

# Clinical Tutor

Newsletter of the National Association of Clinical Tutors

Editor - Dr Kit Byatt, NACT, 1 Wimpole Street, London, W1G 0AE.

Compiled and designed by Jane Litherland Tel/Fax: 020 7629 4000 email: office@nact.org.uk

WEB: <http://www.nact.org.uk>

April 2002, Volume 7 No. 2

## CONTENTS

<b>Chairman's Message</b>	<b>1</b>
<i>keep meducationally au courant!</i>	
<b>Editor's Column</b>	<b>2</b>
<b>Education and Shift Working</b>	<b>3</b>
<i>an oxymoron? - conference report</i>	
<b>Scottish Tutors' Group</b>	<b>5</b>
<i>what is happening north of the border</i>	
<b>Pertinent Anagrams</b>	<b>5</b>
<b>Weblines News</b>	<b>6</b>
<i>using ICT to learn</i>	
<b>Publications &amp; Course Listings</b>	<b>7</b>
<b>NACT information</b>	<b>8</b>
<i>including notice of AGM</i>	

## CHAIRMAN'S MESSAGE

Happy Easter - or thereabouts. What is new? Well, NACT helped to run the successful meeting 'Education and Shift Working - an Oxymoron?' jointly with ASME and BAMB. I was pleased to see so many of you there. An account from the incisive, and swift, pen of Richard Smith, now Acting Treasurer of the Association, follows. This is a subject that will occupy much PGCT time in the next few years. It is

worth noting that the COPMeD Working Party on Education and the EU Working-Time Directive (EUWTD) is due to report soon, after a final meeting in March. Watch out for that on the COPMeD website, perhaps, at [www.copmed.org.uk](http://www.copmed.org.uk).

I have attended COPMeD meetings in February and March on NACT's behalf. I circulated my précised versions of the proceedings by email to NACT Officers and Deanery Reps, within two days. Deanery reps are now charged with cascading that information to PGCTs and APGCTs in their Deaneries. If you are interested in this, but have not received it, please let your Deanery rep, or, failing that, Jane Litherland in the NACT Office or me, know.

The pilots for SHO RITAs during 2001-2 have been largely successful. These pilots will be replaced by the complete RITA process, from July 2002. This process depends heavily on PGCTs to run and monitor it. The rigorous assessment necessary for the SHO RITA process must be based on evidence. The COPMeD sub-group, which has developed a matrix for generic assessment of SHOs (based on the GMC categories in Good Medical Practice, with Colleges contributing the specialty-specific parts), is not yet ready to publish its conclusions. I hope it will be soon, or its hard work will be superseded by other bodies, which may claim less of an overview.

Meantime, it is important that PGCTs carry the message to College Tutors and Educational Supervisors that they must meet their trainees on at least two occasions, preferably three, in a six-month post. These meetings are called "Review of Training (ROT) meetings" in Mersey and I think this terminology is useful, because it gets away from the labels of appraisal and assessment. In fact, as every Educational Supervisor, College Tutor and PGCT knows, these meetings contain elements of both appraisal and assessment on every occasion.

The first ROT meeting is primarily to set educational objectives and therefore is mostly appraisal. However, it contains an element of assessment based upon the first impressions the trainee has created in the unit where they have come to work. The second, brief, interim ROT meeting is a check-up on the trainee's progress, but also a chance to bring up any problems - and therefore contains a larger proportion of assessment. The third ROT meeting is more about assessment, but, because the trainee's educational objectives are reviewed and future targets set, this meeting also must contain a small but definite component of appraisal. The COPMeD assessment matrix will help inform all of these assessments. The RITA meeting then can review the evidence and Record that there has been In-Training Assessment.

Unless there is evidence that the under-performing trainee has been warned previously of any deficiencies in their performance and has had opportunities to correct these, then awards of RITA D and E (targeted training and unsatisfactory progress) could be successfully challenged. Such lack of adequate evidence might simply result in passing all trainees through on a RITA C (satisfactory progress). This would then lead to complaints from employers who took on a deeply flawed trainee.

