College Tutor – Roles and Responsibilities

Introduction

The Royal College of Anaesthetists (RCoA) appreciates that the duties of the College Tutors (CTs) are wide-ranging and potentially onerous, particularly in big hospitals with many trainees. CTs in anaesthesia usually supervise the training of a much larger number of trainees than do the tutors in other specialties. The competency-based training programme in anaesthesia requires frequent and formalised assessment and has increased the demands on CTs.

Appointment of College Tutors

Council appoints CTs after advertisement of the vacancy by a process co-ordinated by the local Regional Adviser (RA). The process includes consultation with the local trust, especially with career grade anaesthetists and medical managers, and with the local Postgraduate Dean and School of Anaesthesia.

The term of service is three years and most CTs serve two terms. Extension beyond two terms may be approved if appropriate. The College is keen to avoid any conflict of interest between the need to sustain the clinical service and the need to maintain the quality of training; it is expected that a CT will not hold dual educational and managerial responsibilities in the Trust. Because of the responsibilities shouldered by the CT the College would expect a relatively new consultant to be well supported by others with local experience. The overall intention is to ensure that the CT is the most effective consultant available for the task.

Additional College Tutor for large departments

Council may approve the appointment of an additional CT for departments in which there are 20 or more trainees and an application for this must be supported by the RA. At present there is no intention by the College to specify the distribution of responsibilities when there are two CTs and this should be determined locally. The appointment of a deputy contrasted with an additional CT is a matter to be agreed at local level and the College is content to be simply kept informed.

Support for College Tutors from the College

Normally, the RA should be the first point of contact for the CT. Most Schools organise regional meetings for CTs. The College organises an annual CTs’ meeting and organises induction meetings for newly appointed CTs. The College has no funds to place at the disposal of CTs and relies upon the continuing good will of those appointed.

Support for College Tutors from Trusts

The College recognises and is grateful that, despite financial pressures, most employers still endorse the principle that time is needed to teach and train our future doctors and to discharge those functions reiterated by successive CMOs and the GMC in its publication ‘The doctor as teacher’ (GMC September 1999). Most Trusts allocate sessional time and
secretarial support for CTs to undertake their duties. The College believes this to be an example of good employment practice reflecting the overall strength of the local Trust. Some CTs encounter an apparent lack of support for their activities and in such cases the CT should first seek advice from the RA and the Postgraduate Dean, but the President is willing to attempt to intercede if local actions fail.

After the appointment, and to encourage the support of the local Trust management for the CT, the College’s Vice President writes to each Chief Executive and Medical Director confirming the appointment.

The College recognises that many of the responsibilities of the CT underpin clinical governance and clinical risk management in the trust so that it benefits from the efforts of the CT. There is now a requirement to document many aspects of education and in particular the outcome of in-training assessments. It is especially important for CTs to be trained in the techniques of appraisal and assessment. It is not a requirement from the College for CTs to take responsibility for the recruitment of trainees.

**Shared responsibility with the Postgraduate Dean**

The CTs are appointed by the College but, along with the RAs, they share many of their responsibilities with the Postgraduate Deans. It is essential that there is good liaison between the CT, the School of Anaesthesia, the Postgraduate Dean and the hospital’s Director of Post Graduate Education.

**Collaboration with Academic Departments of Anaesthesia**

The roles and responsibilities of a CT have some elements in common with some activities undertaken by Academic Departments. The CT should collaborate and cooperate with these (where they exist).

**Developing skills in medical education**

The GMC publication ‘The doctor as teacher’ (GMC September 1999) states: ‘Teaching skills are not necessarily innate, but can be learned. Those who accept special responsibilities for teaching should take steps to ensure that they develop and maintain the skills of a competent teacher.’

In addition, the GMC publication ‘Good Medical Practice (GMC 2006) states: ‘If you have responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.’

CTs may wish to undertake additional training in aspects of medical education, especially in appraisal and assessment for which they may have to carry particular responsibility in the competency based training programme.

**ROLES AND RESPONSIBILITIES**

It is not expected that the CT will deliver personally all aspects of training and supervision that are listed below, but rather that the tutor will ensure that training is properly organised, actually happens and is accessible to the trainees.

