

# National Association of Clinical Tutors UK: 40 years of achievement

*The National Association of Clinical Tutors UK continues to be pivotal in shaping medical education, with relevance to trainers and trainees alike. This review examines the development of the National Association of Clinical Tutors UK, highlighting its accomplishments in supporting medical teachers in the NHS.*

Founded in 1969, the original aims of the National Association of Clinical Tutors were to support and promote the role of the clinical tutor, to develop postgraduate and continuing medical education, and to provide training opportunities for clinical tutors to become effective in their roles. Today, the National Association of Clinical Tutors UK (NACT UK) supports excellence in medical education by broadening its appeal beyond clinical tutors, recognizing the many different medical educational leadership roles in the modern NHS. This article describes significant landmarks in the development of postgraduate medical education, examines the evolution of medical teachers in NHS trusts and outlines the contribution of NACT UK in supporting these roles.

## A brief history

The Goodenough Committee recommended that universities with a medical faculty and teaching hospitals should develop educational links with district hospitals (Anonymous, 1944). Many universities did so and the British Postgraduate Medical Federation was founded in 1945. The NHS Act 1946 mentions education only briefly, referring mainly to courses for GPs. Many of the foundations of postgraduate medical education that we recognize today were laid at the Christchurch Conference in 1961. Junior doctor training posts received recognition for the first time and the role of the clinical tutor in the provision of postgraduate medical education, through the creation of postgraduate centres, was established (Nuffield Provincial Hospitals Trust, 1962; Hastie et al, 2005).

**Dr KA Nathavitharana** is Consultant Paediatrician, Clinical Tutor and Sub-Dean, Worcestershire Acute Hospitals NHS Trust, Alexandra Hospital, Redditch, Worcs B98 7UB

The Pickering Report that followed in 1963 led to the appointment of deans of postgraduate medical education, with responsibility for overseeing the education and training of junior hospital doctors employed by the NHS. Local consultants were appointed as clinical tutors to head the centres and to act as coordinators of medical education. Many successful postgraduate centres, often established by local funding, became the focus of medical education, attracting not only hospital doctors but also local GPs. This led to district medical education committees being set up, chaired by the clinical tutors. Medical education centre managers were appointed to support clinical tutors in running the new postgraduate medical centres, which included libraries and educational facilities (Essex-Lupresti, 2005; Hastie et al, 2005).

The Royal Commission on Medical Education (1965–8) culminated in the Todd Report (Todd, 1968) with further wide-ranging recommendations. These included that doctors in training required consultant supervision and formative assessment, and that clinical tutors would coordinate the supervision of all trainees within local health districts (Essex-Lupresti, 2005; Hastie et al, 2005). By the late 1960s, there were 300 clinical tutors, who had emerged as local leaders for the delivery of postgraduate medical education. Fuelled by the vision, enthusiasm and courage of its first Chair, Dr John Lister, the National Association of Clinical Tutors (NACT) was founded in 1969.

NACT has seen successive reforms in medical education. The Merrison Committee of Inquiry (1975) recommended that the General Medical Council should be responsible for standards of specialist education and preceded The Medical Act 1978. The General Medical Council delegated this responsibility for monitoring national training standards and accreditation to the Royal colleges and

Joint Committees with the introduction of college tutors. Before the establishment of the Postgraduate Medical Education and Training Board in 2005, training posts required accreditation through periodic college visits.

The 1970s also saw the appointment of the first regional advisers in general practice, GP course organizers and GP tutors (Merrison Report, 1975; Hastie et al, 2005). Each deanery established links with Royal colleges, with regional specialist advisers and college tutors. Careers counselling for trainees was recommended in *Achieving a Balance* (Department of Health and Social Security, 1987).

The Chief Medical Officers' Expert Advisory Group on postgraduate medical education published recommendations on how education should be funded and organized (Hoffbrand, 1990). The first of its ten principles was that high standards of training and continuing medical education are fundamental to the provision of high quality patient care in the NHS. 'Protected teaching' for junior doctors, via budgetary provision through the postgraduate dean, was implemented at this time. This is when the concept of the need for 'training the trainer' emerged.

