



ADDENDUM TO TRAINING SCHEME ASSESSMENT FORM

Considerations for Audit of Psychiatric Training Schemes

Over many years, the UEMS European Board of Psychiatry has focussed on training issues in psychiatry and, in doing so, has produced several reports. These are available on its website. They cumulatively outline the standards which EU psychiatry should strive to reach in the training process. Experience within the committee has revealed great diversity in arrangements for training across Europe and it has become apparent that there is great inequality in available resource and expectation. Many dedicated trainers striving to provide for those in training have limited support or assistance from their executive authorities. UEMS has encouraged its member associations to establish audit processes independent of government reviews. The intention is to ensure that the priorities of training are determined by the profession, rather than by a bureaucrat, when addressing standards and quality in training. A peer group external audit visit is recommended, primarily to support both trainers and trainees by bringing external authority to influence local efforts to improve training. It is evident that expectations need to be realistic within national, regional and local resources. However it is a not infrequent finding of these visits that good training opportunities are overlooked by local vision limited through institutional myopia. Professional associations which have undertaken audit processes have been impressed by the stimulus such visits have given to thoughtful consideration on training needs, both locally and nationally. They have universally found discrepancy between formal expectations of training and realities in practice and, in so doing, have sought the opportunity to focus on ways of restructuring what they offer.

The Board has sometimes been asked to define specific standards on the many aspects involved in training, but experience suggests that, with such diversity of resource, it may be preferable to charge national associations with this consideration. It is unlikely that an EU wide document on training can address sensitively, or realistically, individual national needs and priorities. Instead, outlined below are some of the considerations a visiting training audit committee might appropriately take into account when assessing a psychiatric training scheme. They reflect many of the items included in the *Training Scheme Assessment Form*, usually completed by the training scheme organiser prior to a visit, and which is also available on the Board website.

At the conclusion of a visit, it is expected that the visiting team should be able to identify areas of good practice and areas where issues of training present problems. The visitors should be able to give some indication of priority for improvement and should identify a date for review. It is preferable if this feedback is jointly provided to both trainers and trainees who have contributed to the audit process. It is then for the training scheme to identify and implement solutions. On review, the audit cycle should then repeat.

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AUDIT CHECKLIST

	Considerations	Y/N
1.	Is there a clearly described structure for clinical training in psychiatry?	
2.	Is someone identified to oversee and supervise the academic and clinical training needs of trainees (Educational supervisor)? Is the number of trainees they look after realistic?	
3.	Do they receive recognition for this work both in terms of remuneration and time?	
4.	Does training have the support of the wider clinical organisation and of psychiatric colleagues?	
5.	Is there a formal teaching programme? What is included?	
6.	Are there hospital wide case conferences? Special lecture series? National conferences?	
7.	Do trainees routinely attend education opportunities? Is there a register of attendance?	
8.	Are trainees so occupied with service commitments that they are unable to make use of available training opportunities?	
9.	Is there a clinical rotation? Does it include adequate time in general adult psychiatry, including unscheduled care? Are there opportunities for experience in areas such as liaison, old age, forensic, substance misuse, rehabilitation, child and adolescent, learning disabilities and research?	
10.	Do trainees have opportunity to see practice in a variety of settings including the community, university and peripheral clinics?	
11.	Do trainees have a role in choosing their clinical placements and educational direction?	
12.	Do trainees feel secure to comment on their experiences without fear of adverse consequence?	
13.	Is there evidence trainees have timetabled <u>educational</u> supervision on a regular basis amounting minimally to 1 hour per week?	
14.	Do trainers have timetabled time allocated for <u>educational</u> supervision?	
15.	Have trainers received training for their role?	
16.	Do trainees receive training in clinical skills including use of psychopharmacology, administration of ECT, psychotherapy, both dynamic and CBT?	
17.	Are the on-call facilities socially acceptable and safe? Is there facility to study whilst on call?	
18.	Is there an induction programme inc. basics of mental health law and safety issues for new recruits to the scheme?	
19.	Are conditions for trainees safe? Do they carry an alarm? Are there safe interview facilities in emergency settings and on wards? Do trainees receive formal training in the avoidance of violence?	
20.	What are the arrangements for formal feedback and appraisal? Exams? Evidence of competency based assessment procedures?	
21.	Do trainees have access to library/ IT facilities?	
22.	Is there a committee of psychiatric trainees where training matters are discussed? Local/National?	