National survey of College Tutors in the UK regarding training in medical education

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**Background.** College Tutors are responsible for the organization of training and should possess the pre-requisite knowledge and skills to facilitate this.

**Methods.** An anonymized survey of anaesthetic College Tutors in the UK was conducted with regard to training in medical education.

**Results.** A response rate of 65.54% was achieved. Around 16% had a formal postgraduate teaching qualification and another 27% were interested in attaining one. However, 84% were of the opinion that formal teaching qualifications were not essential for College Tutors. The more recently appointed College Tutors (<2 yr experience) had more formal qualifications and thought these were important. Appraisal and assessment courses were considered the most valuable for professional development of the role of the College Tutor, and were identified as challenging.

**Conclusions.** This survey highlights that training in medical education for College Tutors is inadequate. It is the responsibility of the Colleges and the Postgraduate Deans to ensure College Tutors are supported appropriately to develop the knowledge and skills required for the role.

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In the UK, training in anaesthesia has made a major move from a time-based to a competency-based programme, but, at the same time, other factors have markedly reduced the time available for training.1 It has been clearly recognized that training time is precious and an informed and rounded delivery of knowledge and learning opportunities is essential within a training programme.

The General Medical Council (GMC) acknowledges that the teacher is the most powerful influence upon the standards of practice of every trainee and that teaching skills are not necessarily innate, but can be learned. It recommends that those who accept special responsibilities for teaching should take steps to ensure that they develop and maintain the skills.2

College Tutors in anaesthesia are primarily responsible for the organization and co-ordination of training, and in this capacity, it is important they have the prerequisite knowledge and skills to do this. They are appointed by The Royal College of Anaesthetists (RCA) to facilitate education and training within the speciality of anaesthetics and critical care. They are anaesthetic consultants who may or may not have a teaching/academic background but are sufficiently experienced to oversee trainee education and development. The document relating to the Certificate of Completion of Training (CCT) in anaesthesia outlines the details of specialist training in anaesthetics in the UK and states that, ‘the tutor will ensure that training is properly organised, actually happens and is accessible to the trainees’.3 For clarity, it is important to outline the difference between College Tutors and Clinical Tutors. College Tutors are the local representatives for their medical Royal College and Clinical Tutors are the local representatives of the Postgraduate Dean.

A number of centres in the UK are offering training in theory and practice of medical education covering a range from short courses to a formal degree.

We have investigated what types of training College Tutors have undertaken in order to develop their knowledge and skills with regard to the delivery and organization of training at postgraduate level. Opinion was also sought with regard to the value of such training and the necessity for more formal Diploma or Masters-based
study. We used a questionnaire, which was posted to all College Tutors in the UK.

Methods
An anonymous survey questionnaire was mailed together with a prepaid return envelope to all 299 College Tutors in anaesthesia in the UK. Addresses were provided by the Professional Standards Committee of the RCA.

Details were collected regarding years of experience both as College Tutor and at consultant level. Other information collected included relevant teaching/medical education courses attended, any formal teaching qualifications had been acquired and, if not, any plans to attain one, and the importance of College Tutors having a formal teaching qualification.

Results
We had a response rate of 194/296 (65.54%). Of the 197 questionnaires returned, three were blank, as one had already been completed for that hospital. As a result, the total number of College Tutors was adjusted to 296 for the survey results. The respondents had been consultants for an average of 7.89 (4.20) yr [mean (sd)] (range 1–30 yr) and College Tutor for 2.62 (1.73) yr (range 0.1–8 yr). One hundred and fifty-two of 194 (78.35%) had attended relevant training, and 100/194 (51.54%) of this group had attended an Annual/New College Tutor meeting conducted by the RCA (Table 1).

Fifty-three of 71 (74.64%) of the more recently appointed College Tutors (<2 yr experience) had attended relevant training courses, but only 36/71 (50.70%) of them had attended the RCA meeting for new College Tutors. The corresponding figures for the more experienced (≥2 yr experience) College Tutors were 99/123 (80.23%) and 64/123 (32.03%).