The *New Deal for Junior Doctors* (Department of Health, 1991) recommended restriction of their working hours. Major reforms to the registrar grade followed in the 1990s, with the publication of *Hospital Doctors – Training for the Future*, often referred to as the Calman Report (Department of Health, 1993). Reforms recommended in *Unfinished Business – Proposals for Reform of the Senior House Officer Grade* (Department of Health, 2002) were followed by the Modernising Medical Careers process and the introduction of the foundation and specialty training programmes currently in place (Department of Health, 2004). In recognition of its growing membership,

NACT re-named itself as NACT UK in 2007 to reflect its representation of all four countries of the UK.

### Who is a clinical tutor?

The Pickering Report (Anonymous, 1962), following the Christchurch Conference, recommended that within each district the provision of postgraduate medical education should be supervised, on behalf of the postgraduate dean, by a clinical tutor who was appointed from among the consultants (Anonymous, 1962; Essex-Lupresti, 2005). At their inception, clinical tutors wished to be identified clearly as clinicians and not administrators, although the latter was clearly part of their role. In Scotland, the term 'postgraduate clinical tutor' was used.

Today, clinical tutors are jointly appointed by the deaneries and NHS trusts and are accountable to the regional postgraduate dean and chief executive of the employing trust. They have an over-arching, strategic and managerial leadership role for postgraduate medical education across all specialties and are responsible for the delivery, assessment and quality assurance of postgraduate medical education and training. Clinical tutors are expected to inform trusts about the impact of organizational changes within a trust on the education and training of junior doctors. They also advise trusts on national and regional initiatives and trends that have implications for doctors in training at trust level (Mabin, 1999), including the European Working Time Directive. Some larger trusts have appointed a director of medical education (combining undergraduate and postgraduate roles in some instances), with a position on their executive boards, thereby replacing the term clinical tutor.

With the advent of Modernising Medical Careers and the foundation programme in 2005, clinical tutors in many regions have also had responsibility for delivering all aspects of foundation training. Many trusts have appointed foundation programme directors to this role. Clinical tutors hold budgets for study leave and are responsible for the delivery of protected teaching for foundation and specialty doctors. Medical education committees (sometimes known as district medical education committees for historical

reasons) are chaired by clinical tutors, who work closely with foundation programme directors, college tutors, specialty programme directors, GP coordinators or tutors, as well as educational and clinical supervisors in trusts.

### What are the duties of a clinical tutor?

Every clinical tutor is required to create a favourable medical educational climate within his/her trust that is supportive and conducive to learning. Setting high standards for medical education and training is integral to this role. The specific duties of clinical tutors are summarized in *Table 1*.

The clinical tutor acts as the postgraduate dean's representative in the trust and the trust's representative in the deanery. As the postgraduate dean's representative, the clinical tutor has a wider responsibility to junior doctors for all aspects of their education, training and welfare. Many of these responsibilities are shared with colleagues

**Table 1. Duties of a clinical tutor**

Chairing the trust medical education committee
Ensuring provision of trust generic and departmental inductions
Designating educational supervisors for all trainees
Ensuring robust appraisal, e-portfolios and work-based assessments
Delivering Postgraduate Medical Education and Training Board approved foundation and specialty curriculum
Evaluating and quality assuring all teaching and training activities
Ensuring availability of careers advice and guidance
Explaining study leave policy and allocation of funds
Providing 'training the trainer' courses
Pastoral support (shared with clinical teachers) for all trainees
Early recognition and support for doctors in difficulty
Raising awareness of bullying and harassment policy
Management of the education centre, budget, study leave and library
Organizing and chairing regular junior doctors' forums at trust level
Supporting organizational change
Serving on trust and deanery committees

at departmental, directorate, trust and deanery level, and are summarized in *Table 2*. As the trust's representative in the deanery, the clinical tutor is responsible for relaying the concerns at trust level, in particular those of junior doctors.

### What is the role of NACT UK? Training for clinical teachers (tutors, programme directors)

Initially, NACT became a focus for discussing 'issues of the moment' (Essex-Lupresti, 2005) in relation to postgraduate medical education. In its early years, NACT hosted an annual winter meeting; by the early 1980s, when membership had grown, NACT began also hosting a spring meeting, combined with an annual general meeting. The traditional NACT winter meetings in recent years have attracted collaborative support from organizations involved in postgraduate medical education, including the Postgraduate Medical Education and Training Board.