This is hardly a new message, but it bears repetition, because there is still variation and enormous controversy about it. The controversy is partly to blame for less than 100 per cent implementation of RITAs for training posts at PRHO, SHO and Specialist Registrar level. No doubt another reason is that there is a never-ending supply of new Educational Supervisors who may need training in the system. Postgraduate Clinical Tutors help to provide this training and assist in its monitoring.

In the wider arena of the NHS, NACT have contributed comments on the Medical Education Standards Board (MESB) consultation document. The report is at [www.doh.gov.uk/medicaltrainingintheuk](http://www.doh.gov.uk/medicaltrainingintheuk). PGCTs who have seen the original document can get the NACT comments from their Deanery reps, if you have not received them already.

My visits to Deaneries around the UK are about to start again. I look forward to attending meetings of PGCTs in any Deaneries I have not yet visited. Ask your Deanery Representative to invite me!

I know that some of you have agreed to help with the RCP Health Informatics project. Many thanks for your involvement. I would be pleased to hear feedback and perceptions.

Penultimately, I would like to thank Celia Ingham Clark who has resigned as Treasurer of the Association with effect from the end of January 2002. At my visits to the Deaneries, PGCTs often ask what happens to PGCTs when they demit office. Celia has given up her post to become a Medical Director of her Trust. I would like to record my own appreciation of and gratitude for her contribution and support of the Association.

The application forms for the 5<sup>th</sup> Joint Conference in Bournemouth on July 10<sup>th</sup>-12<sup>th</sup> should have arrived by now. I hope you will be able to apply and attend. There is no NACT Spring Meeting, this is instead of that. Claim from the MADEL part of MPET (the Dean's budget should cover this meeting) and ask for Professional Leave (i.e. over and above your study leave allowance). I hope I may see you there.

Lastly, do not forget the website ([www.nact.org.uk](http://www.nact.org.uk)) and do contribute to CT Forum on Doctors.Net.UK ([www.doctors.net.uk](http://www.doctors.net.uk)). If you would like to contact me personally, I would be pleased to receive emails or phone-calls.

I hope you have a good Spring-time. Best wishes

Alistair

## Editor's Column

Like everybody else in post-graduate medical education, we are still waiting with interest for details to emerge from the office of the Secretary of State about the two main impending quantum changes to our working lives: the MESB and the SHO grade review. If in the meantime you are feeling inquisitive, and want to see what other areas are being consulted on in the DoH, why not take a look at [www.doh.gov.uk/consultations](http://www.doh.gov.uk/consultations)? It's fascinating seeing what is out to consultation, what has finished consultation, and even reading some of the responses!

My only offering to the gossip is to say that when I represented the NACT at a dinner to celebrate the JCPTGP's 100<sup>th</sup> meeting, the Health Minister, John Hutton, gave a brief speech after the meal in which he implied that the one thing which was likely about the MESB reforms was that the body would be called something else. You heard it here first! As usual in April, things are a little quiet - between our winter and spring meetings, so you will not have to wade through too many pages. Hope to see you in Bournemouth, and possibly in Lisbon at the AMEE meeting in August? Now, on with the meat...

Kit

## Education and Shift Working – *an Oxymoron?*

*Richard Smith*

*NACT Hon Asst Secretary & Acting Treasurer*

This joint ASME / BAMB / NACT meeting was held on 26 February 2002, at RIBA, London and was introduced by Dr Alistair Thomson, our chairman, and Dr Frank Smith, ASME secretary

The first part of the meeting focused on the European Working Time Directive (EWTD) and its consequences for working patterns and workforce planning. Dr Deborah McInerney from the Department of Health started by summarizing the requirements of the EWTD.

Dr Ewen Sim (a member of the Junior Doctors Committee of the BMA and working with the North West Regional Action Team - NWRAT) presented a number of examples where his team had worked with trusts to remedy non-compliant PRHO rotas. Strategies employed included: removing unnecessary work, instituting cross cover for night duty in related specialties, establishing or extending nurse practitioner posts and changing on call rotas to shifts. In one small trust with only 4 medical and 4 surgical PRHO posts, a 1:8 duty rota covering both medicine and surgery had been instituted. Dr Sim emphasized that in many cases, relatively simple

and inexpensive solutions to compliance problems had been overlooked by trusts, nevertheless in some cases, entrenched resistance by consultants to new working patterns had been overcome only by direct pressure from the NWRAT.

