

THE SCOTLAND DEANERY



ANNUAL

QUALITY

REPORT | 2017



CONTENTS

THE TRAINING YEAR 2016/17:



PROFESSOR STEWART IRVINE
Medical Director & Deputy Chief Executive

OVERVIEW

I am pleased to present the 2nd Scotland Deanery Annual Quality Report and summarise our work to improve the quality of postgraduate medical education and training in Scotland in 2016-2017.

Working increasingly with our partners in Medical Schools we have continued to review training and education of doctors against General Medical Council (GMC) standards and have worked with Scotland's Health Boards and Directors of Medical Education (DMEs) to make necessary improvements. Targeting efforts where the need is greatest is driving-up the quality of training in Scotland and contributes to safer patient care.

Whilst working with partners to make improvements in training we have continued to improve the way we do things and have introduced new ways of working. The engagement of 29 Trainee Associates to participate in our Quality Management and Quality Improvement (QM-QI) visit panels and in all of our key decision-making meetings has ensured that the perspective of doctors in training is embedded in all of our training quality management activities.

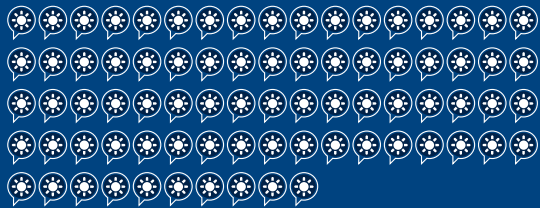
To support greater consistency among our specialty and programme visits around Scotland we have devised new question guides for trainees and for trainers. The development of these new question guides has been informed by the publication of the GMC's Quality Assurance question bank. To support the Health Boards' Quality Control processes we have opened access to DMEs, via the externally facing Scottish Training Survey dashboard, to the full contents of this survey, including the many free text comments that have been submitted by trainees. All of these free text comments have undergone screening by our Associate Deans for Quality to identify those that have the potential to inform our quality management activities. These and many other developments reflect another year of innovation and progress led by our Quality Workstream.

Ahead of the GMCs National Review of Scotland, scheduled for the last quarter of 2017, we have been working with our teams and our partners in Health Boards and Medical Schools to prepare for the visit. Whilst confident that we work well together in Scotland to address the challenges we face in delivering high quality training, we look forward to the insightful feedback from the expert GMC visit teams that will inform further improvements to medical education and training in Scotland.



TRAINING PROGRAMMES
WITHIN REMIT OF THE sQMG

FOLLOWING
QUALITY REVIEW PANEL



78
LOCAL APD
ENQUIRIES



9
DME
ENQUIRIES



56
LETTERS OF
RECOGNITION



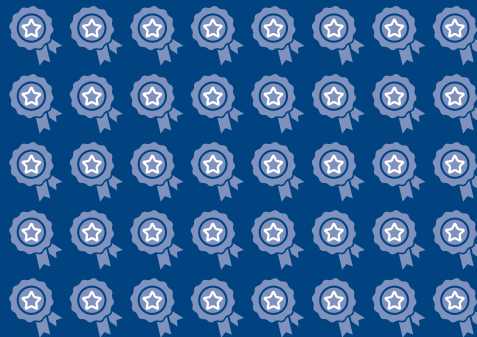
TRAINEES
WITHIN REMIT OF
THE 8 sQMGs



VISITS

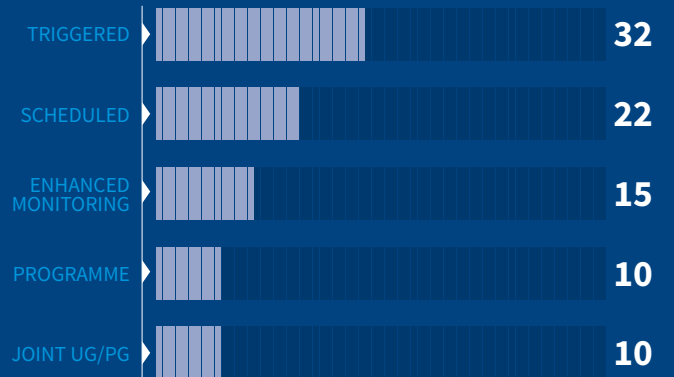
AUGUST 2016 - END JULY 2017

SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS



HELD BETWEEN AUGUST
2016 - END JULY 2017

40



VISIT REPORTS



69%

ISSUED IN 6 WEEKS OR LESS

THE TRAINING YEAR 2016/17



FOUNDATION

TRAINING PROGRAMMES

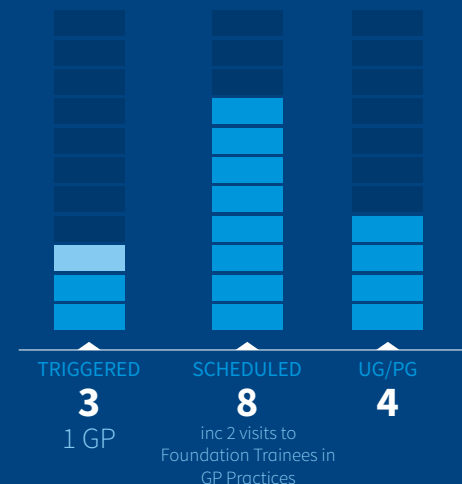
WITHIN REMIT OF THE FOUNDATION sQMG

59



TOTAL 11
3 GP
VISITS

AUGUST 2016 - END JULY 2017



SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS

4

HELD BETWEEN AUGUST 2016 - END JULY 2017



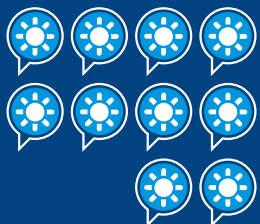
TOTAL 1640

TRAINEES

WITHIN REMIT OF THE sQMG



FOLLOWING QUALITY REVIEW PANEL



LOCAL APD ENQUIRIES 10

11 LETTERS OF RECOGNITION





PROFESSOR CLARE MCKENZIE
Lead Dean/Director for Foundation



OVERVIEW

As a group we have met regularly throughout the year to ensure we are meeting our own and others' expectations of the Foundation quality team.

