

# Four years experience of a monthly training committee

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The remit of our monthly training committee is to facilitate and audit postgraduate training. A clear remit, attention to the organisation and composition of the committee and clear links with other committees have helped us in our aims. Input to the committee from consultants, management and trainees are all essential to the maintenance of high training standards, particularly in a period of rapid change in the health service. The achievements and future plans of the committee are discussed.

The College statement on approval of training schemes for general professional training for the MRCPsych (1990) states that schemes should be administered by a training committee. We describe four years experience of our training committee, which oversees the Northern District of Glasgow Training Scheme with 14 trainees. The Northern District Psychiatric Services offer a comprehensive psychiatric service to a population of approximately 200,000.

The remit of the committee is to facilitate and audit all aspects of postgraduate training. The organisation of the teaching programme and seminars remain the responsibility of the tutor.

The training committee is composed of clinical tutor (chairman), consultant psychiatrist (ex tutor), consultant in old age psychiatry (also consultant in charge of library), clinical services manager, support services manager, SHO representative and career registrar representative.

## **Organisation of committee and links with other committees**

The committee meets monthly for one hour with a written agenda. Immediately beforehand, one or two formal reviews of SHOs and career registrars in psychiatry are conducted by the tutor and one consultant colleague in rotation from the training committee. Issues concerning management are discussed at the beginning of the meeting. The support services manager leaves before the rest of the business is discussed.

Two consultants (one the tutor) from the training committee sit on appointments committees for SHOs and career registrars. The activities and views of the training committee are fed back as

appropriate to the division of psychiatry and to the weekly consultants' meetings with the clinical services manager. The tutor attends the committee in psychiatry of the West of Scotland Committee for Postgraduate Medical Education and reports back from this committee to the training committee.

## **Work of the committee**

The committee was set up in January 1990 and initially the College's recommendations from the previous approval visit formed its agenda. The presence of the clinical services manager and support services manager on the committee meant that the College recommendations were easily brought to the attention of management. Issues discussed included improvements in ECT facilities and the provision of mixed admission wards. Guidelines for case history taking and for discharge summaries were also updated by the tutor and a senior trainee on the committee and these guidelines were then approved by the committee and implemented.

The training committee has also had a positive influence in the following areas:

- (a) organisation of the library facilities with a part-time librarian one-half day a week contracted from the local district library
- (b) safety of junior medical staff particularly at night
- (c) accommodation for junior medical staff
- (d) guidance on the use of study leave
- (e) provision of audio visual equipment and video equipment from postgraduate funds
- (f) greater provision and use of noticeboards.

More recently the training committee has taken a leading role in a number of developments.

## *The development of trainee reviews*

Every trainee's progress is reviewed regularly by two members of the training committee (the tutor and one other consultant). The review is based on the trainee's curriculum vitae and reports from the educational supervisor. The trainee's development of professional skills is assessed

and he or she is encouraged to become involved in audit, research and management. The review allows planned progress through the sub specialities giving the trainees an opportunity to voice their opinions and discuss their training needs with the reviewers. Final decisions about rotations are made following consultation with the trainees' committee by the tutor and clinical services manager. The committee gives notice of contractual arrangements, allowing trainees to plan their future careers. Trainees receive written feedback of any decisions taken at the review and guidance is clearly laid out.

#### *The appointment of a research tutor and the setting up of a research committee*

This was regarded as a priority and regular research meetings where trainees can present and discuss ideas for research are now an important component of the training scheme.

#### *The development of an ECT committee*

There are links with this committee and a junior representative on the training committee.

#### *Educational supervision*

Clarification of the role of both educational supervisor and supervisee has been an important issue with the training committee. Feedback from trainees indicated that there were shortcomings in supervision in certain areas of the scheme. Because of the value put on weekly face to face supervision by our trainees, the training committee is continuing to audit educational supervision through the formal trainee reviews and is taking steps to remedy any defects.

#### *Part time training*

The scheme has one SHO and one registrar training part time. It is important that trainees with family commitments are able to continue in a career post. The training committee pays particular attention to maintaining a balance between service and educational needs at the part time trainees' reviews.

#### *Organisation of a trainees' committee*

Trainees have formed a trainees' committee which meets monthly following the recommendations of the College and encouragement from the training committee. Trainees' views are canvassed by their representatives on the training committee and other committees.

Trainees also meet monthly with the clinical services manager to discuss issues linked with service provision.

### **Comment**

Committees can at times be frustrating and demoralising. Our experience of a training committee has been on the whole positive. This has been helped by the committee having a clear remit, being time limited and task orientated. Limiting the meeting to one hour has focused the committee on the agenda.

Many training committees meet every six months. Meeting fairly frequently (monthly) has meant that the committee has been better able to support postgraduate education and training.

We were aware of the importance of not taking on tasks which would be more appropriately dealt with in other meetings and this is facilitated by the composition of the committee and thereby links with other committees. The composition of the training committee (two trainees, three consultants and two managers) meant that views were well represented at every level. This enabled decisions to be taken at the meeting rather than being deferred. Areas previously neglected such as research are now a priority.

The committee are aware that trainees sometimes find it difficult to make adverse comments about their training placements. When they are able to do so the opportunity is there for individual training posts to be improved. This is advantageous both to service and training needs. It is interesting that after nearly four years the training committee has now come full circle and we are once again planning to review safety and accommodation for trainees and guidelines for case history taking and discharge summaries to see if further improvements can be made.

With trainees increasingly working in health centres and resource centres in the community, it is important that adequate attention is paid to their training needs. These changes in service provision provide new training opportunities. Trainees may also be more isolated working in community settings and contact with their peers through their postgraduate training becomes more important.

In order to protect and improve training in a period of rapid change we plan to continue to meet on a monthly basis.

### **Reference**

ROYAL COLLEGE OF PSYCHIATRISTS (1990) Statement on approval of training schemes for general professional training for the MRCPsych. *Psychiatric Bulletin*, 14, 110-118.

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