The CT should act as an organiser and co-ordinator of training. Specific tasks can and should be delegated to other members of the department. The delivery of high quality training requires contributions from all consultants although the CT is the prime point of
contact for trainees with the College. In addition to acting as an important role model and general adviser to all trainees in anaesthesia, the responsibilities of the CT include:

[A] Organisation of teaching/training

The CT should be familiar with the current recommendations contained in the relevant College publications. Depending on the number of trainees and the size of the local department of anaesthesia responsibilities will include:

- ensuring the provision of clinical experience and teaching lists appropriate to each grade of trainee as defined in the relevant College training manuals
- appraisal and assessment of trainees, including initial assessment of competence for Core trainees within the first 6 months, and all workplace assessments throughout training. Although the assessment process is the responsibility of the CT (who is responsible for signing appropriate certificates confirming satisfactory training and assessment), components of assessment can be delegated to others
- provision of a satisfactory induction programme and appropriate supervision of trainees
- ensuring clinical modules or training blocks utilise the relevant sub-specialties available in that hospital
- ensuring that someone takes responsibility for the organisation of regular teaching sessions and meetings which might include seminars, ward rounds, journal clubs, morbidity and mortality meetings and audit meetings. Normally at least some of the formal teaching should occur in ‘protected time’
- making trainees aware of their study-leave entitlement and advising about appropriate courses and meetings
- Support trainees and non-trainees in accessing and using e-Learning for Anaesthesia
- confirming that the Clinical Director and other administrative personnel are aware of the College’s recommendations regarding the provision of appropriate facilities and environment for teaching and training.

[B] Examination preparation for trainees

This includes:

- guidance and help for trainees and others preparing for the College examinations. The current versions of the examination regulations, training manuals and calendar, including information on guidance interviews, are issued to CTs, but are also available from the College website (www.rcoa.ac.uk)
- teaching on local or regional courses when appropriate
- attending both parts of the FRCA examination as an observer
- whenever possible accompanying or arranging accompaniment of trainees to guidance interviews following unsuccessful attempts at the examinations. These interviews are held shortly after each examination and the dates are published well ahead in the examination calendar.

[C] Professional development/career advice for trainees

Examples are that trainees:

- have clear learning objectives that take account of recommendations made by educational supervisors and the annual review process
- maintain up-to-date logbooks and training portfolios as recommended by the College
■ participate in scientific meetings
■ participate actively in clinical audit projects
■ understand research methodology and undertake research when appropriate
■ obtain appropriate advice when preparing material for publication or presentation
■ prepare curricula vitae and develop their interview technique
■ obtain support from trainers when required for help for professional or personal reasons.

[D] Liaison with the School of Anaesthesia and Postgraduate Dean

CTs need to work with the Postgraduate Dean to ensure trainees receive the best possible training and supervision. Close liaison is also required between the CT, the local school of anaesthesia, and the Clinical Tutor/Director of Postgraduate Education, for example by:

■ keeping the RA and Postgraduate Dean informed of progress, successes and problems within the department
■ attending the regional and/or school training committee meetings
■ making the Postgraduate Dean aware of the College’s recommendations regarding training and especially those relating to facilities for study, including library facilities and information technology.

[E] Representative of the College

The CT is the link between the Trust and the College with regard to:

■ disseminating information from the College and the Joint Committee on Good Practice to all members of the department for the maintenance of professional standards and patient safety within the department
■ attending the annual meeting of CTs with RAs, Deputy RAs, programme directors and members of the College Council. The expenses for attending such meetings are normally recoverable from employing authorities according to the Terms and Conditions of professional leave
■ informing the College of major problems and difficulties in the hospital or Trust. Such problems might relate to educational or clinical issues. Under normal circumstances the RA should be the first point of contact for the CT
■ ensuring that colleagues are aware of the College’s recommendations with respect to continuing educational and professional development (CEPD) for consultant and staff and associate specialist grade anaesthetists. It is not a responsibility of the CT to organise CEPD activities or to maintain CEPD records for the department.

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