

Preparing for an approval visit

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Developing and managing the scheme

For the inexperienced tutor anticipation of a forthcoming College Approval Visit may be a rather uncomfortable experience and preparation for the event one of the most daunting tasks to take on. Three points are worth considering.

- (a) Approved high quality schemes of training form the lynch-pin of psychiatric training and the foundation for the future of psychiatric services (General Medical Council 1987a and 1987b; *Lancet*, 1988). Only the vision, skill and competence of trainee psychiatrists can ensure our specialty of a key role in the advancement of services for the mentally ill.
- (b) Secondly, in any scheme of training the psychiatric tutor is the coal-face worker of the College, ensuring that the generally agreed objectives for training are realised at local level. The personal efforts, example and leadership provided by the tutor are central to achieving the recommendations of the Approval Visit Team and the Central Committees for Professional Training. The ultimate objective of the Approval Team, therefore, must be to support and encourage the tutor to maintain and develop standards of training.
- (c) Thirdly, as the outcome of the visit is largely a function of the quality of training provided, preparation for any Approval Visit should begin once the recommendations of the previous visit are received.

No matter what size the scheme, large or small, the tutor should see himself as the leader of a teaching

team in which the task is to enhance the quality of training and teaching experience, to develop the skills of individual consultants and other professionals involved in trainee supervision and teaching, and to build around him a team of individuals who have a special interest in postgraduate education (Fig. 1). The size and nature of this team will vary greatly from scheme to scheme and depend, for example, on the presence of local university department support, the presence of senior registrars and input from clinical psychology and social work. The tutor should be part of a wider team linked to postgraduate education for the District or Region where he can gain the support of like minded colleagues and obtain administrative assistance from the Postgraduate Office.

Nevertheless certain tasks are the specific responsibility of the tutor:

- (i) The development of a local academic programme embracing journal club, case conferences and supervision and support for research. These may be supported by a Central Regional Academic Teaching Programme with opportunities for research linked to a neighbouring university department.
- (ii) The tutor also has responsibilities for ensuring adequate facilities are available at hospital level for interviewing patients, for teaching and study including library facilities. It is important to keep senior colleagues aware of the objectives of academic training and to encourage their involvement.
- (iii) It is also important to encourage colleagues regarding the requirements of quality and variety of training within given training posts. There will usually be opportunity through regular formal and informal appraisal of specific posts to monitor the quality of training.
Many of our junior staff are not proceeding to a career in psychiatry, but are spending brief periods as part of training for a career in general practice. The needs of this group should also be emphasised among consultant colleagues.
- (iv) The tutor also has a special role in ensuring that the induction of all staff, not only in

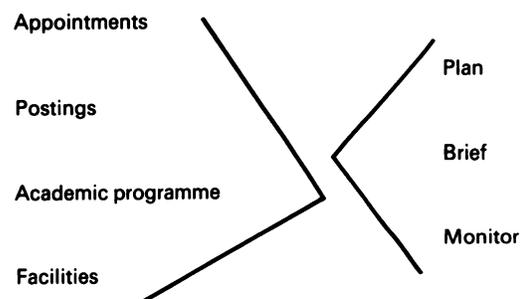


FIG. 1. Developing and managing the scheme

matters of administration but also in matters of clinical procedure, are given at the commencement of new appointments.

- (v) The new Membership Examination lays much emphasis on the acquisition of clinical skills. Audio and video feedback of interviews provides a most effective method for teaching junior staff. Tutors should ensure that hospital junior staff have regular supervised sessions in interview skills training, in mental status assessment and other forms of interviewing, including psychotherapy and behaviour modification techniques. Here again the involvement of other clinical staff can provide support for the tutor.
- (vi) It is important that trainees are reviewed mid-term by their supervising consultants and given feedback regarding their performance. Again, it is the responsibility of the tutor to remind consultants to carry out this important feedback exercise.
- (vii) 'In-house' evaluation of the local scheme, particularly for large schemes, can be very informative and during which the recommendations following the recent visit can be reinforced.
- (viii) Hospital tutors should be on the appointments panel for junior staff and are subsequently able to advise on specific rotations for individual trainees in general and higher professional training.
- (ix) Recent reports on medical manpower stress the importance of career counselling. While some responsibility for this rests with supervising consultants, the hospital tutor will usually have a better understanding of trainee needs and career opportunities. The tutor should meet regularly with junior staff as a group, and with individual trainees as appropriate, to monitor progress and provide a listening ear in the event of stress and difficulty.