Until the 1990s, clinical tutors were enthusiastic champions of medical education, on a continuous learning curve, with an element of trial and error but little or no formal training. NACT requested funding from the Department of Health to review the educational needs of clinical tutors and to develop a training package. This led to partnership between NACT and the Open University, producing the 'Effective Clinical Tutors' courses, with

**Table 2. Responsibilities of a clinical tutor**

Patient safety
Clinical governance
Pastoral support
Providing constructive feedback
Protected teaching
Service-based teaching
Senior doctor cover
Clinical workload and sufficient experience
Evidence-based medicine
Audit
Inappropriate tasks
European Working Time Directive rota compliance
Accommodation and catering
Leave

four modules encompassing educational requirements and provision, funding and resource management, managing change, and postgraduate centre operation. This highly regarded, nationally available course for clinical tutors, that started in the early 1990s, was re-vamped in 2009 and is now called Basics for Leadership in Medical Education. In recognition of the pivotal role played by medical education centre managers, NACT UK has co-opted colleagues from the National Association of Medical Education Centre Managers.

### Professionalizing medical education

NACT UK supports excellence in medical education and has extended its role in recent years by hosting a variety of conferences for college tutors, foundation programme directors, educational and clinical supervisors, and other medical professionals engaged in the delivery of postgraduate medical education.

Conferences and workshops on a range of subjects include ensuring quality in medical education, induction and mandatory training, careers counselling, business and finance. The multispecialty conferences organized by NACT UK in collaboration with the Academy of Medical Royal Colleges, Confederation of Postgraduate Medical Deans and Postgraduate Medical Education and Training Board have provided unique opportunities for cross-specialty exchange of views and sharing of good practice. Workshops for foundation programme directors, organized by NACT UK, have proved invaluable.

NACT UK Council has been instrumental in developing key documents, including *Proposals for the Organisation of Postgraduate Medical Education* (NACT UK, 2007), which defines the role of the clinical tutor, referred to as the 'Director of Medical Education', a term preferred and adopted by many trusts. Other documents available on the NACT UK website ([www.nact.org.uk](http://www.nact.org.uk)) cover the educational supervisor job description, managing trainees in difficulty, foundation programme careers support, as well as position statements on the role of the director of medical education in induction and mandatory training.

NACT UK position statements on the sessional time allocation for clinical tutors and educational supervisors have contrib-

uted to improved recognition of these roles within NHS trusts. The quarterly newsletter *Clinical Tutor* informs and reflects the views of its wide readership. NACT UK's close links with the Association for the Study of Medical Education, the Association for Medical Education in Europe and the recently formed Academy of Medical Educators have further enhanced the professionalization of medical education. Through its courses, workshops, conferences, educational material, policy documents and website ([www.nact.org.uk](http://www.nact.org.uk)), NACT UK exerts a wider appeal to all clinical teachers in the NHS. In order to recognize this broader appeal, it is proposed that the organization should consider re-naming itself as the National Association of Clinical Teachers (UK).

### National representation of postgraduate medical education

NACT UK is now an established partner in postgraduate medical education. Through its chair and council members, the association contributes to and influences organizations including the Department of Health, the General Medical Council, Postgraduate Medical Education and Training Board, United Kingdom Foundation Programme Office, Confederation of Postgraduate Medical Deans, the Academy of Medical Royal Colleges foundation programme and specialist training committees, the Joint Academy and COPMed Training Action Group, Committee of General Practice Education Directors, National Careers Group, NHS Employers and a number of Royal colleges. In addition, NACT UK is often invited to comment on initiatives and developments relating to medical edu-

cation, such as the Tooke Report and *Tomorrow's Doctors* (General Medical Council, 2009).

### Tutors for staff and associate grade doctors

NACT UK has promoted a strategy to obtain funding to support staff grade and associate specialist doctors. Deaneries and trusts have appointed staff grade and associate specialist associate deans and tutors respectively to support the professional development and improved integration of this hitherto neglected group of doctors within the NHS. Fulfilling its role for establishing standards, NACT UK has produced a job description for staff grade and associate specialist tutors, who are encouraged to join the organization.

