

GARRALDA, M.E., WISELBERG, M. & MRAZEK, D. (1983) A survey of training in child and adolescent psychiatry. *British Journal of Psychiatry*, **143**, 498–504.

JOINT COMMITTEE ON HIGHER PSYCHIATRIC TRAINING (1990) *Handbook* London: Royal College of Psychiatrists

Stephen Kingsbury, *Consultant in Child and Adolescent Psychiatry, Queen Elizabeth II Hospital,*

*Welwyn Garden City, Hertfordshire AL7 4HQ;* and \*Mark Allsopp, *Consultant in Child and Adolescent Psychiatry, Marlborough Childrens Hospital, The Common, Marlborough, Wiltshire, SN8 1JT*

\*Correspondence

## Use of approval visits by the CTC\*

*Roger Bullock*

Recent concerns have arisen at Collegiate Trainees Committee (CTC) meetings, the Central Approval Panel (CAP), and to a lesser extent the Joint Committee on Higher Psychiatric Training (JCHPT), which can be summarised thus:

- (a) the continued lack of profile of the CTC in some regions
- (b) low morale in trainees
- (c) CAP convenors using non-CTC senior registrars for approval visits – creating a sense of 'in-house' decisions being made
- (d) poor knowledge of trainees about what an approval visit means
- (e) inadequate feedback to trainees after an approval visit and the impact of recommendations made
- (f) lack of organised representative trainee bodies at scheme level.

These six problems are not unrelated and it is possible to draw them together and achieve a substantial improvement by using the structure of the CTC and its representation on both the CAP and JCHPT. This can be achieved by:

- (a) taking advantage of their position on CAP and JCHPT. Representatives know when an approval visit is due and can:
  - (i) notify the appropriate local CTC members of any visit in their division
  - (ii) be responsible for selecting a CTC member to be the trainee member of a visit – or if a CTC member is not available, assist the convenor to find a suitable replacement.
- (b) Local CTC representatives should identify themselves to the local convenors

who can ask their assistance in finding members.

- (c) Where possible, the local CTC representatives should visit the hospital/scheme in advance of a planned CAP/JCHPT inspection. They would use the meeting to:
  - (i) explain the function of the CTC
  - (ii) explain the function of the approval visit (using the CTC prepared leaflet)
  - (iii) emphasise the good working relationship that exists between trainees and tutors and ensure they are working together to improve training rather than acting in adversarial positions during an approval visit
  - (iv) inform trainees of what training and supervision they are entitled to and what their timetable should look like
  - (v) reassure trainees that their views will be taken seriously with confidentiality guaranteed
  - (vi) view the recommendations from the previous approval visit
  - (vii) strongly encourage trainees to attend the feedback session at the end of a visit ensuring that they hear the draft recommendations
  - (viii) explain the significance of the recommendations and the difference between mandatory and non-mandatory objectives, and what happens to the draft recommendations before they are passed by the College.
- (d) Following an approval visit the local CTC representative should make it clear that

\*This document has been accepted by the CTC/CAP and JCHPT.

- he or she is available for discussion (by telephone etc).
- (e) The local CTC representatives could be sent the recommendations when approved by Court of Electors as a matter of course, either by the College or the scheme tutors.
  - (f) When final recommendations are made it is desirable that the local CTC representatives would revisit the trainees and discuss their response to the recommendations.
  - (g) All CTC representatives should actively encourage and advise trainees to set up trainee committees on each scheme with an elected chairperson. Many hospitals still do not have this. The chairperson should be informed how to contact the CTC representative, who is available for consultation.
  - (h) Problems encountered at any stage can be brought back to the CTC for advice.

These eight steps sound at first like a lot of extra work. However, there are three representatives for each division and so it would probably entail only one or two visits to other hospitals each year. Such visits should be allowed by the

CTC representatives' health authority as they are educational in nature and should be covered by the Department of Health document (DS/278/72) as regards eligibility for leave. This small amount of extra work could reap the following rewards:

- (a) higher profile of the CTC
- (b) increased understanding of the mechanisms of the College by trainees. This would lead to good quality audit of their own jobs and better morale due to a feeling of involvement
- (c) CTC selection of trainee representatives on approval visits
- (d) better use of approval visits as trainees will be more prepared and less guarded
- (e) better use of the feedback and the College recommendations as the report will be seen by all, and the implications will be discussed from consultant to junior trainee level
- (f) the growth of trainee awareness and their ability to express themselves locally within their own groups and the linking of these groups to the CTC.

Roger Bullock, *Senior Registrar; CTC Representative, Chiltern & Thames Valley Division*