We have developed a GP visit process for practices that only offer training to FY2 doctors. As part of this process we developed appropriate documentation for use both prior to and during the visit. We engaged with colleagues in the GP sQMG to ensure the process was achievable and we will discuss with them the outcomes of visits.

As Foundation trainees are reviewed at most visits conducted by the Scotland Deanery the volume of reports our sQMG receives throughout the year is significant. Since October 2016 we have received 25 visit reports for review. We consider all of the reports in a summary format at our specialty Quality Management Group (sQMG) meeting.

We are pleased to see the quality management process has already made improvements for many Foundation trainees. In the first year of the process concerns were raised regarding Foundation trainees' access to Acute Medicine placements as well as the length of some placements.

This year there is evidence that units are changing their practice to provide access to Acute Medicine placements as well as lengthening the time trainees spend in a base unit.

On review of the visit reports and from the visits we have led we have found the following recurring areas of concern:

- Incomplete recruitment of Foundation trainees
- The number of non-educational tasks trainees are required to perform
- Workload issues.

We recognise that recruitment is not the remit of our group however we must acknowledge the impact vacancies have on the experience of other Foundation trainees. Where possible we need to share good practice on how best to deal with these vacancies; perhaps by highlighting alternative staffing measures.

We continue to be concerned about the number of non-educational tasks Foundation trainees are expected to perform. We recognise the improvement of this is a long-term project and the way forward is for us to share good practice when we find units who have found solutions to this issue.

Workload issues are consistently raised by the trainees and we acknowledge the link between recruitment and the burden of non-educational tasks.

Last year we highlighted four areas of development and throughout the year we have progressed three of these items. The fourth item is not solely our remit.

AREA OF DEVELOPMENT	RESPONSE FROM FOUNDATION TEAM
There needs to be a process to define, identify and share good practice.	Actively share this information at sQMG following review of visit report and information gathered at other sQMGs. Made recommendations for addition to SHARE website.
Those involved in Foundation Programmes would like to be included in the visiting team where Foundation trainees are involved and if that is not possible, be invited before the visit to provide input into the visit. Whilst we recognise the generic nature of the visiting team, there are often issues unique to Foundation training that risk being neglected from scrutiny by the visit process.	Foundation representatives have attended all visits identified as requiring representatives.
We would like visits triggered by the Foundation QMG to be allocated to Foundation Leads/QM.	The Foundation quality team have led a number of visits across the specialty groups.
DME and trainers should be sighted on the standards against which they are being judged for example what is required to be included at induction. This information is openly available on the GMC website.	Reports of visits include requirements that are mapped to the GMC standards.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
Foundation year 1	Equal 9th of 20	9th of 16
Foundation year 2	9th of 20	15th of 16

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD

We plan in 2017/2018 to focus on mandatory Foundation teaching attendance and work towards trainees' teaching being delivered as a protected session. This will include the development of simulation and access to it within the Foundation programme in Scotland. We will feedback and share information with colleagues across other workstreams in the Medical Directorate to facilitate this.

As mentioned previously we have also identified several themes for Foundation trainees, not only in our own visits but in those of other specialty groups, and we plan to use this information to identify and share good practice across sites within Scotland to improve the training experience of Foundation trainees. We will need to maintain and build on our links with the other sQMG's as a way of sharing information. The Foundation school members of the Foundation sQMG are integral to our group being able to do this and we aim to have a representative at each meeting of each sQMG.

A final area we will explore is the management of expectation of Foundation trainees. A number of concerns raised in visits could be avoided if trainees had received more timely, appropriate information regarding their role, remit and expectations of their post. This appears particularly relevant to surgical specialties where we have found Foundation trainees have the expectation of regular access to theatre and clinics. In most cases this is not the situation and we believe this is a piece of work that we can develop with Foundation School to give achievable expectations which support trainees, trainers and service.

We look forward to continuing to support the quality management process within the Deanery by being actively involved in leading and identifying the need for visits.

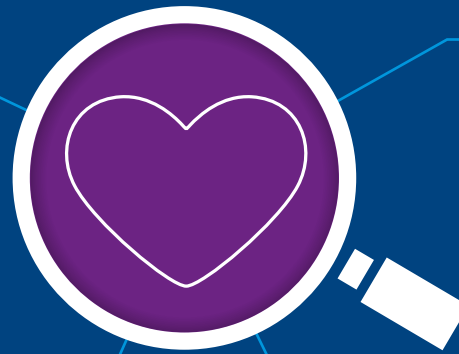
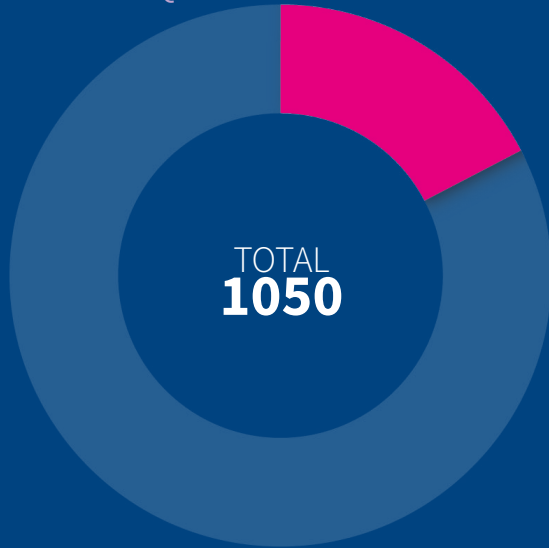
THE TRAINING YEAR 2016/17



