

Introduction

- Obstetricians and Gynaecologists with expertise and passion for teaching contribute significantly to the training and sustainability of the future medical workforce
- Improve standard of education = improve patient care and outcomes¹
- Amid rising numbers of medical students nationally², an undersupply of Obstetricians and Gynaecologists in the Australian workforce³, and post-pandemic challenges in the hospitals, it is imperative to understand the barriers and enablers to clinicians participating in hands-on education of medical students and junior doctors

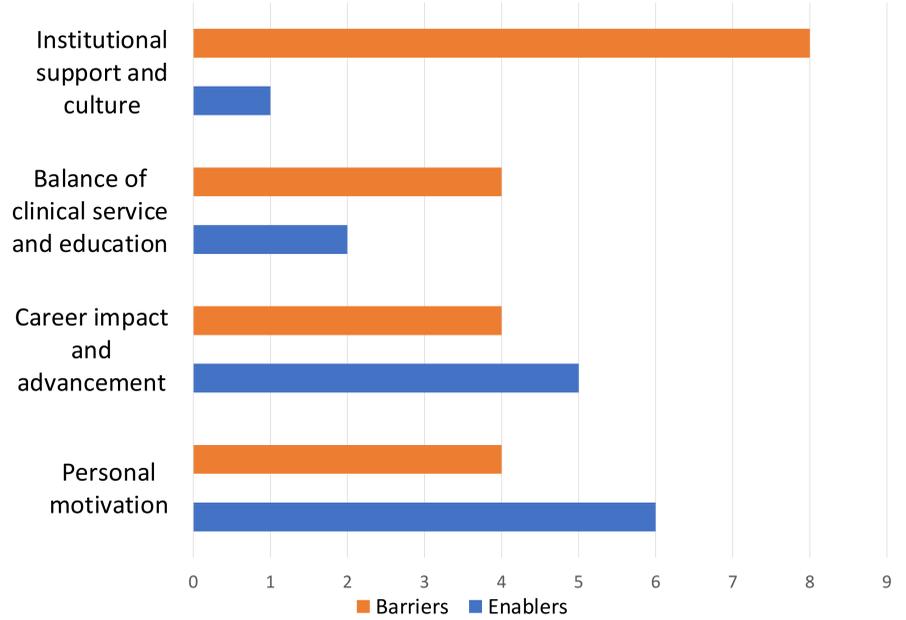
Methodology

- Databases (1) Ovid and (2) Web of Science were searched from May to August 2023
- A significant paucity in the literature related to Obstetrics and Gynaecology was noted - only one paper met the inclusion/exclusion criteria internationally
- Thus, the field was broadened to encompass any medical specialty internationally
- Of 337 citations, 11 were included in the final review

Results

- Full text review and thematic analysis of 11 papers
- 24 key findings: 13 barriers, 11 enablers
- Categorised based on (1) intrinsic or (2) extrinsic
- Mapped onto overarching concepts related to:
 1. Institutional support and culture
 2. Personal motivation
 3. Balance of clinical service and education
 4. Career impact and advancement

Figure 1: Number of barriers and enablers relating to each overarching concept



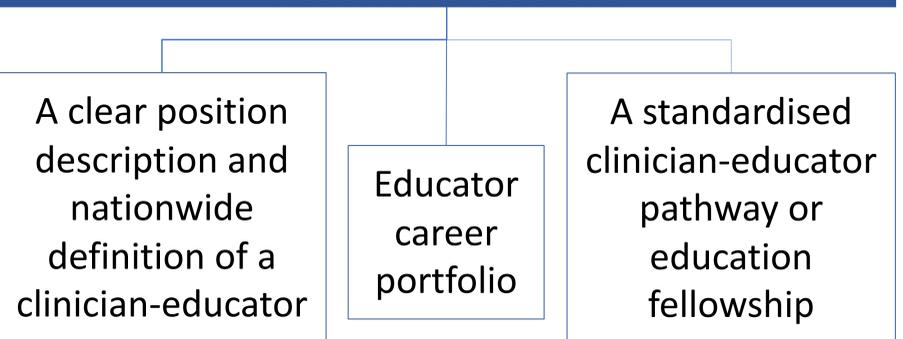
Discussion

- Highest number of barriers relate to **institutional support and culture**
- Highest number of enablers relate to **personal motivation**

Key points:

1. Promoting a hospital culture that values education through protected teaching time and appropriate financial remuneration can **boost retention rates of high-quality educators**
2. Clinician-educators' passion lies with teaching, not research output → university medical centres must return to their **primary purpose of education**
3. Clinical service and education should **not** be viewed as mutually exclusive; quality of teaching is linked to quality of patient care⁴

Recommendations



Conclusions

A concerted effort towards addressing the 24 key findings can elevate the standard of medical education in Australia, ultimately improving healthcare outcomes for future generations.

Further research into the clinician-educators' experience in the specialty of Obstetrics and Gynaecology is vital to encourage engagement in teaching and foster future doctors competent in managing conditions related to women's health.

Table 1: Key barriers and enablers to doctors pursuing medical educator pathways

	Barrier	Enabler
Intrinsic	Undervalued (financially) and poor academic recognition amongst colleagues	Developing relationships with the learner
	Lack of clinician-educator confidence	Diversity of professional identity
	High levels of burnout	Sense of duty
Extrinsic	Unclear job description and lack of visible training program	Influential role models
	Competing responsibilities and lack of protected time	Organisational culture of teaching and opportunity-driven workplace
	Lack of education-focused metrics for academic promotion	Serendipitous entry into medical education

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References

1. Sholl, S., Ajjawi, R., Allbutt, H., Butler, J., Jindal-Snape, D., Morrison, J., & Rees, C. (2017). Balancing health care education and patient care in the UK workplace: a realist synthesis. *Medical Education*, 51(8), 787-801.
2. Hu, W. C. Y., Thistlethwaite, J. E., Weller, J., Gallego, G., Monteith, J., & McColl, G. J. (2015). 'It was serendipity': a qualitative study of academic careers in medical education. *Medical Education*, 49(11), 1124-1136. <https://doi.org/10.1111/medu.12822>
3. Australia, H. W. (2012). *Health Workforce 2025—Volume 3—Medical Specialties*. In: *Health Workforce Australia Australia*.
4. Swanwick, T., & McKimm, J. (2010). Professional development of medical educators. *British Journal of Hospital Medicine* (2005), 71(3), 164-168.