With the changes in junior staff levels arising from the present balancing of manpower, it may become necessary for small local rotations to be combined. In such situations hospital tutors can form a postgraduate committee for a region with its own chairman and with individual tutors responsible for such specific tasks as speciality training, career counselling and organisation of the academic programme.

Early preparation

There is much to be done and much that can be done in the period following notification of an impending visit and before the visit itself takes place (Fig. 2). Therefore preparation should start early, once notification of the visit has been received. When preparing

- Acknowledge
- Liaise with chairman of visiting team
- Negotiate dates
- Book accommodation
- Notification:
 - Postgraduate dean
 - Consultants (Tutors)*
 - (Other specialty advisers)*
- 1st briefing
 - Consultants (Tutors)*
- The questionnaire
- Library facilities
- Financial arrangements (* For large schemes)

FIG. 2. Early preparation

an action list it is wise to liaise with the last tutor. The College also provides useful guidelines and if one is part of a larger Postgraduate Committee for Psychiatric Training then the chairman can also provide guidelines for the visit.

Good communication is vital and misunderstandings and misinformation can be avoided if both verbal and written communication between College and tutor and between tutor and consultants is maintained throughout. Acknowledge receipt of notification with the College and liaise with the convenor of the visiting team. This is the time when mutually convenient dates for the visit can be arranged. Check local holiday and leave arrangements, exams and meetings timetables.

Book accommodation for the visiting team and notify the Postgraduate Dean, consultants and other hospital staff who may be involved in the visit (for example the Unit Administrator, the Director of Nursing Services, the Chief of Social Work and Clinical Psychology Services). There is still time to update library facilities and time to remind administration of their responsibility for maintaining an adequate book collection and a set of reprints.

A briefing should be given to consultant colleagues, embracing the aims of the Approval Visit, the requirements of the scheme given in the 'statement on approval', together with comments arising from the previous visit. The comments from any in-house visit can also be drawn to their attention. Reminders should be made of such items as preparation of case summaries, mid-term feedback of trainees, opportunities being provided for out-patient work, trainee supervision of new out-patients and attendance at journal meetings and case conferences.

It is wise to establish who is responsible for funding the visit, the local hospital or District Administration, and to gain agreement on the details of

funding including accommodation, meals and subsistence for the local visitors and any staff who may be accompanying them.

The questionnaire

While the questionnaire must be returned to the College at least three weeks before the time of the visit, the detail required is considerable and it is wise to start early with compilation of the necessary information. The first sections require statistics on the hospital, the population being served, on the number and types of beds, on consultants and on trainees.

The middle sections focus on professional training and require information on academic training including links with university-based courses, details of rotational training and on each training post. Information is required on the experience provided in different sub-specialties and in different clinical settings.

The final section concerns accommodation and postgraduate facilities. There is also opportunity for free comment on such issues as innovations and proposed developments.

It is extremely helpful for the visiting team if the questionnaire is typewritten and photocopies can be given to consultant colleagues and the Postgraduate Dean. The information contained in the questionnaire provides a useful update on the scheme and can be used to prepare an introduction to the scheme for trainees and visitors.

Final preparation

The final phase of preparation should begin six to eight weeks before the visit takes place (Fig. 3). The accommodation should be confirmed. The format of the visit should be detailed and agreed with both the visiting team and local colleagues. The visiting team will generally want to meet with the tutor and senior staff at the outset of their visit and gain an overview of the scheme. Later they will want to interview junior staff as a group and an opportunity should be provided for individual staff to speak with the visiting team if this is requested. Members of the team will also be interested in visiting hospital facilities and

Format of visit:
 Draft
 Liaise
 Circulate
 Confirm accommodation
 Arrange social programme:
 invitations
 Special arrangements
 e.g. Links with neighbouring approval visits
 Assistance with hosting arrangements:
 Brief
 Completion of questionnaire
 2nd briefing

FIG. 3. Final preparation

wards where they can assess the standard of note taking. The ECT suite, video facilities and accommodation should also be made available to the visiting team. Facilities should be provided for private discussions during the visit and the programme should provide an opportunity for informal feedback by the visiting team to senior medical staff and trainees.

It is wise to provide a second briefing to consultant colleagues and other staff involved just before the visit takes place reminding them of the aims and format of the visit. A copy of the programme should be circulated to all staff involved. It is helpful if the tutor prepares a brief oral presentation of the scheme. While the visiting team will have read the questionnaire and will have specific questions to address, the tutor will be given an opportunity to comment on the scheme, to account for specific features and where appropriate to highlight developments and innovations.

References

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 GENERAL MEDICAL COUNCIL (1987a) Recommendations on general clinical training. London: GMC.
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