GENERAL PRACTICE, PUBLIC HEALTH,
OCCUPATIONAL HEALTH

TRAINEES

WITHIN REMIT OF THE sQMG

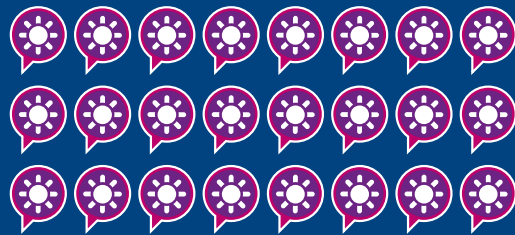


TRAINING PROGRAMMES

WITHIN REMIT OF THE sQMG



FOLLOWING QUALITY REVIEW PANEL



LOCAL APD ENQUIRIES

24



DME ENQUIRIES

4



LETTERS OF RECOGNITION

7

SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS



6

HELD BETWEEN AUGUST 2016 - END JULY 2017

HIGHLIGHTS

RECOMMENDATIONS BY QRP FOR VISITS TO HOSPITAL DEPARTMENTS THAT HAVE GP TRAINEES AND TO PROGRAMMES (AUG 2016-END JUL 2017)



For General Practice these relate to the training provided within hospital sites. General Practice based training sites are quality managed by the sQMG.

4
SCHEDULED

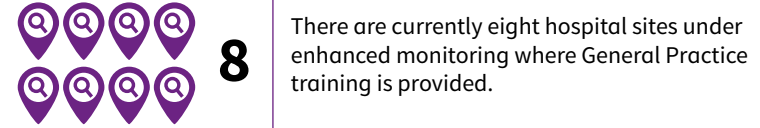
4
TRIGGERED

1
PROGRAMME **Public Health** – This visit had to be cancelled and a new date is currently being arranged.

14
RE-VISIT

1
FOCUS GROUP

ENHANCED MONITORING VISITS



GENERAL PRACTICE VISITS

(based on SQMGs from 01/08/2016 – 28/04/2017). NB there will be further approvals due at the remaining sQMGs.



	25	EDUCATIONAL SUPERVISOR FIRST APPROVAL EAST: 2 NORTH: 8 SOUTH EAST: 5 WEST: 10
	194	EDUCATIONAL SUPERVISOR RE-APPROVAL EAST: 12 NORTH: 37 SOUTH EAST: 26 WEST: 119
	6	TRAINING PRACTICE FIRST APPROVAL EAST: 0 NORTH: 2 SOUTH EAST: 0 WEST: 4
	26	RE-APPROVAL (SCHEDULED, QUALITY ASSURANCE) EAST: 0 NORTH: 7 SOUTH EAST: 8 WEST: 11
	36	VIRTUAL (SCHEDULED, QUALITY ASSURANCE) EAST: 7 NORTH: 15 SOUTH EAST: 6 WEST: 8
	9	TRIGGERED EAST: 0 NORTH: 5 SOUTH EAST: 2 WEST: 2



PROFESSOR MOYA KELLY
Lead Dean/Director for General Practice,
OH and OM



OVERVIEW

GENERAL PRACTICE

We have continued to develop a single approach to General Practice quality management. The GMC National Training Survey (NTS) continues to report high trainee satisfaction within GP Training Post. There has been a substantial improvement in satisfaction of GP Trainees within hospital posts ranking 8th of 16 in 2016 compared with 15th in 2015.

Following our annual review in 2016 we have acted as follows:

- We have introduced terms of reference and a standard operating procedure document for the regional Quality Management Groups. This ensures all regions adhere to the same approval process with an easy to follow flow chart for team guidance. A suite of forms has been finalised.
- We have mapped our GP Training Practice and Educational Supervisor approval documentation to the GMC's Promoting Excellence (it was previously based on the Academy of Medical Educators' Standards).
- We have developed a new highlights report format for the Deanery Quality Management Group which more accurately summarises practice approvals.
- We have supported the creation of documentation for Foundation training approval in General Practice settings and will review its usefulness at our sQMG. We are also continuing to work with the Foundation quality team to develop a question guide for visits to ensure the practice is meeting GMC standards. We have agreed that visits to General Practice training sites that are not GP training practices will be led by the Foundation sQMG with there being strong communication links to ensure that information regarding Foundation in GP is shared by both Quality Management groups. The Foundation Quality Improvement Manager (QIM) has confirmed that the first visit took place on 11th May 2017.
- We have agreed to consistently move to regular practice visiting at least every six years across Scotland (with an interim three-year approval). We will conduct a regional review to establish that this can be achieved within our existing resource.
- We have developed a database tracker to record all GP practice visit types, approvals, re-approvals and conditional requirements from approvals.
- We have undertaken the first quality management of GP Specialty Training (GPST) out of hours experience.

PUBLIC HEALTH

The 2016 NTS showed a significant improvement in overall satisfaction, moving from 8th place to 2nd in the UK. The Training Programme Director (TPD) attended the 2016 QRP which provided a valuable contribution to the discussions. We intended to conduct a programme visit in April 2017 but due to a variety of challenges we are rearranging this for later in the year.

