Scenes from Postgraduate Life

A surfeit of teachers?

The promotion of an academic atmosphere in general hospitals was one of the desired outcomes of the structure and process of postgraduate education recommended by the Christ Church Conference of 1961. To the extent that most of these hospitals now have postgraduate medical centres, and the local Universities have appointed clinical tutors, the base for postgraduate education has been established. However, the encouragement for consultants to accept the responsibilities expected of them, as teachers, has never been strong – few teaching districts, let alone others, have allowed contractual time over and above service commitments for teaching, study and research.

The concept of the doctor as a teacher, having a one-to-one relationship with another, junior doctor, is not new; and existed, although less well developed, in other branches of medicine before the much praised and quoted general practitioner (GP) trainer and trainee model. The draft recommendations of the Education Committee of the General Medical Council (GMC) on the training of specialists correctly suggests that this merits closer consideration by other specialties; and recommends that each doctor in training should have a 'designated trainer', to be involved in all aspects of his/her postgraduate education. In addition to this 'designated trainer', his own supervising consultant(s), and the district or hospital postgraduate clinical tutor, the trainee might also have a college/faculty tutor. A surfeit of teachers, one might ask; and to whom should the young doctor turn for advice? The most important of all these teachers must be the supervising consultant(s) or principal, who will, hopefully, be showing their trainees a model of good practice, and critically appraising them of their professional development. The appointment of 'designated trainers' and college tutors should not be allowed to erode this crucial interaction, nor encourage the disinclined consultant to abrogate his/her responsibility to others. GP principals can be excepted since they have been selected according to rigorous criteria as trainers.

Does the trainee need so many trainers; and which are, possibly, superfluous to needs? Arguably, the needs of the trainee would be best met by two or, at most three people; and the provision of additional mentors or counsellors will probably add little to teaching, guidance, and appraisal offered by the supervising consultant and another 'teacher' who can provide the young doctor with more general advice than the supervisor of his clinical duties is not able to

give. The apprenticeship model pertains in modern medicine as it did before the days of medical schools; and the supervisor of the trainee's in-service training is an essential and critical influence on the young doctor's present and future practice.

The supervising consultant is also in the strongest position to identify the trainee's strengths and weaknesses; to appraise the individual's professional development and review performance. The role of the senior registrar, or the career registrar, as a trainer should not be forgotten; he/she could also contribute to assessing a junior doctor's developing competence. Clearly, if the doctor is in a planned training programme, rotating through more than one post, a mentor/counsellor may also be needed to give helpful advice on matters such as future direction and plans for sitting the higher qualification of the trainee's chosen specialty – a 'designated' trainer or specialty tutor, whatever the chosen name, who can liaise with the supervising consultant and the postgraduate clinical tutor. It is difficult to conceive of any useful function for another 'teacher'; indeed the additional trainer may erode the position of the others.

The average district general hospital may conceivably, in the future, have at least 5 college/faculty tutors, several 'designated' trainers for each major specialty, supervising consultants for each member of the junior staff and, not least, the university-appointed postgraduate clinical tutor. Many 'indians' in search of a 'chief', who should clearly be the clinical tutor, drawing the many strands together through the unit or district postgraduate medical education committee. Such a complex organisation, attempting to meet the changes in postgraduate medical education over the past 25 years, plainly needs evaluation; although most tutors are not paid, they may devote the equivalent of one session per week, or more, to postgraduate training, and the 'cost' – in terms of time alone – needs to be assessed both in respect of effectiveness and benefit.

However complex a network of tutors, trainers and college 'contacts' may be devised, the challenge for postgraduate training in hospital medicine remains today, as in 1961, that of motivating and cultivating the consultant as a teacher. How many of tomorrow's consultants – the senior registrars – have learned how to teach? Any number of college/faculty tutors cannot, and should not, 'cover up' the fact that too many consultants ignore the origins of the word, doctor.

The appointment of tutors and the designation of

trainers, whilst creating the structure for an academic atmosphere, will not be a total nostrum. Monitoring of progress and assessment are a very necessary part of the educational process; and the tutor/trainer has to understand that the process does not only include the meeting of standards of those bodies awarding qualifications. The objectives, set at the beginning of any period of training by trainer and trainee, together, should not be limited to work for the examinations but also include plans for developing competency and fostering special interests. The trainee should be allowed the opportunity to take part in 'feedback' at points throughout the training period so that it is apparent during, and not at the end of that time, that objectives are likely, or unlikely, to be achieved. Such 'feedback' should also encourage the trainee in the rigours of self-assessment, thus setting the pattern for his continuing education.

Monitoring of developing competence and identifying corrective measures to overcome perceived weaknesses requires a considerable involvement from tutor and designated trainer. The trainee is, arguably, best situated to comment on the involvement of the trainer in the process. How he can do so without prejudice to his career is one of the more difficult areas of the educational process; but nonetheless necessary if standards of training are to be maintained and, preferably, improved. The role of the clinical tutor in this part of the process is probably not appreciated, nor fully developed. It is not sufficient to await the quinquen-

nial review by the Royal College, Faculty of Higher Training Committee for there to be appraisal of the trainer's ability; an on-going assessment of the content and delivery of training should be the aim. Intra-regional assessment of training programmes by tutors and designated trainers from other district hospitals would strengthen postgraduate education, and reassure those concerned with promoting and setting standards that activity is continuous between the fixed points of College and Training Committee visits.

The intra-regional visit – similar but more frequent than GP 'practice visits' for reapproval of training practices and trainers – would also support the clinical tutor in his maintenance of standards, and would allow those in training to present an account of their training, in confidence. In assessing the content of training, and the supervision by the 'designated trainer', visitors would be helped if the trainee presented a log of his experience in the post.

The structure for the delivery of postgraduate education is now well developed, possibly over developed. Process and assessment of outcome – beyond the limits of professional examination – are the two matters in most urgent need of attention from here onwards. Is not too much effort being devoted to structuring postgraduate medical education and not enough into helping doctors to learn, effectively, and developing the habit of doing so throughout their professional lives?

T.J. Bayley
Dean of Postgraduate Medical Education
Mersey Region
Postgraduate Office
Faculty of Medicine
P.O. Box 147
Liverpool L69 3BX, UK.