

# Role description

## RCP college tutor

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### About the RCP

The Royal College of Physicians (RCP) is a professional membership body with over 40,000 members in the UK and around the world working to improve patient care and reduce illness. Our activities focus on educating, improving and influencing for better health and care. We champion an inclusive culture and welcome applications from all sections of society. We value taking care, learning and being collaborative. These values underpin everything we do. Join us to help achieve our vision of a world in which everyone has the best possible health and healthcare.

### Purpose and scope

RCP college tutors (CTs) are an essential part of the educational system for physicians, and are acknowledged and valued in their educational leadership role. CTs promote physician education within their hospitals and regions and oversee the training of postgraduate physician trainees. They also ensure high-quality training for 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 IM trainees and, in many hospitals, oversee IM training.

### Working relationships of the CT

#### Within the trust

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 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. CTs work with associate college tutors (ACTs) to ensure that they understand local issues that are important to physician trainees and to help to support them. The CT is expected to attend any regional meetings that are set up by their regional adviser along with their associate college tutor (ACT). From 2023, the RCP will be expanding SAS physician support and physician



- > 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 NHS England 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
- > 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 specialty trainees (StRs), the CT role could include working with other specialty tutors to:

- > support IM training
- > help with career progression
- > work with regional NHSE (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 every 16–20 trainees. *In larger hospital trusts or health boards, there may be need for more than one college 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. College 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.

## 2. 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 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.

## 3. Participation within the wider RCP network

**Maintaining regular contact with the RAs and regional manager:** CTs, along with their ACTs should attend meetings chaired by the Linacre fellow to discuss RCP and professional matters (these meetings will usually be arranged by one of the RCP regional team who will administer the meeting).

**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.

**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 in medicine conference and other regional CPD events arranged by the RCP where possible.**

**Facilitating a visit by the RCP president** to their hospital when one is planned.

**Publicising RCP CPD events** and encouraging consultants and trainees 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. There are also two other regional 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.

## Why become a college tutor?

In short, because you want to play a vital role in supporting the training and education of the next generation of physicians. By being an RCP college tutor, you will be bringing your first-hand experience to help us understand the issues faced by trainees and trainers across the UK. A good RCP college tutor will act as a conduit for the flow of information across their trust, health board or hospital; regional management team; and the RCP. To do this effectively, RCP college tutors need to be visible and accessible to trainees and trainers alike. They need to be able to establish and maintain high standards of education, share best practice, while tackling and solving any problems they encounter. Being an RCP college tutor can be challenging and extremely rewarding and is often the first step towards a successful career in education.

## How is a college tutor appointed?

- > 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 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 their 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](mailto:RCPTutors@rcp.ac.uk) about any new or demitting appointments.
- > If you need more information about your local RA or RCP regional office, please email [RCPTutors@rcp.ac.uk](mailto:RCPTutors@rcp.ac.uk).

# Person specification

Position: RCP college tutor

General and professional education	Application	Interview
<b>Essential</b>		
Be a local consultant or SAS doctor in one of the medical specialties	x	x
Demonstrate enthusiasm and commitment to medical education and to relevant, up-to-date training in teaching methods and a desire to improve training	x	x
Demonstrate an active involvement in education and training issues and have an appropriate and current working knowledge of educational requirements	x	x
Hold a clinical role as a consultant or SAS doctor with full registration with the GMC and a licence to practice	x	
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	x	x
Have experience as an educational supervisor or trainer	x	x
Understand the principles of appraisal and assessment and have received appropriate training	x	x
Have received appropriate training in selection methods and training in equality and diversity	x	x
Show awareness of the issues with doctors who need additional support		x
Be able to attend relevant national and local meetings		x
Demonstrate excellent organisational skills		x
Have excellent communication, counselling and liaison skills, including a readiness to listen and empathise		x
Demonstrate problem-solving abilities and a flexible, practical approach		x
Demonstrate leadership ability		x
<b>Desirable</b>		
Be a subscribed fellow, member or affiliate member of the Royal College of Physicians of London	x	
Hold a certificate/diploma or masters in medical education	x	
Have experience or training in mentoring or coaching	x	x
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	x	x

# Our values

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We are committed to **taking care, learning, and being collaborative**. These values drive the way we behave, how we interact with each other, and how we work together to achieve our vision and improve patient care.

## **We value taking care**

This means we behave respectfully towards people, whatever their role, position, gender, or background. It means we act as representatives of the RCP and take decisions in the interests of the organisation as a whole.

## **We value learning**

This means we continuously improve through active learning and honest reflection, so that we grow personally and as an organisation, while striving for excellence. We support learning and development opportunities.

## **We value being collaborative**

This means we work together towards the RCP's vision in a collaborative and professional way, understanding that individuals bring different strengths and approaches to our work. We value diversity and each other's contributions.

*The RCP positively encourages applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, transgender status, religion or belief, marital status or pregnancy and maternity.*

*The RCP is all about our people – our members, staff, volunteers and leaders. We educate, influence and collaborate to improve health and healthcare for everyone and know we can only do this by being inclusive, encouraging and celebrating diverse perspectives. Welcoming into our community people who represent the 21st-century medical workforce and the diverse population of patients we serve is a priority for us.*

As a volunteer you are expected to comply with all RCP data protection and security policies and procedures.

Reviewed November 2023