OCCUPATIONAL MEDICINE

The 2016 NTS was disappointing, ranking bottom of the table for overall satisfaction. A new TPD has been in place for almost 12 months. A programme visit was undertaken in June 2016 and it was agreed that a re-visit should be arranged for 2017/18. There is also a new site which requires approval and will be reviewed at the follow-up programme visit.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
GP in secondary care	11th of 20	7th of 17
GP in a GP practice	8th of 16	3rd of 17
Occupational Medicine	Equal 9th of 10	9th of 14
Public Health Medicine	Equal 2nd of 14	6th of 16

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD**GENERAL PRACTICE**

We look forward to full implementation of the GP visit tracker which will allow us to generate reports on approvals and re-approvals and allow identification of areas of good practice and those for development.

We have identified the following priorities for the year ahead:

- Develop a mechanism for approval and re-approval of training practices that move from independent contractor status to Health Board run and managed (2C practices).
- Agree how to manage re-approval when a training practice merges with another practice.
- Develop a standard approach to managing dates of practice approvals which is consistent across the regions
- Further explore inter-regional visiting to GP practices
- Widen QM approval of GPST Out of Hours experience across all 4 regions and undertake a process review.
- Refine our procedure to regularly review TPD and DME enquiries following QRP

PUBLIC HEALTH

We will arrange a priority scheduled programme visit to review the quality of training provided within the Public Health programme.

OCCUPATIONAL MEDICINE

We will undertake a programme re-visit for Occupational Medicine and this will include a review of the new AXA training site. Prioritisation will be dependent on QRP review and the Training Programme Director report.

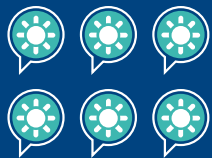
THE TRAINING YEAR 2016/17



ANAESTHETICS, INTENSIVE CARE MEDICINE,
EMERGENCY MEDICINE

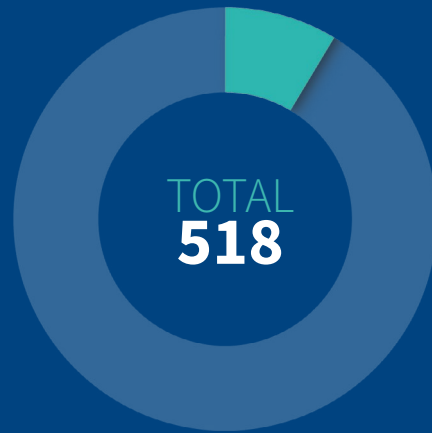


FOLLOWING
**QUALITY REVIEW
 PANEL**

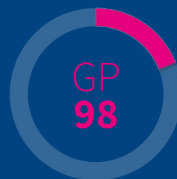


TPD
 ENQUIRIES **6**

9
 LETTERS OF
 RECOGNITION



TRAINEES
 WITHIN REMIT OF THE SQMG



VISITS

AUGUST 2016 - END JULY 2017



SPECIALTY
**QUALITY MANAGEMENT
 GROUP MEETINGS**



6

HELD BETWEEN
 AUGUST 2016 -
 END JULY 2017



PROFESSOR RONALD MACVICAR
Lead Dean/Director for Anaesthetics,
ICM and EM



OVERVIEW

Our 2016 Quality Review Panel (QRP) worked very well in terms of process. We had better attendance than in 2015 and all parties contributed effectively. Our post QRP queries were followed up and responded to. We sent good practice letters to the four Emergency Medicine Training Programme Directors as their programmes were all in the UK Top 10 for overall satisfaction in the 2016 NTS. We also sent letters to the TPDs for ACCS in the North, Anaesthetics in the East and Intensive Care Medicine in the South-East as their programmes were number one in the UK for overall satisfaction in the 2016 NTS. Finally, we sent letters to the ACCS and Anaesthetics TPD in the West region as his programme(s) had four or more green/light green flags in the 2016 NTS.

We completed all our planned visits for the year, with exception of a triggered visit to Emergency Medicine in Crosshouse Hospital which we had to cancel due to lack of available trainees. We are still trying to rearrange this visit and looking for flexible options, such as visiting in the late afternoon/ early evening to try and support trainee attendance.

The sQMGs are variably attended by our regional Associate Postgraduate Dean (APGD). As part of the agenda we review the Scottish Training Survey (STS) data reports and Deanery Report items to ensure that we are aware of any possible issues that may arise. All visit reports are thoroughly scrutinised to ensure that Local Education Provider's (LEP's) action plans address any requirements. We have aligned our sQMG meeting dates with the Emergency Medicine & Anaesthetics Specialty Training Board meeting dates in an attempt to maximise attendance.

We were delighted this year when both sites that were on enhanced monitoring (Emergency Medicine in Aberdeen Royal Infirmary & Hairmyres Hospital) were removed from the process in July 2016. We decided to nominate these sites for an award as part of the NHS Education Awards as they were the first sites in Scotland to make improvements which were significant enough to be removed from enhanced monitoring.

As discussed at the QRP, we planned to continue to achieve a balance between visiting departments with possible issues, undertaking scheduled visits and good practice visits, so that all matters (both identified and/or previously unknown) can be investigated. At the end of 2016 we visited Anaesthetics in Royal Hospital for Sick Children in Edinburgh to investigate the change in survey results which had been excellent but were rather mixed in the 2016 NTS. The visit was very positive and we found the staff at all levels in the department to be highly engaged with training.

We visited Hairmyres last year and Wishaw this year as part of our plan to visit all Lanarkshire Anaesthetics sites over the next two years, as the departments are all included in the Deanery Report and we wish to have an overview of the training on all sites. Routine scheduled visits were undertaken to Emergency Medicine in the Royal Infirmary of Edinburgh and Victoria Hospital, Fife (this was a good practice visit). We revisited Anaesthetics in Inverclyde in order to assess the department's progress against the previous visit requirements.