Seventeen of 71 (23.98%) of the more recently appointed and 14/123 (11.38%) of the experienced College Tutors [total 32/196 (16.32%)] had a formal teaching qualification such as a Certificate or Diploma in Medical Education. Twenty-three of 71 (32.39%) of the more recently appointed College Tutors were interested in attaining a formal teaching qualification whereas the corresponding figure among more experienced College Tutors was 30/123 (24.39%).

A majority, 163 (84.01%), thought that it was not necessary for College Tutors to attain formal teaching qualifications, even though 18 of them had done so. This opinion was less pronounced among the newer College Tutors 45/71 (63.83%) than among the more experienced 108/123 (87.80%). Few of the College Tutors 42 (21.64%) were of the opinion that their role was to organize teaching in a more administrative capacity.

The questionnaire also asked for courses or training opportunities regarded as valuable for development within the role of College Tutor (Table 2). Reasons for not attending the courses were not sought but many had added that clinical commitments were the primary cause of not attending more courses.

Discussion
The duties of the College Tutor in anaesthesia include appraisal, assessment, and the organization and delivery of training. This role is becoming increasingly onerous as a result of the need to provide greater evidence of levels of competence at differing stages of training. In order to be able to fulfil this hugely important role, knowledge and skill is required in many facets of educational theory. Much of this is not innate knowledge. There are individuals who are ‘good teachers’, but the role of the College Tutor is not primarily direct teaching. A ‘good’ teacher may not necessarily be a ‘good’ College Tutor. Trainees understand their work in different ways, which affects the way tasks are performed and new competences are developed.45

In November 2004, a working party on behalf of the Academy of Royal Colleges produced a document detailing ‘the roles and responsibilities of College Tutors’.6 It made 11 detailed recommendations. Particular attention was given to training and appraisal of College Tutors. It stated the following.

(i) ‘All College Tutors should receive initial training organised by their own College from the lead Postgraduate Dean for the specialty. This should be
supplemented by an annual College meeting for its College Tutors’.

(ii) ‘The Academy of Medical Royal Colleges should produce generic guidance for College Tutors, supplementing specialty-specific guidance from individual colleges’.

(iii) ‘College Tutors should be appraised annually. This should form part of the whole-practice appraisal for consultants’.

It is clear from the results of this survey that these recommendations are not yet being met. Responsibility lies not only with the individual but also with the Colleges and the Postgraduate Deans to ensure College Tutors are appropriately trained for the role.

More than 30% of respondents felt that formal teaching in appraisal and assessment is valuable and only 23% had attended such a course. Assessment should not be synonymous with a pass or fail result. There should not be a fear of assessment and if carried out in an informed manner can form a valuable facet of professional development. It requires a rigorous and open application and should be informative and help individuals to improve their clinical practice. Competence at work is based on the ability to reflect on and, hence, develop clinical practice.

Assessment and appraisal is pivotal to being able to achieve this. Attendance at relevant courses can help to develop a depth of understanding for those closely involved in feedback and appraisal. Time and support has to be given to allow College Tutors or those consultants about to take up that post to attend such courses.

Dealing with a failing or difficult trainee is extremely uncomfortable for all concerned. Management of this situation should initially be facilitated by the College Tutor and it is reasonable to expect appropriate training. Only five of the respondents had attended training in this area but more thought it important. Appropriate training in dealing with this situation may not necessarily make it any easier to manage but will provide a structure and backbone to help formulate an approach and allow the correct pathways to be activated.

Most of the informal courses are organized at a regional or local level, whereas some are organized by the RCA. A number of respondents were unaware of recognized courses available for College Tutors or would be College Tutors. It could be argued that attendance at specific courses should be mandatory before taking up a new post as College Tutor. It would also seem appropriate to support the idea of a period of shadowing or assistantship before taking up such a demanding and pivotal role.

The speciality of anaesthesia has been at the forefront of the modernization of specialist training and the transition to a competence-based model. Feedback given in this survey suggests that this should extend to a change in approach to education and provide the time and opportunity for College Tutors to be able to meet the needs of trainees (and trainers) in a rounded, informed, and individualized way. Time and financial support should be available to allow College Tutors to pursue relevant professional development and a formalized structure needs to be in place. The responsibility for this falls primarily to the individual but also to the RCA, the Postgraduate Deans, and the employing hospitals.

References