Junior tutor programme—benefits and risks

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Dear Editor,

The value of in-hospital teaching as part of the medical student curriculum should not be underestimated, and Dunne et al. [1] have addressed a major issue concerning medical students today. With an increasing intake of students into medical school (not to mention an increasing staff workload), ensuring that each student acquires the essential knowledge and skills during their clinical years is a true challenge. The programme proposed by Dunne et al. [1] is a cost-effective way of tackling this problem, with the additional advantage of providing interns with a valuable set of teaching skills for future use. Furthermore, junior doctors are ideal candidates for teaching medical students because it is easier for them to relate to students (and vice versa), and they tend to have a better idea of what medical students should know at any given stage of their training.

In fact, scheduled teaching by junior doctors is occurring all the time in most hospitals, even in the absence of a nationwide programme to encourage it—a junior tutor programme (JTP) would simply represent a more structured approach to this and such a programme would undoubtedly benefit medical students, both directly (through dedicated teaching time) and indirectly by providing students with the sense of motivation that comes from small-group teaching. However, there are some other factors which require consideration before widespread implementation of the JTP can occur.

Bylund et al. [2] highlight the importance of having a variety of different teachers involved in medical education. Exposure to a variety of health professionals at different

stages of their training provides medical students with a diversity of knowledge and experience which is vital during their own clinical training. Junior tutor schemes run the risk of jeopardising this wealth of experience by placing heavy emphasis on the junior doctor, and much less on other medical staff who should also be contributing. Although programmes such as the JTP could be very advantageous, it will also be important to engage senior staff and identify why they might be less eager to teach. Interestingly, an Australian study [3] has addressed this issue, discovering that the lack of commitment to teaching exhibited by certain consultants was largely influenced by their low confidence in student body knowledge and uncertainty regarding the changing medical education curriculum and such issues require attention in order to optimise medical teaching, and ensure that medical education continues as a shared responsibility among health professionals.

Overall, even though both medical students and junior doctors are likely to profit from structured intern-based tuition in hospitals, such programmes require closer assessment for their potential long-term consequences on the medical student experience.

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