The issues affecting this speciality grouping are recruitment and retention across all specialties with some locations struggling to fill their posts. We believe, however, this issue can be mitigated in departments where education and training are considered priorities. Like other small specialties, there is a lack of survey data for Intensive Care Medicine. There is also a lack of clarity around the curriculum.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
Acute Care Common Stem	5th of 21	6th of 17
Anaesthetics	6th of 21	4th of 17
Core Anaesthetics Training	6th of 21	6th of 17
Emergency Medicine	5th of 21	5th of 17
Intensive Care Medicine	6th of 18	7th of 16

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD

We discussed undertaking a programme visit to Intensive Care Medicine at the 2016 Annual Review but this was postponed following discussions at QRP as there were due to be some substantive changes to the curriculum. We will now visit this programme in 2018 when these changes have bedded in.

To provide ongoing support and to ensure sustainability, we plan to revisit Emergency Medicine in Aberdeen Royal Infirmary and in Hairmyres following their removal from enhanced monitoring.

We plan to visit Anaesthetics at Monklands District General Hospital and revisit Anaesthetics at Hairmyres Hospital in 2018. This will allow us to have a better overall understanding of Anaesthetics training in Lanarkshire and be clear about any regional issues that may affect the three closely located sites. We are also planning scheduled visits to Emergency Medicine in Forth Valley & Raigmore Hospital.

The Royal Hospital for Sick Children in Edinburgh is due to relocate to a new building. Once this is complete we will visit the trainees in Emergency Medicine & Anaesthetics following a suitable settling in period.

THE TRAINING YEAR 2016/17

DIAGNOSTICS

TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

19



TOTAL 248

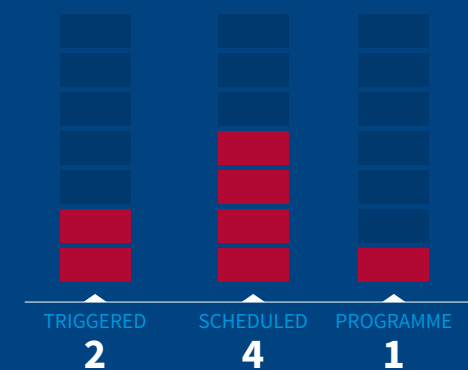
TRAINEES WITHIN REMIT OF THE sQMG

FY 10

ST 238

TOTAL 7 VISITS

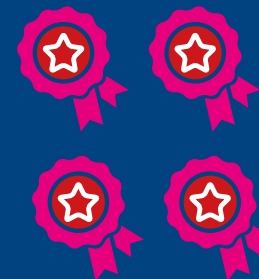
AUGUST 2016 - END JULY 2017



SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS

4

HELD BETWEEN AUGUST 2016 - END JULY 2017



FOLLOWING QUALITY REVIEW PANEL



DME ENQUIRIES

2



PROFESSOR CLARE MCKENZIE
Lead Dean/Director for Diagnostics



OVERVIEW

Our QRP in 2016 worked very well. The meeting was well attended with regional Associate Postgraduate Deans (APGD) and Training Programme Directors representing all four regions within the Deanery. We had effective contributions from our DME and Lay Representatives and all parties input was valued. In terms of output, all our planned visits were undertaken and all queries were followed up and responded to.

Our sQMG meetings are also well attended and all visit reports are thoroughly scrutinised to ensure that action plans appropriately address any requirements. We developed and considered at sQMG a paper regarding the pink flag for the Educational Supervision indicator in the 2016 NTS as it was noted, at the QRP, that this occurred for nearly every Diagnostics speciality. We have contacted other APGDs (Quality) to determine if this is an issue that they have also identified within their specialities.

As part of our meetings we review Scottish Trainee Survey (STS) data on an ongoing basis to identify and investigate any issues. Within Diagnostics we continue to achieve a balance between addressing data gaps and undertaking scheduled visits so that all issues (both identified and/or previously unknown) can be monitored and supported.

One of the issues highlighted at last year's Annual Review was how to be confident in the quality of training environments for those small specialities with little or no survey data. In order to go some way to address this, we have undertaken visits to all Medical Microbiology sites in Scotland and we now have a more comprehensive picture of issues within that speciality. Also, following the success of the Chemical Pathology Programme visit pilot using videoconferencing, we have employed the same model for a programme visit to Forensic Histopathology which is another small speciality where survey data is absent.

We now feel that we have a better understanding of the issues affecting this relatively new sub-specialty. We did not undertake visits to many Radiology sites last year and, as it is the largest speciality in the Diagnostics Group, we made a conscious decision to visit more sites this year. In Radiology, we found that despite ongoing national staffing issues at consultant level, quality training is being provided. Our visit to Forth Valley was particularly informative as the unit is an excellent training site. The other two Radiology site visits were good practice visits as there were many green flags in the 2016 NTS for these sites.

Medical Microbiology remains a specialty which is under pressure, as demonstrated by survey data, not only in Scotland but across the UK due to a chronic shortage of consultants and clinical scientists which has a negative impact on workload and the training environment.

The integration of the new GMC approved combined infection training curriculum has been a challenge, and trainers and trainees remain concerned about the impact of these curricula changes to future definitive consultant posts. They express concern about whether Health Boards have considered how the different skills of the future CCT holders will affect clinical service provision.

Across the Diagnostics specialties the workload continues to rise with a fall in consultant numbers due to retirements and unfilled posts. So far this has not impacted on training in Radiology but we remain vigilant to the risk of this. New subspecialties in Histopathology present challenges due to lack of meaningful data from surveys. This is likely to mean more small specialty programme visits will be necessary.

