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NEWS AND NOTES

THE ROYAL COLLEGE OF PSYCHIATRISTS

THE APPROVAL EXERCISE: A PROGRESS REPORT

By K. RAWNSLEY, *Dean*

troduction

A principal advantage of establishing the .R.C.Psych. diploma is the opportunity this has ovided to improve training by the constructive proval of hospitals and units. The word nstructive' is used because the Approval Exercise, sed upon visits by College Panels, is much more an a series of emotionally detached olympian spections. It is a two-way process of exchange of formation, ideas and views about the best ways of omoting training in a particular setting. Above all it provides, through the sanction of possible non-approval, a powerful lever and stimulus to Health Authorities, trainers and trainees to generate the resources and to organize these into a programme of training in both the theoretical and practical fields.

How the Exercise operates

Direct visits are essential for the appraisal of a training programme. Perhaps the most important evidence is that derived from interviews with the

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trainees themselves. Light may be shed upon the degree of seriousness with which a paper programme of lectures, seminars, journal clubs and case conferences is actually being implemented by trainers and pursued by trainees. The all-important ingredient of supervised clinical experience in a variety of contexts may be assessed. The morale and motivation of senior and junior staff may be judged against the backcloth of the available resources, especially the proportion of medical staff to population, and the plant necessary for training: library, study facilities, seminar and conference rooms.

The visiting arrangements are based upon the ten Divisions of the College covering the whole of the British Isles together with the Channel Islands and military psychiatric units in West Germany. No hospital is visited by a panel from its own Regional Division. A Convenor for each Division is appointed by consultation between Division and Court of Electors. The Convenor has a Panel of colleagues nominated by the Division, from which he recruits two members to accompany him on each visit. These may include trainees who have obtained M.R.C.Psych.

A virtue of the exercise is the large number of members involved—162—with the implications this has for the spread of information about training and for the stimulus this affords to consider training matters. At this point I would like to pay a personal and very warm tribute to the Convenors and to Members of Panels, whose names will be found at the end of this report, for the hard work, initiative and resourcefulness they have displayed since the Exercise began. The diplomatic skill coupled with firmness and imaginative understanding, especially on the Convenors' part, may be attested by the reactions of the vast majority of colleagues in hospitals subject to visits even when reports have been searching and critical.

It may be objected that the involvement of such large numbers of visitors will lead to great variation in criteria used and in expectations. The Convenor is present, however, at every primary visit and control over standards is very effectively exercised by the Central Approval Panel comprising the ten Convenors and the Dean. This Central Panel receives and considers all reports on visits and recommends an appropriate category to the Court of Electors. The categories at present in use are as follows:

Category

A (Approval)

Adequate training including exposure to wide range of adult clinical psychiatry with (possibly) contact with clinical work in subspecialty fields. Three years in this setting would fulfil the training requirements to enter the M.R.C.Psych. Examination.

AS (Limited Approval)

Adequate training available but, by nature of the hospital or unit, limited in range, e.g. child psychiatry, mental handicap or other subspecialty field. Experience up to a maximum duration of 18 months in this setting would be valid as part of the required 3 years minimum training for the M.R.C.Psych. Examination.

P (Provisional Approval)

The training available includes exposure to adult clinical psychiatry with (possibly) contact with clinical work in sub-specialty fields. There are limitations, however, in the quality of training or in the facilities available. The College would provisionally accept 3 years in this setting as fulfilling the training requirements to enter the M.R.C.Psych. Examination, but would expect improvements to be made before the category could be reviewed following a further visit one year later.

PS (Provisional Limited Approval)

The training available is limited in range by the nature of the hospital or unit, e.g. child psychiatry, mental handicap or other subspecialty field. There are, however, also limitations in the quality of training or in the facilities available (within the sub-specialty field). The College will provisionally accept experience up to a maximum duration of 18 months in this setting as valid for the M.R.C.Psych. Examination (i.e. as part of the required 3 years minimum training). It would be expected, however, that improvements would be made before the category could be reviewed following a further visit one year later.

