

In concluding his Report, Dr Timbury said that members of the College were extremely grateful to all those who had contributed to the success of the Quarterly Meeting, and that the arrangements made by our colleagues in Sheffield were greatly appreciated.

#### SOCIAL

On 1 May members and guests were received by the Lord Mayor of Sheffield at the Cutlers Hall. The

Reception was followed by a Dinner at which the President thanked Professor Jenner and his colleagues for all their efforts which had resulted in such a successful meeting. Wives and husbands of members, accompanied by Mrs Jenner, visited Southwell Cathedral and Hardwick Hall. On 2 May they toured the countryside surrounding Sheffield. Lunch was provided, by courtesy of the University Department, at Mrs Jenner's home.

### EDUCATION COMMITTEE: CLINICAL TUTORS' SUB-COMMITTEE

#### Guidelines on Accommodation for Postgraduate Training and Experience in Psychiatry

The Clinical Tutors' Sub-Committee has received a number of requests for guidance about the accommodation which should be provided for medical staff in psychiatric hospitals and units. It is hoped that the following guidelines will help clinical tutors and others who are planning new psychiatric units or trying to improve facilities within existing buildings, and that it will be useful to College Approval Teams in considering whether accommodation provided for postgraduate training is adequate.

It is appreciated that while certain general principles can be stated, allowance always has to be made for local circumstances in the application of these. Moreover, it has to be accepted that the standards which can reasonably be expected of new units often cannot be met in existing buildings, although the latter should be improved when the opportunity arises.

The contribution of those who have studied these matters in the past (1,2,3,4,5) is acknowledged. Existing guidance is, however, concerned with the whole field of postgraduate medical education and the particular needs of psychiatry receive no mention.

#### *Office and Consulting Room Accommodation*

The psychiatrist, even more than other specialists, has to be able to interview his patient in private and in an atmosphere which encourages the patient to confide in him. Tasteful decoration and furnishing help to reduce tension and improve the efficiency of the work being performed.

Every psychiatrist, whether consultant or trainee, should be provided with his personal office, prefer-

ably situated so as to be easily accessible from the ward(s) on which most of his acute patients are located, but not so that out-patients or relatives must traverse the ward to see him. Sharing should only be allowed where absolutely unavoidable. Every office should be large enough to accommodate a desk and chair, a bookcase, lockable filing cabinet and not less than three easy chairs so that the psychiatrist can, if he wishes, interview two people without having to sit behind the desk. A small coffee table between the easy chairs is a desirable addition. A couch should be provided, to serve for physical examinations and, if desired, for psychotherapy (though not all psychiatrists will require this). There should be a hand washbasin and mirror. Consultants' offices should, if possible, be capable of seating up to eight or ten people in comfort, to facilitate the holding of team meetings, case conferences and similar activities.

The telephone should, if it is not an extension of a secretary's telephone, be capable of having its bell turned off. The room should be reasonably sound-proof in both directions. It should be carpeted and the furniture and fittings should be chosen so as to minimize noise. If the window is overlooked, privacy should be ensured by the use of obscured glass or venetian blinds, but it should not be necessary to use artificial lighting during normal daylight. Offices should be lockable when not in use.

Depending on the size of the hospital or psychiatric unit and the siting of the doctor's personal offices, additional consulting rooms will often need to be provided on one or more wards. The design of these offices should follow the principles set out above. They

may if necessary be shared with social workers, clinical psychologists and others who need to interview patients, but sufficient offices should be provided to meet all reasonable needs. In the experience of the Working Party, in the planning of new units and of upgrading schemes, insufficient attention is often given to assessing the numbers of people who might be expected to be on the wards at any time and who would need to interview patients in private.

In addition to individual offices, at least one conference room is essential, large enough for all the staff working in the unit. A large psychiatric hospital may need several such rooms. It should not be necessary to use any of the patients' accommodation for this purpose.

#### *Accommodation for Organized Postgraduate Activities*

The amount and type of accommodation required will vary greatly according to such factors as the size of the hospital or unit, the number of trainees, and the extent to which teaching is carried on by way of formal lectures, as opposed to less formal seminar-type groups. The extent to which use is made of special audio-visual techniques will also influence the requirements. Where a psychiatric unit is situated in a general hospital with an adequate Postgraduate Medical Centre it should be possible for most if not all the necessary facilities to be provided within the Centre. Whatever arrangements are adopted it is important that the premises used for postgraduate education are clearly identifiable as such.

The following are the minimum facilities needed:

(a) *Lecture room.* This should be large enough to accommodate all the psychiatric medical staff together with such numbers of doctors in other specialties and non-medical staff as may be expected to attend meetings. The lecture room should be so designed as to permit the ready use of slide and cine-projectors, and any other audio-visual equipment considered necessary. It should have facilities for the safe storage of this equipment.

(b) *Seminar room.* This should be less formal in character and suitable for group discussions involving up to 12-16 persons. More than one seminar room may be necessary.

Where it is necessary to share the use of lecture and seminar rooms with other specialties and disciplines the numbers of those sharing should not be so great in relation to the number of rooms available as to make it difficult to arrange meetings, or impossible to do so unless rooms are reserved long in advance.

(c) *Office for clinical tutor.* This is useful but may be

unnecessary if adequate personal offices are provided for consultants.

(d) *Library facilities.* Whether there is a separate psychiatric library or merely a psychiatric section of the medical library, at least 150m of shelving should be available for books and journals on psychiatry and related topics. Psychiatric hospital groups often incorporate several centres, some sited on campuses relatively distant from the principal centre. In such cases it is useful if some satellite library facilities (which need not be extensive) are provided at the various peripheral centres. The Librarian should be provided with appropriate office accommodation and secretarial facilities, but the usual psychiatric library will probably not justify the Librarian having an unshared personal office, though this will be necessary in the case of general medical libraries and some very large psychiatric libraries. Good photocopying facilities should be readily available.

(e) *Secretarial accommodation.* In many hospitals and units the secretarial work associated with postgraduate psychiatric education will justify the appointment of a part-time or whole-time secretary specifically for these duties, and such an appointment can sometimes be combined with that of part-time Librarian. In these cases appropriate secretarial office accommodation will need to be made available.

(f) *Other facilities.* Toilet facilities and accommodation for patients to wait in comfort and privacy should always be provided. Facilities, which need not be elaborate, for the dispensing of beverages and other light refreshments are extremely useful.

#### *Medical Staff Accommodation*

While the general question of medical staff residential accommodation is outside the scope of these Guidelines, it is felt appropriate to emphasize the importance of providing adequate facilities for private study in such accommodation.

#### REFERENCES

1. MINISTRY OF HEALTH (1967), Circular HM (67)83. 'Postgraduate Medical and Allied Education'.
2. MINISTRY OF HEALTH (1968) 'Postgraduate Medical Centres. A Design Guide'.
3. NATIONAL ASSOCIATION OF CLINICAL TUTORS (1972) Memorandum on Postgraduate Medical Centres.
4. COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION IN ENGLAND AND WALES (1974) 'Report on Postgraduate Medical Centres'.
5. ROYAL COLLEGE OF PSYCHIATRISTS (1978) 'Approval Visits: Guidelines on Criteria and Facilities for Training'. In: *The Bulletin*, September 1978, pp 158-9.