There remains some dissatisfaction from trainers and trainees about the applicability of the questions asked in the NTS, Pre Visit Questionnaire (PVQ) and at the visits. They perceive these as aimed at clinical frontline specialties and not those working in a laboratory environment. We are aware of these issues and are proactively working on a modified version of the PVQ & better explanation of the question guides so that these are more relevant to the Diagnostics specialties.

OVERALL SATISFACTION

Ranking for 'overall satisfaction' of Scotland Deanery training programmes compared with other UK Deaneries / LETBs in the 2016 & 2017 GMC NTS.

	2016 NTS	2017 NTS
Chemical Pathology	Equal 5th of 6	6th of 15
Clinical Radiology	6th of 21	5th of 17
Histopathology	9th of 19	2nd of 15
Medical Microbiology and Virology	4th of 5	2nd of 2

LOOKING FORWARD

We plan to revisit the Forensic Histopathology programme to assess progress against requirements and support this recently formed national programme. As part of our full assessment of Radiology, a scheduled visit is planned to Radiology in the Royal Infirmary of Edinburgh. We anticipate undertaking a programme visit to the new Paediatric Histopathology programme now that two trainees have successfully been appointed. We also intend to visit the Radiology trainees at the Sick Children's Hospital in Edinburgh when they move to the new building and settle in.

We are mindful of the challenges that all Diagnostics specialties face particularly the ongoing workforce shortage in combination with increasing workload and reliance on their service. The training issues in Medical Microbiology in Scotland remain on our radar and, depending on information from the QRP and progress against requirements, further visits to Aberdeen Royal Infirmary & the Queen Elizabeth University Hospital may be necessary. The new specialty training committee for combined infection training will aim to address some of the concerns by ensuring collaboration of the specialties involved through the TPDs within Medical Microbiology, Virology and Infectious Diseases.

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

THE TRAINING YEAR 2016/17



MEDICINE

TRAINEES

WITHIN REMIT OF THE sQMG



FOLLOWING QUALITY REVIEW PANEL



TPD ENQUIRIES | **11**

18 LETTERS OF RECOGNITION



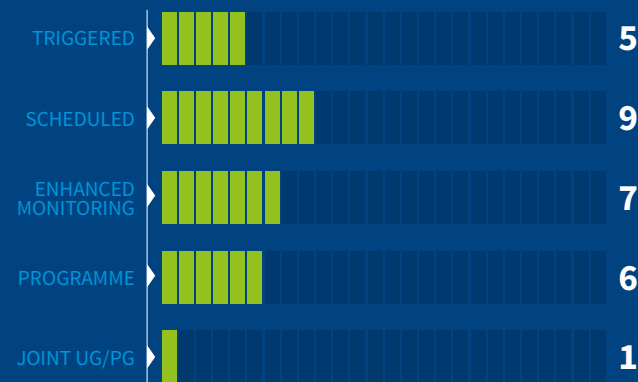
TRAINING PROGRAMMES

WITHIN REMIT OF THE sQMG



TOTAL
26
VISITS

AUGUST 2016 - END JULY 2017



QUALITY MANAGEMENT GROUP MEETINGS

SPECIALTY

HELD BETWEEN
AUGUST 2016 -
END JULY 2017

5





PROFESSOR ALASTAIR MCLELLAN
Lead Dean/Director for Medical Specialties



OVERVIEW

This has been a period of change for the Medicine sQMG with our two very experienced Quality Improvement Managers (QIMs) moving to new roles in August 2016. Despite replacement of our QIMs being staggered between August & January 2017, the planned re-visits which were in the diary were still able to go ahead due to the support of the wider quality team.

At the 2016 QRP our focus was to identify any triggered or priority scheduled programme visits in addition to the planned site re-visits as our focus in the previous training year had predominantly been General Medicine based.

TEAM

The Medicine sQMG is an efficient and hardworking team that manages a heavy quality management and improvement workload. Our workload is a consequence of the pressures facing training environments for Medicine because they are struggling to cope with the demands on their services. Shortages of medical staff often add to their difficulties. As a result, some training environments can struggle to deliver training that meets the GMC's standards. Our task is to ensure that despite the pressures, high quality training in Medicine and medical specialties is assured.

In addition to the turnover of our QIMs, we congratulate Hazel Scott on her appointment to the post of Dean of Liverpool Medical School. Processes are underway to appoint a replacement to Hazel's five sessions as APGD-Q for Medicine. Churn among core staffing is a major threat to business continuity and is the biggest risk we face.

THE WORK OF THE MEDICINE SQMG

We ran the three Medicine QRPs (CMT, Higher Medicine with GIM, Higher Medicine without GIM) over one-and-a half days in 2016. These were conducted very efficiently having been led by well-prepared APGD-Qs. Engagement of the four regional APGDs for Medicine was excellent, as was input from College and from DMEs (DME input was available for two of the three sessions). The QRPs resulted in 19 enquiries, all of which were followed through and we issued 18 'good practice recognition'.

We have managed 26 Quality Management – Quality Improvement visits to sites and programmes around Scotland in the 2016/17 training year.

