows are likely to be responsible for other aspects of teaching as well as its delivery, including creating teaching materials, designing teaching programmes, coordinating teachers, and organising rooms or other teaching spaces. Some jobs also offer opportunities to shape curriculum design and assessment methods which are invaluable skills, particularly for those intending to pursue further roles in medical education.

### Personal reflection

The author has had plenty of opportunities to teach (as part of the responsibilities included in the coordination of the local foundation programme). Rather than regular teaching, this has been delivered to complement the teaching programme and help meet curriculum needs, or to maintain the programme when there have been last minute speaker drop outs. This approach has proved effective as it allows the maintenance of a portfolio of teaching but with enough time to fulfil other responsibilities.

### Pastoral

Another important role of the clinical teaching fellow is pastoral support. As a constant presence during a placement or rotation, a clinical teaching fellow can provide continuity and support to those under their purview. Common reasons for seeking support, at both undergraduate and postgraduate level, include concerns over workload, difficult relationships with colleagues and concerns over meeting necessary competences. While it may seem that these are not problems that a clinical teaching fellow can resolve, there are many interventions that can help. Direct links with senior members of staff mean issues can be highlighted at an early stage to try and prevent problems from escalating. However, it is important for clinical teaching fellows to recognise which of the issues raised are beyond their personal scope of competence, as not all posts include training in supporting doctors or students in difficulty.

### Personal reflection

The focus at the author's institution is on the foundation doctors who are navigating the transition from student to doctor during an unprecedented time. Interventions can range from the targeted support of departments, the collection of anonymous feedback from peers to identify and evidence existing problems, providing a presence at local faculty group meetings to highlight concerns, to signposting sources of support and finally offering advice based on similar professional experiences. This approach has helped to develop rapport and trust, and allows for early identification of the departments and doctors requiring more support.

### Management and leadership

Leadership and managerial responsibilities in the clinical teaching fellow role are varied and often performed in close liaison with the director of medical education or the medical school equivalent. Coordination of teaching programmes is one such example. This involves scheduling personnel (if teaching is being delivered by someone else), room bookings, ensuring equipment is available in the case of simulation or practical skills sessions and timing sessions to avoid clashes with other commitments. Involvement in curriculum and assessment design will generally be at an undergraduate level, where there is some flexibility on what is taught and how it is taught. This will usually be done in conjunction with stakeholders from the medical school as well as affiliated clinicians (who often act as examiners).

**Personal reflection**

The author's role involved securing additional funding for educational projects which would otherwise not be able to run. Significant investment has been received from Health Education England to build on existing projects and develop new educational opportunities, as well as developing and running mock interview courses, skills training, simulation training, a widening access to medicine course and a teaching skills course. This provided the author with insights into the financial element of educational offerings. Along with a co-chair, the author also runs the junior doctors' forum, which involves overseeing the evolution and promotion of the forum. This builds on the trust established between the co-chairs and the junior doctor body.

**Clinical**

A large number of clinical teaching fellow posts will have an built-in clinical component. Some will be badged as such, for example clinical teaching fellow in acute medicine or emergency medicine, and others will have the option to continue clinical work in 'a desired specialty'. The proportion of clinical to educational work can vary from 80:20 to 50:50, or can even be 100% education, but this is often negotiable within reason. If the role contains a clinical component, it is important to consider whether this will include any out of hours or weekend work. The benefit of continuing clinical work is the ability to develop a specialty portfolio and maintain clinical skills alongside teaching commitments.

**Personal reflection**

The author's year as a clinical teaching fellow did not involve any regular clinical work. However, thanks to the cooperative nature of the job and the ability to have some programmes and tasks be self-sustaining, clinical work is an option. To a degree, maintaining some clinical work helps build relationships with the wider body of doctors and reduces the dissociation between being a name on the end of an email and being a person who you can put a face to. This can be important in building rapport and trust with colleagues, which is useful when difficult conversations need to be had or when information about departments experiencing difficulties needs to be obtained.

**A day in the life of a clinical teaching fellow: a personal experience**

This job provides a great deal of variety and experience in many aspects of medical education. On a practical level, day-to-day tasks can broadly be split into administrative, facilitative or practical, creative, managerial and leadership. There is considerable overlap between these elements.

**Administrative**

Answering and sending emails makes up the majority of the administrative tasks: these include responding to queries, sending routine reminders of regular teaching and advertising upcoming courses or events. Other tasks include maintaining attendance registers for monitored teaching, ensuring teaching schedules are filled and collating feedback to use for development and improvement.

