

Trainees' Forum

Contributions are welcome from trainees on any aspects of their training

Trainees' Views of Approval Visits

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The Approval exercise is an attempt to standardize psychiatric training in different hospitals, following the introduction of the Membership examination ten years ago. Very little, however, has been said about how standards are defined, who defines them, how reliable they are, or how valid in respect of the attributes required to become a consultant psychiatrist. The College is now directing its attention to these issues in considering a syllabus for the examination, a document setting out the aim of training in psychiatry and, of particular importance to this paper, the possibility that the Central Approval Panel should become more accountable to those whose interests it primarily represents—the trainees in the hospitals whose approval status it decides.

This article presents the results of a survey of consumers' attitudes towards Approval visits. This is the first of its kind, and is beset by many problems. The most important point to recognize is that of sample bias, the 87 trainees who responded may not be in any way representative of the total population of trainees; but, as will become evident from the results of the survey, the bias of this sample would, if anything, indicate under-reporting of problems and dissatisfaction, not only with respect to Approval visits but also to training in general.

Questionnaire

This was initially distributed to Scottish trainees attending a Trainees' Day in Glasgow in June 1981. A month later a slightly expanded version was circulated to all trainees in the West Midland and Trent RHAs. All trainees were asked if they had participated in an Approval visit, and if so how much notice they had received. Both groups were asked if they had had an opportunity to discuss the visit with their peers before the Approval team came, and whether they met the team individually, in a group, or not at all. Finally, they were asked how satisfied they were that the team's recommendation had been implemented.

In addition, Midland trainees were asked if anyone had ever explained to them the purpose of the visit, whether or not they understood the significance of different approval categories, and whether or not the visit had furthered this understanding. They were also asked if they thought the Approval team had had sufficient time in which to form an accurate impression of their hospital, and whether they would have found it easier to talk to the panel had a trainee member been present. Finally, they were asked if they thought that the team's conclusions were fair and accurate.

Thus most of the findings are based on the results for both Scotland and the Midlands, but some are only applicable to Midland trainees.

Results

Thirty-six trainees attended the Scottish Trainees' Day, approximately 20 per cent of all trainees in Scotland. The response rate to the Midlands and Trent questionnaire was slightly higher. Most trainees had had experience of at least one Approval visit. Trainees who had had more than two weeks' notice were much more likely to have had opportunities to discuss the visit with their peers beforehand, than trainees who had received less than two weeks' notice. In addition, trainees who had received less than two weeks' notice were much less satisfied with the visit's outcome than those who had received more than two weeks, as were those who had received no prior explanation of the purpose of the visit. In this respect it is important to note that trainees from larger centres and teaching hospitals were much less satisfied than those from peripheral hospitals.

Apart from trainees' satisfaction with the outcome of the visit an equally important consideration is how accurately the trainees believe that the Approval team assess the situation in their particular hospital. The Midland trainees were asked this question and 79 per cent felt that the Approval team's impression of the hospital was fair and accurate, but a substantial minority did not. There did not appear to be any relationship between dissatisfaction with the accuracy of the report and the amount of notice given, prior explanation of the purpose of the visit, and whether the trainee felt the team had had sufficient time to assess the hospital. However, trainees from teaching hospitals were much less satisfied with the accuracy of the report, compared with trainees from peripheral hospitals, as were trainees with Membership.

Discussion

The finding that trainees in teaching hospitals, so called large centres of excellence, are less satisfied with the outcome of Approval visits and the accuracy of their findings, is surprising. One might have expected that such trainees would be those most likely to be satisfied with their rotations, and that the Approval visit would represent this. The situation is not as straightforward and the results of this survey give some indications as to why this may be. If trainees' satisfaction with outcome of a visit is viewed in relation to the trainee's country of graduation, UK graduates are much more likely to be dissatisfied than overseas graduates. In

addition, overseas graduates are much more likely to be working in peripheral hospitals than UK graduates. So the differences between trainees' views of Approval visits may be explained by the fact that UK graduates tend to be more critical, and to have less anxiety about expressing the criticisms of the centres of excellence in which they work; whereas overseas trainees working in peripheral hospitals appear to be more accepting of the situation in which they find themselves. It is possible that many of them are demoralized, confronted with inertia from administrators and lack of interest from their colleagues and consultants; they are left feeling isolated and powerless to express their dissatisfaction to the one body that has the power to improve their lot.

How might some of these problems be overcome? For the trainee it is important to facilitate the expression of his discontent in a non-threatening manner. Only 55 per cent of Midland trainees reported that there had actually been a trainee member of the team present, and of greater importance is the observation of an almost significant trend for trainees from peripheral hospitals to state that the presence of a trainee member on the team would have made it much easier for them to express their feelings. It is now College policy to include a senior trainee as a member of an Approval team, and these results provide support for the full implementation of this.

It should not be assumed that apparent satisfaction with the Approval visit is entirely the product of anomie experienced by overseas trainees. The dissatisfaction expressed by many trainees in the larger centres is a representation of the problems experienced by them in their work; low morale is not the prerogative of trainees in peripheral hospitals.

Trainees were asked how much notice they received of the visit, because awareness of a visit should be a powerful stimulus for peer group discussion within the hospital.

Trainees should have as much opportunity beforehand to discuss their training, both between themselves and with their consultants. The clear relationship between amount of notice given and opportunity to discuss the visit with peers has an importance beyond the immediate fact of a team's visit, in terms of the stimulus it provides trainees to consider critically their situation. Trainees who had had the purpose of the visit explained to them by either their clinical tutor or consultant, were more likely to be satisfied with the outcome of the visit. However, this does not appear to be related to any differences between peripheral or teaching hospitals, but emphasizes the importance of liaison between trainee and clinical tutor before the visit.

Conclusions

Four main issues arise from this survey. Trainees should be given as much notice as possible of an impending Approval visit. The clinical tutor should play a crucial role in explaining the purpose of the visit, and in addition the College might consider sending a letter of introduction, for circulation amongst trainees, as a visit is being planned.

A senior trainee should be present as a member of every Approval team. He or she could meet the trainees separately if necessary, as well as with the full team. This could greatly facilitate the frank expression of trainees' views.

Particular attention should be paid to the problems of overseas graduates in peripheral hospitals, a passive silence should not be accepted as an indication that all is well.

Although a follow-up visit is mandatory where provisional categories of approval are granted, some form of follow-up should be considered even where the outcome is full approval. Indeed the College may wish to consider some form of prospective follow-up whereby after any Approval visit trainees' views are sought as to what, if any, effects the visit had upon their training.

Peter Scott Memorial Trust Scholarship

The Trustees of the Peter Scott Memorial Trust Scholarship are pleased to announce that they have awarded a scholarship of £500 each to Mr Martin J. Burton, a medical student at St Edmund Hall, Oxford, to further a research

project in the United States of America, and to Mr A. J. Mander, a medical student at the Welsh National School of Medicine, Cardiff, to help finance a research project.