OVERALL SATISFACTION RESULTS

PROGRAMME TYPE	2016 UK RANKING	2017 UK RANKING
Acute Internal Medicine	15th of 19	11th of 17
Cardiology	14th of 20	6th of 17
Core Medical Training	5th of 21	3rd of 17
Dermatology	11th of 20	13th of 16
Endocrinology and Diabetes Mellitus	10th of 19	6th of 17
Gastroenterology	11th of 20	6th of 17
Genito-Urinary Medicine	Equal 7th of 11	6th of 16
Geriatric Medicine	7th of 20	11th of 16
Haematology	5th of 19	1st of 16
Infectious Diseases	Equal 5th of 11	8th of 15
Medical Oncology	Equal 15th of 17	7th of 15
Neurology	Equal 1st of 16	13th of 16
Palliative Medicine	Equal 7th of 11	3rd of 15
Rehabilitation Medicine	9th of 19	2nd of 15
Renal Medicine	15th of 19	4th of 16
Respiratory Medicine	15th of 18	12th of 17
Rheumatology	15th of 19	12th of 16

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

ENHANCED MONITORING

At the start of the 2016-2017 annual quality cycle, there were seven sites providing specialty training in programmes in Medicine on enhanced monitoring, for which the Medicine sQMG managed the requisite visits (see table). During 2016-2017 we added University Hospital Ayr – Medicine to the list of sites on enhanced monitoring, following a very challenging re-visit to this site at which we identified significant concerns around the quality and the safety of the training environment.

SITE	SPECIALTY	WHEN ESCALATED TO ENHANCED MONITORING	STATUS
Hairmyres Hospital	Medicine	17 March 14	Monitoring for sustainability of improvement
Monklands Hospital	Medicine	17 March 14	Ongoing
Wishaw General Hospital	Medicine	17 March 14	Monitoring for sustainability of improvement
Beatson West of Scotland Cancer Centre	Medicine, Clinical Oncology, Medical Oncology	9 October 2014	Monitoring for sustainability of improvement
Vale of Leven District General Hospital	Medicine	28 January 2015	Ongoing
Lauriston clinic – Royal Infirmary, Edinburgh	Dermatology	29 September 2015	Monitoring for sustainability of improvement
Queen Elizabeth University Hospital, Glasgow	Medicine	17 May 2016	Ongoing
University Hospital Ayr	Medicine	16 November 2016	Ongoing

While some sites have been on enhanced monitoring for over three years – there has been significant progress towards resolution at four sites, including one of the most challenging of all - the Beatson West of Scotland Cancer Centre. For these sites, if the results of the GMC NTS confirm resolution of the issues (as appears to be the case from recent visits) we will request that they are de-escalated from enhanced monitoring during 2017-2018.

OTHER VISITS

Apart from visits in the context of enhanced monitoring, eight of this year's visits were re-visits to assess progress against action plans from visits undertaken in 2015-2016 training year. As indicated, the re-visit to University Hospital Ayr – Medicine resulted in escalation to enhanced monitoring. In addition, we undertook programme visits to Rheumatology (West Region, triggered visit), Renal Medicine (all four Regions, priority scheduled over two days), Palliative Care (National, priority scheduled), Neurology (National, priority scheduled but with QEUH-Neurology requiring a triggered visit) and Clinical Genetics (National, priority scheduled). A scheduled site visit to Glasgow Royal Infirmary was also included in this year's schedule – and that was the most positive of our site visits this year. Two visits that were deemed to be required by the 2016 QRP (Gastroenterology Programme – West Region, triggered visit, and Rehabilitation National Programme – priority scheduled visit) have not been conducted as yet due to pressures of workload in the context of the staff changes within the sQMG.

WHAT WE FOUND AT SITE VISITS

Our analysis of the requirements from 16 site visits with completed reports (including sites on enhanced monitoring, revisits, triggered and scheduled visits) reveals recurring themes. The most prevalent themes were:

- induction (in particular deficiencies in departmental induction) (75%)
- adequacy of experience (75%) [including lack of access to clinics – 56%]
- lack of feedback (on the job)(69%)
- clinical supervision (63%), handover (56%)
- burden of non-educational tasks (56%).

Among the less prevalent themes were undermining behaviours which were noted in 38% of these visits. While service pressures might contribute to some of these issues, some are readily amenable to change if trainers and those responsible for educational governance commit to improve the quality of training they deliver to our trainees.

LOOKING FORWARD

The 2017-2018 annual quality cycle will bring a number of challenges. We hope to restore APGD-Q staffing to the current level of eight sessions for Medicine and enjoy a period of stability from the perspective of QIMs.

In their National Review of training in Scotland later this year the GMC will assess training in 'Medicine' (where appropriate, specifically CMT and General Internal Medicine) at seven of the nine LEPs they will visit, and assess training in Geriatric Medicine at three of the nine LEPs. These visits will identify a number of requirements for us to manage thereafter.

We look forward to the opportunities presented by the 2017 GMC National Review of Scotland but note that already we have identified the need for eight re-visits that have been provisionally scheduled to take place in January, February and March 2018 to avoid any clash with the GMC's visit plans.