U (Not Approved)

The programme of visits began in January 1974 and the first cycle was virtually completed by January 1977. The second cycle has now begun. Hospitals placed in categories P or PS are revisited about a year after the primary visit. Hospitals placed in category U are entitled to reapply for a further visit if and when they consider a viable training scheme may be instituted.

Outcome of visits

Following the first cycle of primary visits hospitals and units throughout the British Isles were placed in the following categories:

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A	90
AS	14
P	114
PS	5
U	14
Total	237

Following the revisits to hospitals placed in ategories P, PS or U so far carried out, changes in ategories were recommended as follows:

P	→	A	27
P	→	P	21
PS	→	P	2
P	→	U	4
U	→	P	1
		Total	55

There is no doubt that in very many instances, he granting of a P category with specific ecommendations about the remedying of deficiencies as produced a dramatic and rapid improvement. his may be in terms of additional staffing senior nd/or junior, better organization of existing resources or training, appointment of a tutor, institution of a rotational programme, improved clinical upervision, better library facilities and even pgrading of junior staff residential accommodation.

A problem arises, however, when after the lapse of a year or so, no visible change has occurred. A difficult decision must then be made as to whether to place the hospital in category U or whether to allow a further period of provisional approval with perhaps the application of increased pressure on whatever element in the system is impeding progress. The allocation of a hospital to category U may have serious implications for the service in that the trainee strength is likely to wither fairly quickly. It is debatable whether all psychiatric hospitals must necessarily be training units, and certainly to expect trainees to have a 'pair of hands' function as their main role is inappropriate. Alternative methods of staffing the non-consultant levels are not always easy to achieve, and the situation is not helped by the rigid N.H.S. hospital staffing structure. However, the hope for the mental health services of the future rests in the quality of participating psychiatrists. Good minds will be attracted by well organized and stimulating training schemes. To allow a dilution of any progressive movement in this direction on grounds of present expediency would be to deny the very first of the objects and purposes set out in the Charter.

It is a pleasure to express my thanks to Mrs Cathryn Gilles not only for preparing the tables for this report but more particularly for the general excellence of her work as Approvals Secretary during the past three years.

Members of Panels who have made Visits

Scottish Division

Convenor: Professor R. C. B. Aitken (Jan. 1974–Aug. 1974)
Dr J. K. Binns (Aug. 1974–July 1977)
Dr W. E. S. Kiernan (from July 1977)

Dr B. R. Ballinger
Dr W. D. Boyd
Dr J. R. Hamilton
Dr T. W. Harding
Dr I. M. Ingram
Dr P. W. Kershaw
Dr M. Malcolm
Dr C. McCance
Dr D. Le Poidevin
Dr J. Rae
Dr A. H. Reid
Dr M. L. Rennie
Dr H. Stalker

Irish Division

Convenor: Professor T. J. Fahy (Jan. 1975 continuing)

Dr L. Byrne
Professor T. Lynch
Dr W. A. G. MacCallum
Dr W. B. McConnell
Dr W. O. McCormick
Dr S. D. McGrath
Dr E. Ryan

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Welsh Division

Convenor: Dr M. W. Annear (Jan. 1974 continuing)
Deputy Convenor: Dr J. M. Hughes (June 1976 continuing)

Dr K. W. Aron
Dr K. G. M. Bhakta
Dr J. Farr
Dr B. P. Griffin
Dr M. Harper
Dr D. A. Jones
Dr H. V. R. Jones
Dr A. M. P. Kellam
Dr S. C. Macmillan
Dr I. G. Pryce
Dr A. B. Rolfe
Dr R. L. Symonds
Dr D. D. R. Williams
Dr T. G. Williams

North East Division

Convenor: Dr K. Davison (Jan. 1974–Dec. 1976)
Dr I. R. Card (Jan. 1977 continuing)

