

In sum, any health system may be seen as a window into the life of a community. The struggles, challenges and resiliencies of a health system are reflections of the struggles, challenges and resiliencies of the wider socio-political environment. Hence, local context is best seen as the platform from which the process of discovery and production of technical and non-technical knowledge and skills can be initiated. This can raise the dilemma of whether or not to 'reinvent the wheel'. Although this may be a legitimate concern in some aspects of practice, such as technical knowledge and skills (e.g. learning how to tie surgical knots or to auscultate the chest), when it comes to NTSs, there are no wheels. Instead, the performance and development of NTSs in different contexts should be seen as platforms for exploration. We commend Scott *et al.*¹ for raising this important topic for investigation. They have created a

springboard from which this discussion can be taken further. Drawing on the perspectives of anthropological and social science will further enrich our understanding of both the development of NTSs and international education partnerships in the health professions.

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Are all peer tutors and their tutoring really effective? Considering quality assurance

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Peer-assisted learning (PAL) in medical education is increasingly recognised and exploited. Perhaps the most widely employed format is that of near-peer tutoring, in

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which senior students teach students from earlier years, although same-level PAL is also known to be effective. The article by Tai and colleagues in this issue of *Medical Education* reviews the benefits of same-level PAL and identifies that certain skills, such as those of communication, collaboration and facilitation, nurtured through peer tutoring, overlap with some of the key attributes involved in becoming a doctor.¹ It is still not completely clear why

PAL works so well, but a core feature of PAL is the social proximity and cognitive congruence of learners and tutors, and learners generally appear to find peer tutors less threatening than traditional faculty staff.^{2,3} That such an altered perception of the learning environment enhances learning and contributes to the qualitative and quantitative benefits of PAL, despite peer tutors not being expert teachers, is remarkable.

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Some argue that this evidence base suggests that the incorporation of PAL programmes offers a cost-effective way to deliver medical education with a significant reduction in resources, such as expert teachers, but caution is advised when cost is used as a primary motivation.⁴

Based on the educational benefits observed, Tai and colleagues suggest that educational principles should be included in the undergraduate curriculum and that PAL should be integrated into clinical placements.¹ Indeed, this view is shared by many advocates of PAL and increasing numbers of formal PAL programmes are being introduced in medical education worldwide.^{1,2,5-7} With this proliferation in progress, it is imperative to recognise that, as with any educational intervention, the benefits observed on average cannot be assumed for every tutor. In fact, the issue of whether teaching provided by PAL tutors is comparable in standard and quality with that delivered by expert teachers is often raised by some faculty members, as well as learners, when PAL is integrated formally in the curriculum. Thus the educational experience of learners must be monitored to ensure their learning is not compromised. In running a formal PAL programme, faculty input is usually required to ensure that institutional aims and satisfactory educational standards are met.

Widespread incorporation of PAL in the undergraduate curriculum means that peer tutors of varied backgrounds and abilities are likely to be teaching one another, yet the current literature is not clear on what implications that variability has for the peer tutor or the

learner. In order to ensure that learners' educational experiences are not compromised, quality assurance of peer tutors and PAL programmes is an important issue that must be considered. This extends from ensuring tutors have training in teaching and feedback, to being confident that what is actually being taught is correct and factual and is aligned with institutional objectives.⁸ This is consistent with the findings of Tai and colleagues, who note that PAL appeared to be most effective when clear standards or guidelines were provided for tutors.¹ In many well-established PAL programmes, peer tutors undergo initial 'teacher training' to ensure they are equipped with some basic teaching skills and knowledge of educational principles.⁷ More traditional measures, such as teaching observation by expert teachers and the provision of feedback from learners, are also employed to ensure that acceptable standards of teaching are maintained by peer tutors.

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But is this enough? Should peer tutors be officially credentialed before they are allowed to engage in formal PAL activities? Despite some movement towards increased accreditation, faculty staff in many institutions are still not credentialed as teachers. Peer tutors are responsible for the education of other students; should more be done to ensure that a specific standard in teaching skills is reached? Again, if this is not the typical norm for faculty staff, is it really a priority?

To date most research has focused on the comparability of

PAL and traditional teaching and how learning occurs within the former construct. Little research, however, has explored how or if peer tutors should be trained or programmes standardised and quality assured. Neither have we asked what experiences with PAL can tell us about how to improve faculty development. Are PAL tutors more amenable to training or more likely to follow institutional expectations than their faculty counterparts? Research exploring the extent to which factors such as length and style of tutor training affect the quality of teaching provided by peer tutors would represent an important step towards understanding the value of teacher training without the confounds that derive from the fact that tutors have extensive content expertise. Similarly, examination of the inherent qualities of peer tutors, in particular academic background, and their impact on the quality of tutoring provided by these tutors would also be an interesting area of focus. Previous studies have shown that high-achieving students are more likely to become peer tutors themselves.⁷ Does that, combined with the fact that PAL tutors are motivated to volunteer for such positions, make them a distinctly better group to draw upon than the average group of faculty staff?

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Regardless of the quality assurance measures used, it is important to bear in mind that despite the exponential growth of PAL across institutions, PAL tutors' lack of expertise creates limitations with respect to where PAL activities can

be meaningfully implemented. As noted by Tai and colleagues, despite broadly equivalent outcomes, PAL tutors are generally viewed by students as less competent than expert teachers.¹ As such, the strength of peer tutors may lie principally in their facilitation of learning through, for example, role-play and problem solving.¹ Tai and colleagues also note that feedback and assessment by peer tutors were not well aligned with those of experts, highlighting a particular direction for tutor training and raising questions about other limitations of PAL.¹

It is still unclear exactly what constitutes the ideal PAL program or in what way they should be overseen and governed to ensure high quality, effective, legitimate education.

It is still unclear exactly what constitutes the ideal PAL programme or how such a programme should be overseen and governed to ensure high-quality, effective, legitimate education. What does seem clear is that expert teacher-

guided PAL programmes with clear objectives and guidelines appear to provide the best blended educational experiences for learners. Exactly which activities are best suited to PAL, how training and governance should be applied, and the level of oversight required to ensure authenticity and quality are all areas that require careful consideration. Once achieved, the insights may yield broader understanding of how to educate more effectively, thereby facilitating faculty development efforts and once again enabling students to become teachers.

The insights might yield broader understanding of how to educate more effectively

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Being a good supervisor: it's all about the relationship

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I desire no other epitaph... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do. (Sir William Osler, 'The Fixed Period', in *Aequanimitas*)

The role of clinical supervision is essentially a social act. In other

words, learning that takes place in the clinical environment is heavily influenced by social forces that include (but are not limited to) the relationship between the clinical supervisor and the learner. Certainly, the role of apprenticeship is acknowledged as an essential component of health professions education. There is something about the interaction among the learner, clinical