



Royal College of Physicians college tutor role description

Purpose and scope

Royal College of Physicians (RCP) tutors are an essential component of the educational system, and it is important that they are acknowledged and valued in their educational leadership role. The college tutors (CTs) promote education within their directorates, and oversee the training of postgraduate physician trainees. CTs also ensure high-quality training for core medical trainees (CMTs) and internal medicine (IM) stage 1 trainees, and work with supervisors of higher specialty trainees (specialty registrars (StRs)). Specifically, CTs support the educational supervision process for CMTs and IM trainees and, in many hospitals, oversee mainly core/IM training.

CTs will be responsible for the support of IM trainees (stage 1). The CT will work with their associate college tutors (ACTs) to support physician trainees. The Joint Royal Colleges of Physicians Training Board (JRCPTB)-proposed role of the physicians training standards advocate (PTSA) aims to further improve the quality of IM training. The increase in trainees continuing with IM (stage 2) is likely to require additional support and while, in some hospitals, the PTSA role might be integrated with that of the CT, in others, there may be need for more than one CT to carry out these responsibilities.

The CT will be appointed by the hospital with input from the RCP and from Health Education England or devolved administration equivalents. CTs have an established relationship with their regional adviser (RA) and RCP regional office. They undertake an important role for the RCP and they link directly with the RCP's strategic aims by helping to shape the future of health and healthcare.

RCP relationships and the local network

CTs work with their regional advisers and regional office staff to help deliver the RCP duties and responsibilities to educate and support trainers and ensure delivery of reliable evidence-based care in hospitals. They promote RCP meetings and conferences, provide feedback on professional issues, support trainees to achieve the MRCP(UK) diploma and help with nominations for RCP fellowship. CTs work with ACTs to ensure that they understand local issues that are important to physician trainees and to help to support the trainees. The CT is expected to attend any regional meetings that are set up by their regional adviser (usually twice a year) along with their ACT.

The CT's relationship with the RCP, the local education and training board and the employing trust/hospitals

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The role of CTs has evolved over the years, and as a result, there are some differences in the way that the role is undertaken in different hospitals and different regions of the UK. The CT is *professionally* responsible to the RCP but is *managerially* responsible to their hospital management.

CTs should be integral in representing physicians and physician training in each hospital, and should be part of divisional boards / local medical education committees. It is recognised that the pastoral role, ensuring a supportive working environment, will extend to other trainees including locally employed doctors (LEDs) and foundation and general practice trainees working in medicine. A close working relationship is encouraged with the directors of medical education, as well as other training programme directors, to carry out this role.

Many hospitals, health boards, and regions also produce role descriptions for the CT. This document will form the basis of the role description and may be adapted to suit local needs.

RCP CTs and RCP fellowship

CTs are invariably established consultant physicians or senior specialty and associate specialist (SAS) doctors who are members or fellows of the RCP with an interest in the development and promotion of trainees and their training. CTs do not have to be fellows of the RCP at appointment, and the RCP would support their development to become a fellow of the RCP while they are in post.

The role of the CT

Supporting trainees

- **Having a role in core medical / IM training:** The CT is usually expected to oversee core medical / IM training in their hospital, to ensure that all aspects of training are of a high standard. The main responsibilities may include:
 - working with their local director of medical education to deliver the core medical training / IM curriculum to ensure safe and high-quality patient care
 - monitoring JRCPTB quality standards and reviewing General Medicine Council (GMC) survey results to ensure local educational quality assurance
 - ensuring that the educational and career planning needs of trainees are met, including departmental induction
 - ensuring that departmental educational supervisors and trainers have received appropriate training, and supporting them in their role
 - coordinating appraisal and assessment of trainees in conjunction with Health Education England (HEE) and devolved nation equivalents
 - identifying and providing advice for trainees who are in difficulty
 - providing a source for the pastoral care and career needs of medical trainees, including those who have particular training needs (eg those who want less than full time training)
 - participating in quality assurance processes that are specified by the GMC, the local education and training board (LETB) and the RCP

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- attending regional and local education and training committees
- assisting with the LETB annual review of competence progression (ARCP) and appointment processes, as required.
- **Supporting higher specialty trainees:** In relation to higher speciality trainees (StRs), the CT role could include working with other specialty tutors to:
 - support IM training
 - help with career progression
 - work with regional HEE (and devolved nation equivalent) structures to provide support for trainees who are in difficulty and those with particular training needs (eg less than full time trainees)
 - attend the IM Regional Training Committee.
 - act as or work with the advocate for maintaining IM standards envisaged in the IM curriculum.
- **Providing pastoral support for trainees:** The CT should offer and be available for confidential pastoral support for medical trainees within their hospital.
- **Advising trainees who are considering a career in a medical specialty:** The CT should help to provide career guidance in their hospital for trainees who are considering a career in a medical specialty (particularly foundation trainees) and signpost to support as appropriate.
- **Practical assessment of clinical examination skills (PACES) examination:** CTs are encouraged to facilitate (with the help of the ACTs) the organisation of mock PACES examinations. CTs are also encouraged to become PACES examiners and to consider hosting the examination.
- **Local faculty groups (LFGs):** Some hospitals or training rotations have LFGs to promote engagement with trainees. Depending on local arrangements, CTs should normally chair the local faculty groups and the trainee forums for IM (stage 1 and higher specialty training).
- **Recognition of role:** It is recommended that CTs should be allocated about 1 PA (4 hours) per week for about every 16–20 trainees. *In larger hospital trusts or health boards, there may be need for more than one tutor, working with other stakeholders to minimise duplication and ensuring coverage of responsibilities.*
- **Career development:** Access to further career development should be encouraged and locally supported. Tutors should develop an appropriate educational personal development plan and engage in educational continuing professional development (CPD) to support their role. The role forms part of the consultants' scope of practice and should be reviewed as part of the annual appraisal process.