### ***Nurses' experiences***

The next speaker was Judy Gillow, Director of Nursing from the Royal Hampshire County Hospital. Shift working has always been an integral part of nursing, but current challenges included the need to accommodate flexible working hours to minimise sickness absence and to improve recruitment and retention of staff. There is still a tendency to regard responsibility for rostering as a poisoned chalice and devices such as self-rostering were being tried with some success. Ownership of the roster by all its participants was felt to be crucial. Mrs Gillow had two very important bits of advice for the medical profession. The first was that, in nursing, 17-20% is added to the minimum complement of staff required for the rota to allow for educational time, and that a similar allowance should be made in medical workforce planning. The second was that handover time should have an educational component as well as a service component. Attempts to reduce handover time in nursing had proved to be counterproductive. Other educational initiatives within nursing included the introduction of e-learning packages for use by night-staff on duty, some of which could be used on a multiprofessional basis (eg infection control).

### ***"Avoiding Armageddon"***

Professor Peter Hill (Postgraduate Dean, Northern Deanery and Chairman of COPMeD) gave a presentation with the above title on the challenges posed by implementation of the New Deal and the EWTD on workforce planning and postgraduate education. He pointed out that many other factors beside the EWTD (technical advances, managed clinical networks, National Service Frameworks, clinical and educational governance) were also starting to shape postgraduate education. However, one direct consequence of the move to shift working was that there would be a move away from classroom-based teaching towards "on the job" learning, because there will be fewer opportunities for all trainees in a department to be in the same place at the same time. On-the-job learning has, of course always been a key part of the craft of medicine, but the quality of learning experience has been very patchy and there is understandable anxiety among

medical educators that a reduction in protected educational time out of the workplace will be a retrograde step. Professor Hill emphasized that quality assurance of on-the-job education is possible, but trainers need appropriate training and support, and trainees need to be educated to make the most of such learning opportunities.

An interaction between trainer and trainee in the presence of a patient gives an opportunity for all four elements in the grid below to be present:

Building on previous experience	Learning from the current patient
Modification of learning behaviour	Opportunistic education & training

He outlined the educational supervisors' training programme operating in the Northern Deanery. This gives guidance on how to use one-to-one and small group teaching techniques to best advantage.

**Medical education – thriving or wilting?**

After lunch, the focus moved to whether medical education and training was thriving or wilting in shift working patterns. The first presentation by Dr Frank Smith reviewed the published evidence. Unfortunately there were very few systematic studies of the effect of the introduction of shift working on education and training. Such evidence as exists provided no clear consensus. However, Denmark, which had introduced a 37 hour week shift system, reported no adverse effects. Data from North Thames Deanery suggested that job satisfaction was proportional to the quality of educational supervision.

There were presentations from three trainees: Daniel Saunders, (Medicine, Sandwell), Paul Thorpe (Orthopaedics, Bristol) and Mike Scott (Surgery, London) all of whom were working full shifts. All reported feeling less tired, more alert and more able to learn in a shift working pattern compared with a traditional on-call rota. More regular attendance at teaching sessions had become possible, although in surgery, this had been achieved by moving the teaching to a slot from 9-11am on Monday so as to allow all members of the shift to attend unless on annual leave. Web-based learning and assessment packages were now available in orthopaedics and these could be used at night as well as during the day. The week off after a week of nights could also be used productively for learning. The trainees reported an increased

appreciation of the work of nurse practitioners and other professionals, and suggested that responsibility for training of medical staff did not have to rest entirely with consultants. In orthopaedics, consultants had banded together into teams with joint ward rounds, which had virtually removed the concept of “ownership” of patients and improved continuity of care. It was also suggested that educators might need to change their work patterns to fit in with the trainees. The only disadvantage of the shift system reported was that work intensity while on duty had increased to some extent, with less slack in reserve if there was sickness absence of a colleague. This was felt to be outweighed by the advantages of the new system.