### Who can join NACT UK?

Historically, NACT members have been clinical tutors. Changes to postgraduate medical education have led to many educational leadership roles, including college tutors, foundation and specialty programme directors, directors of medical education, associate deans with various responsibilities, including staff grade and associate specialist tutors more recently. NACT UK membership today is open to anyone with an interest in medical education. Benefits of membership are summarized in *Table 3*.

### Links with University of North Carolina, USA

Since 1976, NACT UK has participated in a successful and productive exchange programme with the University of North Carolina Area Health Education Center, based at Chapel Hill. Each year, UK col-

**Table 3. Benefits of membership of the National Association of Clinical Tutors UK (NACT UK)**

Receive regular updates and information via email cascade
Access to members' section of the website with useful resources
Concessional rates for attendance at NACT UK events
Eligibility to serve on NACT UK Council
Receive quarterly newsletter <i>Clinical Tutor</i>
From 2009, receive the Association for the Study of Medical Education journal <i>Clinical Teacher</i>
Concessional rates for Association for the Study of Medical Education events and resources
Receive annual directory of postgraduate medical centres in UK

leagues are invited to apply and compete for the NACT UK Wyeth Travelling Fellowship; reciprocal arrangements welcome Eugene S Mayer Fellows from North Carolina. The Fellowships offer an unparalleled opportunity to enhance both professional and personal education while nurturing friendships between colleagues and their respective host organizations. The Eugene S Mayer Memorial Lecture, delivered at the winter meeting, provides NACT UK Wyeth Fellows with an opportunity to share their highly valued and very enjoyable learning experiences from 'across the pond' with a wider audience. **BJHM**

*Conflict of interest: Dr KA Nathavitharana has been a National Association of Clinical Tutors UK Council member since January 2009.*

Anonymous (1944) The Training of Doctors – report by the Goodenough Committee 1944. *BMJ* **ii**(4359): 121–3

Anonymous (1962) Nuffield Provincial Hospitals Trust, Conference on postgraduate medical education. *BMJ* **i**: 466–7

Department of Health and Social Security (1987) *Hospital Medical Staffing: Achieving a balance – Plan for Action*. DHSS, London

Department of Health (1993) *Hospital doctors: training for the future*. The report of the working group on specialist medical training. Department of Health, London

Department of Health (2002) *Unfinished Business*. Department of Health, London ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4007842](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007842) accessed 8 February 2010)

Department of Health (2004) *The next steps – The Future Shape of Foundation, Specialist and General Practice Training Programmes*. Department of Health, London ([www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4079532.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079532.pdf) accessed 8 February 2010)

Essex-Lupresti M (2005) History of NACT – story of PGME and clinical tutor. *Clinical Tutor* **10**(2): 2–4

General Medical Council (2009) *Tomorrow's Doctors*.

General Medical Council, London  
Hastie A, Hastie I, Jackson I, eds (2005) *Postgraduate Medical Education and Training – a guide to primary and secondary care*. Radcliffe, Oxford  
Hoffbrand BI (1990) Postgraduate Medical Education and Clinical Tutors – the way forward. *Postgrad Med J* **66**: 799–800

Mabin D (1999) Career focus – The role of the clinical tutor. *BMJ* **319**: S2

Merrison Report (1975) *Report of the Committee of Inquiry into the Regulation of the Medical Profession*. HM Stationery Office, London  
National Association of Clinical Tutors UK (2007) *Proposals for the Organisation of Postgraduate Medical Education*. National Association of Clinical Tutors, Milton Keynes

The Rt Hon The Lord Todd (1968) *Royal Commission on Medical Education 1965-1968*. Report presented to Parliament 1968. HMSO, London

### KEY POINTS

- The National Association of Clinical Tutors was established in 1968 to support and promote the role of clinical tutors.
- Membership of the National Association of Clinical Tutors UK is open to doctors in many different medical leadership roles in the modern NHS.
- The National Association of Clinical Tutors UK continues to play a pivotal role in the development and delivery of postgraduate medical education.