Working with the ACT

- The CT is responsible for the appointment of the ACT and will conduct an interview process with the postgraduate medical education department to determine the successful candidate(s). Larger hospitals often have more than one ACT. (Please see the RCP ACT role description for more details on the ACT appointment, qualification and tenure.)
- Once appointed, the ACT should meet with their CT and discuss the objectives that they hope to achieve in their role. This may be to ensure the continuation of current good practice within the

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hospital, but it may also be to outline a new project or development that they would like to make during their appointment and the time frame in which this should be completed.

RCP regional network and support

- **Maintaining regular contact with the RAs and regional manager:** CTs, along with their ACTs, should attend regional meetings chaired by the RA, to discuss RCP and professional matters (these meetings will usually be arranged by one of the regional managers, who should also be present).
- **Workforce issues:** It would be helpful for the CT to be familiar with key organisational metrics within their hospital; for example, bed numbers, junior doctor staff levels and administration. The RCP has a particular interest in this area.

Working with the RCP

- **Alerting the RCP to significant local concerns:** It is important that the RCP is aware of local concerns, particularly those relating to patient or trainee safety, that are not being fully addressed locally in a timely fashion. The CT should keep in close touch with colleagues within their hospital so that they are aware of concerns, and they should liaise with their RA as appropriate.
- **Attending the regional update and other regional CPD events arranged by the RCP.**
- **Facilitating a visit by the RCP president** to their hospital during the 'Update in medicine' visit, when one is planned.
- **Publicising RCP CPD events and encouraging consultants and juniors to attend.**
- **Providing information for the Care Quality Commission (CQC) and other regulators:** The RCP is now being asked by many organisations such as the CQC about staffing levels and concerns that are voiced by junior doctors in hospitals. ACTs and other trainees may escalate such concerns to the CT. If the CT then feels that the concerns are not being addressed locally and require escalation, they can communicate with the Linacre fellow or the registrar at the RCP.
- **Communicating with the RCP:** CTs should be aware of any communications that are sent directly from the RCP or local regional office. This may include important information, national meeting information, surveys for completion or alerts on new events.
- **CT and ACT days:** The RCP runs an annual national meeting for CT and ACTs. CTs are encouraged to attend this important meeting with their ACTs. Every regional office is also hosting local tutor-focused meetings throughout the year. All CTs are encouraged to attend these regional meetings with their ACTs and liaise with their regional office for event awareness if needed.

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RCP CT appointment process

Appointment process

- The CT post should be advertised internally in the trust, with appointment by interview. The CT should be jointly appointed by the clinical department, the CMT / higher specialty training (HST) / IM programme director / head of school and the director of medical education. The RA or nominated deputy should be present at the interviews.
- When the previous CT demits the role, there should be a formal handover to the successor, perhaps with a period of shadowing (to be agreed on an ad hoc basis).
- A formal induction and annual appraisal may be done by the head of school or designated deputy.
- Tenure is for an initial period of 3 years, which is renewable for a further 2–3 years.
- The job plan, agreed by local negotiations, should state the duties and responsibilities of the CT. The expected time commitment will depend on workload and the breadth of their role.
- It is recognised that in some hospitals more than one consultant will be required to fulfil the role as outlined. The appointees should work closely together to ensure that the responsibilities are covered appropriately. Induction and mentorship will be offered as required to successful appointees.
- Any change of CT should be communicated to the RCP, the trust and the postgraduate dean. Please email your local regional office or RCPTutors@rcp.ac.uk about any new or demitting appointments.

- If you need more information about your local RA's or regional office's contact information then please email RCPTutors@rcp.ac.uk

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Person specification

Position: RCP college tutor

General and professional education	Application	Interview
<i>Essential</i> Be a subscribed fellow, member or affiliate member of the Royal College of Physicians of London and a local consultant in one of the medical subspecialties	✓	✓
Demonstrate enthusiasm and commitment to medical education and to relevant, up-to-date training in teaching methods and a desire to improve training	✓	✓
Demonstrate an active involvement in education and training issues and have an appropriate and current working knowledge of educational requirements	✓	✓
Hold a clinical role as a consultant or SAS doctor with full registration with the GMC and a licence to practise	✓	
Have detailed, up-to-date knowledge of the requirements of postgraduate training, the regulations involved and the examinations, assessments and appraisal that StRs are required to undertake	✓	✓
Have experience as an educational supervisor or trainer	✓	✓
Understand the principles of appraisal and assessment and have received appropriate training	✓	✓
Have received appropriate training in selection methods and training in equality and diversity	✓	✓
Show awareness of the issues with doctors who need additional support		✓
Be able to attend relevant national and local meetings		✓
Demonstrate excellent organisational skills		✓
Have excellent communication, counselling and liaison skills, including a readiness to listen and empathise		✓
Demonstrate problem-solving abilities and a flexible, practical approach		✓

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Demonstrate leadership ability		✓
<i>Desirable</i> Hold a certificate/diploma or masters in medical education	✓	
Have experience or training in mentoring or coaching	✓	✓
Demonstrate a strong sense of professionalism as well as a desire to promote medicine as a discipline and promote quality of care and patient safety	✓	✓

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