Dr J. Blackburn
Dr J. Caldbeck-Meenan
Dr K. A. Day
Dr G. A. Dransfield
Dr L. Evans
Dr R. Farquharson
Dr C. F. Fleming
Dr M. T. Haslam
Dr T. E. Nelson
Dr P. J. G. Quinn
Dr E. L. Sutherland
Dr D. D. Webster
Dr A. O. A. Wilson

North West Division

Convenor: Dr M. D. Cashman (Jan. 1974 continuing)

Dr B. K. Brooker
Dr G. M. Gibb
Dr P. Harper
Dr S. Levine
Dr J. S. Madden
Dr R. Middlefell
Dr S. Shafar
Dr M. Silverman
Dr P. Sykes
Dr W. P. Walsh

Midland Division

Convenor: Dr K. Myers (Jan. 1974 continuing)

Dr P. Barker
Dr D. R. Benady
Dr G. O. Dubourg
Dr T. L. Dunn
Dr B. H. Fookes
Dr E. B. Gordon
Dr P. Hall
Dr J. A. Harrington
Dr N. W. Imlah
Dr N. Kaye
Dr L. I. Liebling
Dr R. H. S. Mindham
Dr E. G. Oram
Dr D. Parkin
Dr G. Silverman
Dr M. Sim
Dr F. G. Thorpe
Dr D. A. Toms

South Western Division

Convenor: Dr J. S. Grimshaw (Jan. 1974–March 1977)
Dr D. H. Dick (April 1977 continuing)

Dr B. H. Anstee
Dr P. Ashurst
Dr A. R. Bailey
Dr H. J. Crow
Dr J. B. Gordon-Russell
Dr W. A. Heaton-Ward

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A. G. Hucker
J. I. Hudson
J. Lambourn
G. E. Langley
J. Lyon
E. B. McDowall
S. MacKeith

Dr J. M. Pencheon
Dr M. A. Rowton-Lee
Surgeon Commander A. W. Scott-Brown
Dr R. W. Simpson
Dr G. H. A. Tate
Dr D. L. Walker
Dr G. D. P. Wallen

Chiltern and Thames Valley Division

Convenor: Dr F. J. J. Letemendia (Jan. 1974–Dec. 1974)
Dr B. L. Mallett (Jan. 1975–April 1977)
Dr A. M. Gordon (April 1977 continuing)

D. W. K. Bird
J. Candy
H. Dickinson
D. Gander
B. S. Glynn
T. E. Lear
P. G. McGrath
B. A. O'Connell
P. O'Farrell
W. Ll. Parry-Jones
R. Pinto

Dr P. H. Rogers
Dr R. J. R. Ropner
Dr A. Shapiro
Dr E. W. Shepherd
Dr H. G. Smyth
Dr T. C. Taylor
Dr C. M. Tonks
Dr H. G. Tough
Dr K. L. K. Trick
Dr D. C. Watt

East Anglian Division

Convenor: Dr A. R. K. Mitchell (Jan. 1974–Dec. 1976)
Dr G. J. Goldberg (Jan. 1977 continuing)

D. H. Clark
R. Devine
R. Fox
A. Jack
A. C. Kaeser
G. W. Libby
F. C. McEvett
R. A. Oxlade

Professor D. A. Pond
Dr M. J. Pritchard
Dr E. M. Rich
Dr J. A. Robertson
Dr A. Robin
Dr J. Wilkinson
Dr B. B. Zeitlyn

Southern Division

Convenor: Dr M. S. Perinpanayagam (Jan. 1974 continuing)

T. H. Bewley
M. C. Bott
P. K. Bridges
J. F. Cleobury
J. D. W. Fisher
L. K. Hemsi
S. Jacobson

Dr E. G. Lucas
Dr R. Maggs
Dr S. Shere
Dr A. C. Smith
Dr J. S. Stead
Dr E. D. West

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