

## The College

### A report on the second training day for College assessors on Advisory Appointments Committees

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The second training day for psychiatrists on the College's approved list of assessors for Consultant Advisory Appointments Committees (AACs) was held on 7 March 1991 at the Royal College of Psychiatrists. This followed the first, very successful, day held in May 1990. John Robertson's summary of the questions raised, and the guidance which emerged from that first day, was published in the *Psychiatric Bulletin* in October 1990.

As on that occasion, this training day was heavily over subscribed and, as I write, plans are in hand for a third event. The programme for the meeting is Appendix 1.

#### *The role of the College in the appointment of consultants in the NHS*

The appointment of consultants in the National Health Service is regulated by a statutory instrument and the Royal Colleges, as appropriate to the specialty concerned, have a position on all Advisory Appointments Committees constituted to recommend the appointment of consultants. The President, Registrar and Dean confirmed that the College regards this role as of the utmost importance in not only safeguarding the standards of psychiatric practice but also raising them through insistence on appropriate training requirements.

The College appointed representative or assessor has two functions. The first is to advise the AAC on the exclusion of those candidates who do not meet the required standards. This may mean all candidates. There is College guidance on the training criteria for consultant posts in all psychiatric specialties. The second function is to assist in the selection of the most able candidate from among those eligible and judged to meet the particular requirements of the advertised post. The College assessor is therefore a full member of the Committee but has a special function in addition.

The College Panel of Assessors is appointed by the Court of Electors, acting on advice from the Executive Committees of the College Divisions and Sections. Membership of the panel is usually for a limited duration except in those specialties where

there are smaller numbers of consultants when the time span of appointment may be longer.

#### *The role of the College assessor*

The process of appointing assessors to Appointment Committees is administered at the College. The Deputy Education Officer, Jane Hinton, has responsibility for this. She estimated that she has provided assessors for some 4,000 AACs. Her expertise in determining the allocation of appropriate assessors to AACs, and in handling often demanding health authorities, is therefore considerable.

The JCHPT, College Sections and the Dean are involved in defining educational standards, and the Registrar is the Officer responsible for the constitutional activities of the College and therefore ultimately for the process in which the College assessor becomes involved.

The College regional adviser should be consulted by the RHA or Trust in approving the job description for the consultant post prior to advertisement and in turn each regional adviser is strongly urged to consult the appropriate College regional specialty representative, who is nominated by the relevant Section. The College assessor should consult with the regional adviser about the post in question, and the job description, prior to shortlisting and attending the AAC.

After the Appointments Committee itself the potential for counselling unsuccessful candidates exists and this was the subject of Ann Gath's second presentation. Some discussion took place at the meeting as to the most appropriate member of the AAC to provide feedback. This task could fall to the regionally appointed consultant, the university representative or the College assessor depending on the circumstances.

#### *Feedback from assessors to the College*

Thus the College assessor participates in a process which ends with an AAC making a recommendation to the relevant Trust or RHA about the appropriate candidate. The AAC may recommend that an

appointment not be made when it considers that no suitable candidate has been interviewed.

As became clear from the presentations made at the training day, feedback on the College's role in the chain of events leading to consultant appointments should lead to the implementation of change where and when it is required. Feedback from the College assessor to the regional adviser and thence to the regional specialty representative is also important. This is confirming of these two advisory positions both within the College and with the regional health authorities.

Of crucial importance is the feedback which the College assessor may make to the Dean, the Registrar and occasionally the President. Within the guidelines, which are sent to College assessors on each occasion that they represent the College, is advice on how the assessor may act where either the statutory procedures are not followed or where the assessor finds him or herself in disagreement with the recommendation which the AAC wishes to make. In such circumstances those attending the meeting were assured that the officers would do everything in their power to support assessors. Hopefully such difficulties will arise rarely but discussion at this meeting indicated that irregularities do occur.

The Dean stressed the importance of completing, and returning to the College, the routine feedback forms.

A recently introduced feedback form advises the College when an AAC is not held. There may be a variety of reasons for this, including there being no suitable applicants, no applicants at all, or other problems relating to the job itself. It is hoped that, by monitoring these events, patterns of difficulty in recruiting consultant psychiatrists can be recognised.

If an AAC is held the more familiar form should be completed giving information which allows the number and training standards of applicants for posts to be monitored. This feedback has provided invaluable information for the College submissions to the Joint Planning Advisory Committee in respect of senior registrar, and now registrar, quotas. This exercise has already proved of significant benefit to psychiatry. The Dean indicated that there are on average, 4% of consultant posts vacant across all specialties, a figure which is probably related to delays in making re-appointments. The level for psychiatry is at least 10% and this, in all probability, indicates current difficulties in finding sufficient fully trained applicants. This questionnaire also enables the progress of women and overseas graduates to be monitored.

### *Training*

Feedback also facilitates the transfer of information to less experienced assessors, e.g.

- (a) briefing on the statutory regulations governing the composition and conduct of AACs
- (b) information on the training and qualifications which the College considers equivalent to attaining its own membership examination and completion of higher psychiatric training
- (c) advice on matters relating to equal opportunities and racial equality
- (d) information on the recruitment in specialties within psychiatry.