The day also included two small group sessions and a plenary to develop “do’s and don’ts” for introducing shift systems. A few bullet points which emerged were:

- Share good practice; don’t reinvent the wheel
- Ensure the quality of educational supervision
- Get all consultants and trainees on board in planning the rota
- Don’t “lose” doctors in difficulty in the system
- Include annual & study leave in calculations
- Get the support structures in place first (eg phlebotomy)
- Use handover time as educational time
- One size does not fit all – build the rota around times of maximum work intensity
- Don’t implement systems doomed to failure.
- Go straight to the 48 hour model – it will have to happen anyway
- Use education as a performance indicator
- Don’t assume that all consultants can or should teach
- Structure trainer / trainee contracts
- Audit the process

Twenty six posters were submitted to the meeting, covering many aspects of medical education under new working patterns, and there was some lively questioning following the didactic sessions as well as informal sharing of experiences over lunch. It is not possible to summarize these parts of the meeting, except to say that the positive picture of shift working which emerged from the oral presentations was balanced by discussion of pitfalls, mistakes, and anxieties about shift working.

The day was a masterpiece of organization, and despite the packed programme, finished exactly on time.

## Scottish Tutors' Group report

Dr W Reid  
Postgraduate Tutor, Southern General Hospital, Glasgow  
Chair, Scottish Tutors' Group

Since the early '90s, Postgraduate Tutors in Scotland, under the auspices of the Scottish Council for Postgraduate Medical and Dental Education (SCPMDE), have met two or three times a year for educational seminars and discussions about new developments. Dr Graham Buckley, in his role as Chief Executive of SCPMDE, has been extremely supportive of tutors and their continuing education.

Scottish tutors initially suggested they should form a group to discuss matters of mutual interest, and provide support for each other. Meetings of the group were "tagged on" to the end of the educational meetings Graham Buckley continues to hold for us. The tutors formed an executive of chairman, secretary and two other members (elected from within the group), that allows us representation at NACT council meetings. We function as any other UK "region", and are grateful for the moral and financial support from SCPMDE, given the enormous distances involved in attending meetings.

As of this April, Scottish Council will be replaced by "NHS Education for Scotland". This is a multiprofessional group with a small executive (yet to be appointed) which, in theory at least, may have little or no medical representation upon it. In many ways this will be a similar body to the MESB in England & Wales, though without the latter's UK-wide regulatory powers. It will, as SCPMDE now does, commission postgraduate education for doctors, but will also have responsibility for the continuing development of *all* staff within the NHS in Scotland. Quite how the educational needs of nurses, PAMs, porters & doctors can be reconciled is unclear, but it represents a stab at a joined-up approach to NHS further education

There are, as always, threats and opportunities in reforms of bodies - "dumbing down" of PGME by diversion of funds to other groups of staff for example. We hope to have a cogent voice as a

group of tutors, affording some influence. We are, after all, the people who are most often left to implement policies at the coal face, whatever the structure of education within our home trusts.

There are around forty tutors in Scotland, running anything from small rural DGHs in the remote highlands to huge teaching hospitals in the major conurbations. Each of us faces different and contrasting challenges (how *do* you provide CPD to consultants or training opportunities to trainees when the nearest centre is 200 miles away?).

Recent developments from within our number have included (again with Scottish Council support) the development of a Web Board, so that we can discuss issues such as New Deal, RITAs for SHOs, recalcitrant colleagues, etc amongst ourselves. As with most IT developments, this has taken a while to gain momentum, but we're hoping to use it as a sounding board with the Postgraduate Deans and others who may have a vested interest in hearing our views.

Despite increasing divergence in the development of NHS Scotland from that in England & Wales, we are keen as tutors to maintain strong links and representation within the NACT, and hope to be actively involved in council matters.

### ***Pertinent Anagrams:***

*You expected the worst...*

**Bad declarations sounded dramatic  
Laboured, and academic (and distorts)**

**Sad broad-minded contractual ideas  
...and broad-minded tutorial cascades**

*You got...*

**Broadcast deadline... dramatic sound!!**

**I broadcast declaration's addendum  
... and stimulated discordance abroad**

*And finally - the twist of the knife in the wound  
I'm a bad, discarded consultant - O dear!*

*For solution see page 7*



## WEBLINE NEWS

### ***Learning through technology***

Dr Danny Tucker

Medical Director, [www.Doctors.net.uk](http://www.Doctors.net.uk)

Over the last 10 years, there have been various initiatives to introduce technology-based learning into medical teaching. Examples include undergraduate networked learning environments (NLEs), Royal College CD-ROM based CME packages, and third party productions. Technology undoubtedly has the potential to complement traditional learning methods. When developing a learning package, it is tempting to assume that more technology will result in better learning. Whilst bespoke programs were initially popular, an increasing number rely upon browser-based technology, even if not specifically developed for the web environment.