**Facilitative or practical**

This is the most hands-on part of the job, and includes anything from room set up and reorganisation to being on hand to ensure that audio-visual and IT equipment is working as intended. This often means becoming familiar with each room and the common issues that arise with technology as well as the solutions to them.

**Creative**

In order to advertise courses and activities such as grand rounds, creating visual adverts or posters often helps as, in the author's experience, they are less likely to be ignored than emails. A creative flair can quickly be developed, as can a sufficient understanding of the various software applications used to produce information and advertising materials.

### Managerial

Making room bookings and negotiating access to larger rooms within the constraints of limited space and availability is commonplace. The author has also acquired an insight into the need for careful financial management to ensure money is spent appropriately and is accurately accounted for. This requires close liaison with the education centre manager, and may require conversations with the procurement team if equipment is being purchased.

### Leadership

Leadership as a concept can be difficult to define. In the author's role, it often involves the conceptualisation and delivery of new projects or refining existing projects. This has included clinical skills courses, bespoke induction packages for international medical graduates and widening participation offerings to prospective medical students. This aspect of the job has required a great deal of thought in order to decide what can be realistically achieved, but also provides a lot of satisfaction being able to see a project through from its initial conception to completion.

### Discussion

Given the need for educational recovery following the COVID-19 pandemic, in light of the cancellation of educational courses, conferences, postgraduate exams, and training opportunities among other things (Sneyd et al, 2020; Bodansky et al, 2021; COVID-STAR Collaborative Study Group, 2021), it is perhaps unsurprising that the number of clinical teaching fellow roles is increasing. However, this trend was observed pre-pandemic (Little et al, 2014), which raises the question, why? One possible reason is the numbers of doctors not entering specialty training post-foundation years. The UK Foundation Programme Office 2019 F2 career destination survey showed that over 50% of F2s were not immediately entering specialty training (UK Foundation Programme Office, 2020).

With the increasingly competitive nature of specialty applications, a clinical teaching fellow post can offer the perfect mix of teaching experience and development, CV building, additional specialty experience and geographical stability. However, as there is a large number of clinical teaching fellow posts available, it is important to choose the one best suited to the individual's needs. There is great variability in what is offered in a clinical teaching fellow post, from a focus on undergraduate vs postgraduate teaching or simulation, having a defined, negotiable or no clinical component, to whether a postgraduate qualification is offered or not (Rimmer, 2019). In the author's experience, it is important to identify goals early on in the job and keep a close eye on progress – early goal setting and a brilliant mentor have enabled the author to meet most of their goals.

Elements of a successful fellowship include a clearly defined role to avoid any confusion about responsibilities or expectations, and adequate time within any schedule to perform all roles expected; while a fixed job plan may not be appropriate, a fixed amount of time for each activity should be. Career support should be available in both the educational and clinical settings. Many people take up clinical teaching fellow posts for career development, and they require appropriate support to achieve their goals. Any clinical commitment should include training as well as service provision. Last, and perhaps most importantly, posts should include the time and support to complete a formal teaching qualification. A teaching qualification is not only good for the CV, but also provides a grounding in education theory which benefits both learners and teachers.

The author's biggest reflection is that the title clinical teaching fellow is perhaps a misnomer, because the role has involved developing and refining skills beyond just teaching. Gaining an insight into the financing and logistics of postgraduate education, recruiting speakers and ensuring their talks map to the relevant curriculums, and creating promotional materials for courses and events, some of which have been developed from scratch, are just some of the experiences gained. The best way to describe the role is as a medical education fellowship – more than just teaching, encapsulating a holistic approach to medical education and its delivery.

## Key points

- Clinical teaching fellowships are important for the delivery of medical education.
- In the postgraduate setting, fellowships often extend beyond just teaching, offering opportunities in management, leadership and innovation.
- When applying to a teaching fellowship it is important to consider the clinical commitment, the prospect of postgraduate qualifications, and how it will improve your portfolio.
- To maximise success in a fellowship set goals early, check progress regularly and see projects through to the end where possible.

## Conclusions

Clinical teaching fellowships are a useful role in the delivery and maintenance of education and training. This often extends beyond teaching, reflecting the needs of both the clinical teaching fellow and the clinical service. As these roles become more popular and more necessary, consideration should be given as to how to make these roles attractive not just for the developing teacher but also the developing clinician.

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### Conflicts of interest

The author declares that there are no conflicts of interest.

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