

College approval visits – a perspective on trainee participation

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This text discusses whether senior trainees should endeavour to join a College Approval Panel as one of the visiting team, what the advantages would be to the trainees being visited of having a senior trainee representative as a member of the assessing group and what the benefits are to senior trainees in terms of training and broadening their own curriculum vitae.

The Royal College of Psychiatrists has two committees which address the maintenance of standards in postgraduate training. The Joint Committee on Higher Psychiatric Training (JCHPT) addresses senior registrar training while the Central Approval Panel (CAP) reviews senior house officer and registrar training. This paper addresses the second of these systems.

Under the auspices of the CAP, periodic visits are undertaken to all centres providing training to senior house officers and registrars. Each College division is given the responsibility to review schemes in another, often distant division. A divisional convenor is appointed to address the organisation and implementation of visits for a five-year period of office. Visits are conducted in the light of a comprehensive College document (CAP/01, 1994) supplemented by a separate document outlining expectations of training for general practitioner (GP) trainees in psychiatry (Royal College of General Practitioners and Royal College of Psychiatrists, 1992). Together, these documents cover all aspects of training including administration, facilities, safety, assessment of trainees and the type of training experience offered.

The team for each visit consists of the CAP member who acts as visit convenor, a consultant representing the division and a senior trainee representative. The senior trainee must be a member of the College. The team also includes an observer from the Royal College of General Practitioners recruited from the area being visited.

Having had prior notification from the College, the local tutor completes a questionnaire detailing the scheme and agrees a timetable for the visit with the convenor. At the end of the visit, the

team discuss their findings and present them to the tutor, senior medical staff and trainees at a plenary meeting. The team submits a report for consideration by the CAP and the Court of Electors before any recommendations are ratified by the College. The outcome is usually a number of mandatory requirements and recommendations for the accreditation of posts for training.

The process is arranged with the trainees' interests foremost. Although ongoing approval of the scheme and of individual posts is dependent on the range and quality of training provided, no trainee in a post is adversely affected by any decisions involving subsequent non-approval.

Approval visits from the trainee representative's perspective

The Panel convenor consults the Divisional Collegiate Trainee Committee representative and obtains the names of eligible senior trainees. With the agreement of the appropriate consultant a trainee is invited to participate in the visit. Preparation begins in the week prior to the visit with the delivery of an alarmingly large bundle of documents from the College detailing the scheme, the posts and visit procedures. The convenor has already been engaged in considerable planning and negotiation with both the College and the schemes to be visited.

The visits are hard work, every minute is accounted for on a whistle stop tour of the schemes and there are reports to write. The convenor is required to deploy organisational skills and to keep the team to the task in hand. Each day is carefully structured to allow discussion time with the tutors and regional advisers, the consultant body, academic staff, the trainees (individually and as a group) and senior representatives from management, nursing, social work, occupational therapy and psychology.

The trainee representative is usually able to meet with groups of trainees alone for

approximately one hour before the arrival of the other panel members. This proves crucial to a full understanding of the scheme from the trainees' perspective. At the end of the day, the panel is often able to meet with senior administrative staff, in order that any problems highlighted and their implications can be discussed.

The panel tries to visit the main psychiatric units, associated general hospitals including their accident and emergency departments, relevant specialist units and community based services, the electroconvulsive therapy suites, on-call and library facilities. Standards in clinical records are also addressed.

A short session at the end of most days allows the team to meet together to discuss its findings. At the end of the visit some time is scheduled to allow the panel to agree on the content of their report and to identify any mandatory requirements and recommendations to be put forward to the CAP. This report then forms the basis of the feedback sessions, initially to the scheme tutors, then to all involved in the scheme.

Advantages of having a senior trainee representative in the team

The College stipulates that the senior trainee representative must have the opportunity to spend time alone with the trainees during the approval visit. The advantages of this system are clear. A senior trainee who is either still in post as a registrar or has recently been so is more likely to be viewed by trainees as sympathetic and non-threatening. Trainees are more likely to discuss issues such as the facilities available while on call in hospital, availability of supervision, out of hours safety, hours of work, inappropriate duties, and conflicts relating to clinical versus academic commitments with a peer. Concerns which may appear trivial to senior colleagues are perhaps more likely to be given greater consideration by another trainee.

In a well organised scheme in which trainees have the opportunity to meet together on a regular basis, the meeting with the trainee representative may serve only to highlight issues previously raised by the trainee group. In a less cohesive scheme the trainee representative may be able to assist in guiding trainees to look at important areas with respect to their training, including current issues of concern to the Collegiate Training Committee. The trainee representative may also be able to form a view regarding the morale of trainees and the quality of pastoral care.

To be most beneficial, the visiting trainee should have completed registrar training and preferably have started senior registrar training. This places him or her in an ideal position to

relate both to the trainees, and to the senior colleagues involved.

Advantages to the senior trainee representative

Overall, taking part in a visit can be extremely valuable. Potential consultant psychiatrists are likely to be involved in supervising trainees at a later stage and participation sharpens awareness of what constitutes a good and a bad training scheme. The visits also provide some insight into the commitment required in becoming a clinical tutor.

Management training issues are also covered. The level of organisation required by the College, the visiting team and especially by the scheme is daunting. Participation in a visit affords the trainee an excellent opportunity to work with colleagues on a specific task, under pressure of time while taking into account the needs of all parties involved.

Often in the course of training there is little opportunity to address the issue of process. An Approval Panel visit gives an excellent opportunity to look at this in the context of one's own experience and the wider issues of College policies on training. It is possible to gain some understanding of the potential of professional operation.

Inevitably, schemes in other areas differ considerably from the trainee's own experience. Involvement in a visit offers an insight into the complexity of training in a variety of settings. For senior registrars about to embark on consultancy applications the visit gives an excellent opportunity to look at the demands made on senior colleagues and the roles and strategies they adopt to deal with these.

Far from being simply an exercise in critique, a good Panel visit should encompass positive elements of guidance. Trainees have much to learn from trying to formulate issues in a positive fashion and in the tactful approaches of senior colleagues in facilitating change.

Of course there are a few drawbacks to being part of the visiting team. First, where geographically separate areas are being assessed there is a considerable time commitment involved, not only in the visit itself, but in getting to and from the areas. The time commitment required both on the visit and in preparation also has to be balanced against meeting clinical obligations when anticipating several days' absence. Expenses for travel and subsistence have to be met initially by the visiting team members and later reimbursement often takes considerable time. The work schedule is frenetic and a 'heads down approach' is essential. Finally, feeding back any less than favourable

comments to trainers and trainees may require great tact.

Comment

Visits by a CAP team often lead to some anxiety for the scheme under the microscope. Trainees in particular may need assistance in formulating their views for presentation to senior colleagues, and a senior trainee is well placed to be able to help. Seniority also allows for clarification of reasonable expectations and in bringing some balance to comments made by trainees. The visits offer invaluable experience in management training and in educational issues. The trainee representative has an essential part to play in a small professional team with an important task to perform.

References

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Prevention of Anxiety and Depression in Vulnerable Groups

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The scope of this review, commissioned by the Department of Health, is the common mental disorders of anxiety and depression occurring in adults in the community. It considers the possibilities for prevention in primary care. This combination of basic conceptual and research information provides a practical framework of preventive strategies for the primary care team. Social factors in aetiology are examined in detail, and epidemiological data is used to consider vulnerability factors and to identify high risk groups. There is also a thorough review of risk for common mental disorders.

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