Training matters

Consumer audit of psychiatric training

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Postgraduate psychiatric training is usually assessed by regular College visits. A number of training schemes, including the Liverpool training scheme, also scrutinise their training independently of the College. As far as we know, trainees as the 'consumers' of training have never assessed its quality themselves. The following account deals with two such audits in the Mersey region organised under the mantle of the Association of Liverpool Psychiatrists in Training (ALPIT).

The only way trainees in the region can express their view on their particular training post is through regional internal audit panels which parallel College approval panels (Birchall & Higgins, 1991). This approach has been found to be satisfactory but has some disadvantages as far as trainees are concerned.

(a) Audits for a particular post are only held once every two years.
(b) Trainees are expected to discuss their job face to face with auditing panel. Although interviews are relaxed and friendly trainees may feel that expressing frank opinions to more senior psychiatrists from within the region might single them out as troublemakers.
(c) The results of the audit are not made known to the trainees.

We therefore decided to audit training from the trainee's perspective. Feeding back the results to all trainees we felt, would improve their awareness of what they could expect from a training scheme. We decided that the clinical tutor would be given the chance to express his/her opinion on the results before they were circulated. This and the awarding of a crude 'quality rating' for the post would not only give the tutor a 'shop floor' view of training, but hopefully promote an air of competitiveness among tutors.

The study

A questionnaire was designed to establish mainly whether the College recommendations on training were being achieved (Royal College of Psychiatrists, 1990). We asked trainees to rate the clinical experience, formal training, enjoyment and challenge offered by each post. These scores were added to provide a crude 'quality score' for each post. Other items rated were parking and canteen facilities, secretaries' helpfulness, security of car and room, access to audio-visual aids, and library facilities. A space was provided at the end for additional comments and the trainees were not asked to identify themselves in the questionnaire.

The questionnaire was sent to all trainees who had worked in either hospital over the previous two years. The results were collated, with anonymity of trainees and consultants preserved at all times. All questionnaires were destroyed after analysis. Both clinical tutors provided extensive and informative replies to our audits. These and the audit results were featured published in the ALPIT newsletter and distributed to all the trainees in the region.

Findings

Two hospitals were audited, one with five training posts and the other with 12. The first survey elicited a 58% response which increased to 77% for the second survey, perhaps signifying a wider acceptance of the exercise.

Both good and bad points were highlighted. On the down side, most trainees wished they had more community experience as an integral part of their training and not merely as an afterthought. Supervision and training in liaison psychiatry was generally felt to be unsatisfactory and few trainees received formal teaching from their consultant. The attendance rate of consultants at journal clubs and case presentations was thought to be poor. Even basic presentation aids such as acetate sheets and pens were in short supply. Some trainees felt that employing a phlebotomist, particularly in the psychogeriatric wards, would remove an added burden and allow them more time for development of their psychiatric skills. Most trainees felt that the contact with clinical
psychologists was very limited. Very few felt able to
discuss with the clinical tutor any emotional
problems related to their job, perhaps fearing an ad-
verse effect on career prospects. Finally, GP trainees
felt their requirements were different from career psy-
chiatric SHOs and their training should take this into
account.
Despite these criticisms, not all the comments were
negative. Well organised audit was universally liked
and seen as a positive experience. Most trainees felt
that their opinions were solicited and listened to
during ward rounds. The secretaries – maybe the
most under-estimated members of the psychiatric
team – were universally liked and seen as helpful. The
close involvement of a ward pharmacist on one site
was also seen as advantageous. Both hospitals were
rated favourably overall with a score of 28 and 30
respectively out of a maximum of 40.

Benefits of the audit
We feel that this audit, done by the consumers of the
training, has benefits for both trainees and scheme
organisers.

Benefits for the trainees
Apart from a 'therapeutic whinge', a frank but not
too personal discussion about jobs and training is
beneficial in itself. The written reply from the clinical
tutor gives trainees a feeling that their views are being
noted and allows the tutor to draw attention to ways
in which the posts are being improved. The increased
awareness of College requirements for training and
knowledge of the problems and advantages of each
post allows genuinely informed decisions to be made
about future career plans.
ALPIT, as the umbrella organisation under whose
auspices the audit was organised, benefited by being
seen as a forum for constructive criticism and as a
consequence enhanced its influence, especially in the
contentious area of unsatisfactory posts.

Benefits for scheme organisers
The space provided for general comments allowed
concerns not specifically addressed by College guide-
lines to be brought up. Audit organised over a
number of intakes of trainees can give a long-term
view of training posts. We found that having positive
as well as negative findings, and an immediate right to
reply, led to good co-operation from clinical tutors.
Shortcomings revealed by the audit were taken seri-
ously and explanations given for problems beyond
the control of the trainers. The tutors' replies provided
an opportunity to publicise the efforts they were
already making to improve the quality of training.
We hope that the introduction of a quality score
for each team may encourage a sense of competitive-
ness as well as providing a benchmark for future
audit. If audits like ours were to become widespread,
feedback from trainees would be available for use in
future revisions of the College recommendations.

Comments
In general, very few of the training posts audited
completely fulfilled the College recommendations.
The audit was informative for both clinical tutors
and trainees but only time will tell if it was in-
fluential in improving training. The essence of audit
is repetition after the shortcomings have been
addressed. We hope that colleagues both locally and
nationally will find our approach helpful.

References
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A copy of the questionnaire used is available on request from
either author.
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References
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