### ***Audience compatibility***

One of the advantages of creating such tools for an organisation is that the end-user is relatively controlled. Across a university or trust, developers know the computing power, type and version of browser (e.g. Internet Explorer 4.0), and availability of additional plug-ins, such as Macromedia 'Flash' for animations, and QuickTime or Real Media for digital video.

When developing a learning tool for use outside of these controlled environments (eg over the Internet) it must work for a wide variety of computer set-ups. Many users only have lower specification computers and browsers, particularly within the NHS. Users can be prompted to download the latest browser or appropriate plug-in, however this adds an additional stage at which drop out may occur. In addition, there may be security protocols preventing such upgrades,

### ***E-learning on the Internet***

Despite the limitations outlined above, the Internet is an excellent medium for e-learning. Unlike paper-based materials, information on the Internet can readily be updated. The Internet allows the user to link directly to the sources of evidence, as well as other relevant information. Education material on the Internet can continue to be an ongoing resource – once bookmarked the reference can be found quickly and easily. One of the major advantages for busy medical practitioners is that education on the Internet does not have to involve you being in a particular place at a particular time.

The simple solution to creating effective Internet-based learning tools for a wide audience is to minimise additional technical requirements and ensure the widest compatibility. Flash animations and digitised video are not necessary if the basic principles of learning are remembered.

### ***Doctors.net.uk experience: eCME for GPs***

In August 2001, Doctors.net.uk launched an electronic CME package for General Practitioners. Gaining Royal College of General Practitioners accreditation for PGEA, it combines the most effective features of offline education with the flexibility and interactivity of the online environment. The user-friendly package:

- is based on the principles of adult learning
- has relevant, case-based scenarios
- employs problem solving techniques and interaction with the cases
- promotes self-reflection
- uses the latest evidence-based guidelines and recommendations
- facilitates peer review via links to an active discussion forum
- can be saved & resumed as needed
- has links to other useful references
- has useful links including patient resources
- is written by GPs and field experts
- requires simple browser (with no extra plug-ins)

Thirteen modules are now available. In the first six months of use, over 5000 were completed. Analysis of the submitted feedback has revealed the experience for most users to be very positive. 95% of learning needs were met, 89% described the package as very user-friendly and over 90% described the learning techniques as effective. Further analysis of this unique educational package is being prepared for formal publication

Doctors.net.uk is currently working with the RCP to produce 10 modules of e-learning accredited for specialists. Further GP modules have been commissioned and launch of a complementary Personal Learning Plan is planned in the next few months. Feedback on these activities from educationalists is particularly welcome.

[danny.tucker@mess.doctors.org.uk](mailto:danny.tucker@mess.doctors.org.uk)

To register go to [www.doctors.net.uk](http://www.doctors.net.uk) with your GMC number handy and then click on the new members 'join' button. The DNUK helpdesk is available every weekday 9am to 7pm



## PUBLICATIONS OF INTEREST

### ABPI

Clinical Tutors might like to look at the following documents:

- A Code of Practice for the Pharmaceutical Industry 1998.
- The Seven Values of Medicines
- Target Rheumatoid Arthritis/Target Parkinson's.
- Patient Progress
- An A -Z of British Medicines Research.
- Reporting of Suspected Adverse drug Reactions
- The Pharmaceutical Industry: Careers for Graduates

For a fuller list of APBI Publications and price list contact the Publication Dept., ABPI, 12 Whitehall, London SW1A 2DY.

Tel: 020 7930 3477 x1466.

Fax: 020 7747 1411

### MEDICAL FORUM

#### Bringing Career Guidance to all Juniors

Medical Forum runs a number of one and half day workshops for juniors.

#### Career Guidance Techniques

workshops for Clinical Tutors are also available.

For more information please contact: Dr Sonia Hutton-Taylor, Director, Medical Forum phone 07000 790173 fax 07020 933964.