The discussion, both for new members of the panel and for older hands, has been valued at both the training days conducted. Perhaps more time should be allowed for this aspect of the feedback process. The number of questions and the issues which have arisen support this contention. A suggestion made at this second training day was that 'role play' experiences might be included in the future. Although some are hesitant, others point out the effectiveness of the video-taped practice interview conducted at the media training days which the College has been able to offer to its Regional and Sectional Public Education Officers. However, relatively smaller numbers could be catered for in such a format and the demand for these training days is large.

Of particular potential importance in organising training days for assessors is the value to be derived from the normative and supportive experience of meeting with one's contemporaries. A number of assessors said that they often felt isolated and exposed in attending Appointments Committees on behalf of the College, when many of the other members of AACs are already known to each other.

### *Common problems at AACs*

Already a pattern is emerging. John Robertson's account of the first training day summarises the questions raised, and observations made, by assessors then. Those raised at the second training day were essentially similar.

The following main themes emerged:

- (a) *Secretarial support*: There appears to be inadequate secretarial support for many new and replacement posts.
- (b) *Proleptic appointments*: It is not considered appropriate for AACs to recommend a candidate who is not yet suitably qualified but yet who would become so after undertaking further training. An AAC may, however, advise that a candidate who is qualified for the post would nonetheless benefit from particular further training before taking up duties.
- (c) *Shortlisting procedures*: Assessors were advised that, as full members of the AACs, they are entitled to receive all the papers and

to be included in the shortlisting procedure. Incidents when this does not occur should be reported to the College.

- (d) *Quality and quantity of training*: Issues relating to those who are trained in private hospitals, those who had undertaken a considerable amount of research work during their training and those who are applying for academic posts were raised. There was discussion concerning the degree of flexibility which a College assessor might apply.
- (e) *Part-time training*: Exact calculations of equivalent time is unnecessary.
- (f) *Quality of references*: It is clear that the depth and clarity of references vary considerably.

### The future

Has the College got it right?

The College is at an early stage in gaining experience with meetings of this sort. While the feedback from the first two has been very positive, there are doubtless alterations which can be usefully made to the programme and the inclusion of more experimental and participative aspects will be considered in future.

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## Postgraduate and continuing medical education in England and Wales [EL(90)79]

Further to my note in the *Psychiatric Bulletin* (January 1991, 15, 59) concerning Circular EL(90)79 from the National Health Service Management Executive on Postgraduate and Continuing Medical Education, a further circular appeared in April. This was attached to a revised version of the original document and incorporated a number of minor amendments. It was reiterated that one of the aims of the new policy is to improve the management of postgraduate and continuing medical education.

To assist in the implementation of the new policy, it was announced in the House of Lords in January 1991 that there would be additional funding of £5.8 million available from April. £5.3 million of this was distributed through Regions immediately and added to the Postgraduate Dean's budget, being allocated in proportion to the number of medical staff in each Region. Postgraduate Deans were asked to give particular attention to the provision of staff (both medical and administrative) to support the new arrangements at Regional and District levels. They were also to take into account the provision of funding for any future agreements on the remuneration of clinical and general practice tutors.

### Appendix 1

#### Programme

Introduction and comment on current problems, by the Chairman (*Dr Ann Gath, Registrar, Royal College of Psychiatrists*)

The College has been invited to nominate an assessor . . . (*Mrs Jane Hinton, Deputy Education Officer*)

Liaison with the regional adviser (*Dr R. L. Symonds, Regional Adviser, South East Thames*)

Doing the job – acting for the College (*Dr R. Williams, Consultant Child Psychiatrist, Bristol*)

“Choosing the best consultants . . . the questions you dare not ask” (*Dr A Davison, Chief Executive, North East Essex Health Authority*)

Reciprocity (*Professor A. Sims, President, Royal College of Psychiatrists*)

Old age psychiatry: don't panic, sense is in sight (*Dr D. Jolley, Consultant Psychogeriatrician, Manchester*)

Particular problems with consultant posts in forensic psychiatry (*Professor R. S. Bluglass, Professor of Forensic Psychiatry, Birmingham*)

Academic appointments, what are the obligations of honorary appointments within the NHS and universities? (*Professor J. Cox, Department of Psychiatry, University of Keele*)

The importance of the feedback questionnaire (*Dr Fiona Caldicott, Dean, Royal College of Psychiatrists*)

Counselling unsuccessful candidates (*Dr Ann Gath*)

The remaining £0.5 million is to be allocated to fund specific initiatives and bids are now being sought (July 1991).

Additional funding has also been announced for medical audit (£48.8 million) in EL(91)32.

It has been stated that all doctors in training will continue to have national pay and terms of service and that the contracts for registrars and senior registrars will continue to be held and administered by the Regional Health Authority.

The Royal Colleges will continue to be responsible for the approval of training schemes, and the College is currently continuing to express concern about the devolution of trainees' salaries to District level, which may enable managers to interfere with rotational training schemes.

It is clear that Regional Health Authorities are implementing the new policy very variably and it would be most helpful if Members and Fellows could keep the Education Department informed of matters of concern.

July 1991

Dr FIONA CALDICOTT  
Dean