Alternatively, you can obtain a leaflet from:

[leaflet@medicalforum.com](mailto:leaflet@medicalforum.com)

Or visit Medical Forum at:

[http://www.medicalforum/tutor\\_club.html](http://www.medicalforum/tutor_club.html)

### Pertinent Anagrams

Solution: 'Medical Education Standards Board'

### Postgraduate Medical Journal

Information on subscribing to the *Postgraduate Medical Journal* can be obtained from:

BMJ Publishing Group  
Journal Marketing Dept  
PO Box 299

### NACT COURSE LISTINGS 2002

#### Effective Clinical Tutors Course

#### Parts 1, 2 & 3.

(Clinical Tutors should attend *all three* within 1 year of appointment)

#### ECT Part 1

“Essential Skills For Clinical Tutors”

June 25-27 Farnborough

October 8-10 2002 Nottingham

#### ECT Part 2

“Making use of Assessment in Education & Clinical Governance” Courses

26<sup>th</sup> April

27<sup>th</sup> September

#### ECT Part 3

Counselling Skills (including Appraisal) Workshops

25<sup>th</sup> April-Full

26<sup>th</sup> September-Full

3<sup>rd</sup> October-Full

at

Novartis Foundation,  
41 Portland Place, London

## NACT SPRING 2002

### NACT OFFICERS

<b>Chairman:</b>	<b>Dr APJ Thomson</b>
<b>Vice Chair:</b>	<b>Dr A Blair</b>
<b>Hon Secretary:</b>	<b>Dr A Long</b>
<b>Hon Assist Sec:</b>	<b>Mr R Smith</b>
<b>Hon Treasurer (acting):</b>	<b>Mr R Smith</b>
<b>Editor "Clinical Tutor"</b>	<b>Dr C Byatt</b>

### COUNCIL MEMBERS

Dr M Roberts	London North East
Vacant	London North Central
Dr K Kelleher	London South East
Vacant	London West
Dr A Mehta	London South West
Vacant	Kent, Surrey & Sussex
Dr J Day	Eastern (Anglia)
Dr G Luzzi	South East (Oxford)
Dr C du Boulay	South East (Wessex)
Dr J Lowes	South West (Sth Wstn)
Dr D Nagi	Nthn & Yorkshire (Yorks.)
Dr RWG Prescott	Nthn & Yorkshire (North'n)
Dr M Serlin	North West (West)
Dr I Brett	North West (East)
Dr PC Taylor	NorthTrent
Dr C Bowman	Mid Trent
Dr D A Sagar	South Trent
Dr C Campbell	West Midlands
Dr S Morris	Wales
Dr W Reid	Scottish Tutors Group
Dr D McQueen	Scottish Tutors Group
Dr J Montgomery	Scottish Tutors Group
Mr R Keenan	Scottish Tutors Group
Dr P Burnside	Northern Ireland

### FUTURE NACT MEETINGS

#### Spring Meetings

**2002** – none – Joint Conference  
(Bournemouth 10-12 July) instead

**2003** – 8/9 May 2003, Inverness  
**2004** – May, Trent

#### Winter Meetings

**2002** – November 29<sup>th</sup> – RCP

**2003** – November 28<sup>th</sup> – Joint Mtg with  
NAMEM

NB Please pencil these dates in now, and  
start planning your leave!

### The NACT AGM, 2002

Will be held at 5pm on Thursday 11th July  
during the Joint Meeting at the  
Bournemouth International Centre.

The following Officers will be put up for re-  
election:

Dr Alistair Thomson - Chairman  
Dr Alastair Blair - Vice Chairman  
Dr Andrew Long - Hon Secretary  
Mr Richard Smith - Hon Treasurer  
Dr Kit Byatt - Editor *Clinical Tutor*

### NACT OFFICE

**1 Wimpole Street, London W1G 0AE**

**Telephone/Fax: 020 7629 4000**

**Email: [office@nact.org.uk](mailto:office@nact.org.uk)**

**Web: [www.nact.org.uk](http://www.nact.org.uk)**

*We need to keep up to date contact information  
for Postgraduate Centres and Clinical Tutors.  
Email is easiest! Please email and let us know  
when changes occur. We are only as good as  
the information we are given!!*