THE TRAINING YEAR 2016/17



MENTAL HEALTH

TOTAL
473

TRAINEES
WITHIN REMIT OF THE sQMG

FOUNDATION
PSYCHIATRY

77

GP GENERAL
PSYCHIATRY

82

CORE
PSYCHIATRY

166

GENERAL ADULT
PSYCHIATRY

59

CHILD & ADOLESCENT
PSYCHIATRY - NATIONAL

28

OLD AGE PSYCHIATRY -
NATIONAL

25

FORENSIC
PSYCHIATRY

15

INTELLECTUAL DISABILITY
PSYCHIATRY - NATIONAL

13

MEDICAL
PSYCHOTHERAPY

8

FOLLOWING
**QUALITY REVIEW
PANEL**



TPD
ENQUIRIES

7

2

LETTERS OF
RECOGNITION



**TRAINING
PROGRAMMES**
WITHIN REMIT OF
THE sQMG

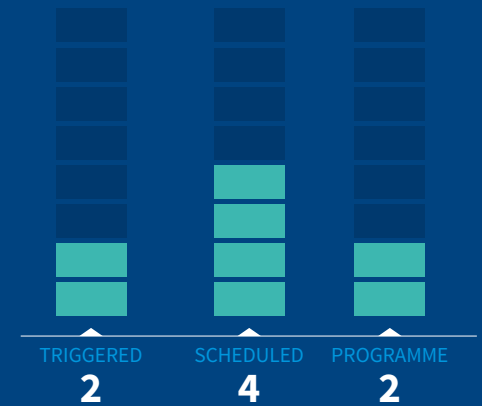
13



TOTAL
8

VISITS

AUGUST 2016 - END JULY 2017



SPECIALTY
**QUALITY MANAGEMENT
GROUP MEETINGS**

HELD BETWEEN
AUGUST 2016 -
END JULY 2017

0



PROFESSOR RONALD MACVICAR
Lead Dean/Director for Mental Health



OVERVIEW

This has been a period of change for the Mental Health sQMG with our experienced Quality Improvement Manager (QIM) moving on to a promoted role within the organisation. We would like to record our gratitude for her support during the first half of the reporting period. We then entered a somewhat unsettled period until spring 2017 when a permanent QIM replacement was identified from within our existing team. We welcome Jane Walls warmly to our small team and acknowledge the challenging transition from her previous role to the Mental Health QIM role.

As a result of a relative lack of managerial support, there has been some loss of momentum in the Mental Health QM portfolio over the last few months; plans for some visits had slipped, there was some uncertainty about follow up on TPD queries, and only one scheduled visit is planned in the reporting period (Forensic Psychiatry programme visit). However, we are back on track and are pleased to be able to report that all triggered and priority scheduled visits have been undertaken, and acted on appropriately.

Planned activity has also been curtailed somewhat due to delays in the merger of some West of Scotland sites (Ayrshire and Stobhill/ Parkhead). This has resulted in a delay to two priority scheduled visits which have been moved into the next visit cycle (they were classed as 'priority' only because of the planned mergers). Furthermore, the planned priority scheduled visit to Argyll and Bute has also been delayed to the next visit cycle due to a small number of trainees in this unit at the current time.

The Mental Health specialty grouping benefitted greatly from the local intelligence provided by the four regional specialty APGDs at the QRP. The small number of trainees in most of the higher specialty training programmes within Psychiatry limited the validity of the NTS and STS data and the additional input from the TPDs and APGDs was therefore highly valued. The QRP outcomes were sent to TPDs by the Quality Leads however the value of this was limited as many sites had fewer than three trainees.

The triggered visit to St John's Hospital was generally positive, with a considerable amount of progress since the previous visit. A good practice item was identified for submission to the SHARE website.

Our planned triggered re-visit to Murray Royal Hospital in October 2016 was problematic, largely due to the limited attendance from trainees. The panel elected to continue the visit to see the Higher trainees who had attended, however, the feedback session was cancelled. The panel reconvened to revisit (a third visit within a year) four weeks later and although the number of trainee's present was small, the visit was completed.

Major concerns regarding the training experience for Foundation and GP Specialty Trainees in General Adult services within a single ward area remain and the panel deliberated long and hard about whether to put this site into enhanced monitoring.

A further visit is arranged for June 2017; the third in nine months and the fourth in 18 months. The frequency of these visits is a measure of the concern that we have for the training experience of trainees at this site. A range of TPD enquiries resulted from the QRP, some of which have been closed, and others remain on a 'watch list'.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
Child and Adolescent Psychiatry	5th of 21	11th of 15
Core Psychiatry Training		7th of 17
Forensic Psychiatry	Equal 9th of 14	4th of 16
General Psychiatry	6th of 20	4th of 17
Medical Psychotherapy	Equal 1st of 3	1st of 12
Old Age Psychiatry	7th of 18	9th of 16
Psychiatry of Learning Disability	Equal 8th of 10	7th of 15

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD

Following our first national programme visit in July 2017 to Forensic Psychiatry, we plan that one of the remaining four national programmes (Old Age Psychiatry, Intellectual Disability, Psychotherapy and Child and Adolescent Psychiatry) will have a visit in each of the subsequent four years. We look forward to incorporating these programme visits into our visit cycle with the aim of providing a more comprehensive assessment of the quality training in these specialties which, though important, have small numbers of trainees.

The 2017 QRP will result in prioritisation of visits and these will include those held over from 2016/17; the Stobhill/ Parkhead merger, and the merger of sites within Ayrshire and Arran. It is likely also that a re-visit to Murray Royal Hospital will require to be prioritised following the planned visit in June 2017.

It will be important also however to incorporate in our visit plans a number of scheduled visits to ensure that the plan for a five-yearly scheduled visit cycle is adhered to.

While we look forward to the stability that will be offered by a permanent QIM in post, we will be extremely sad to lose Hazel Scott as one of the Mental Health Quality Leads as she moves on to exciting and new challenges in Liverpool over the summer.

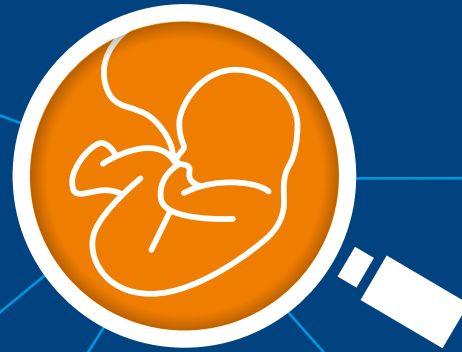
THE TRAINING YEAR 2016/17



OBSTETRICS, GYNAECOLOGY AND
PAEDIATRICS

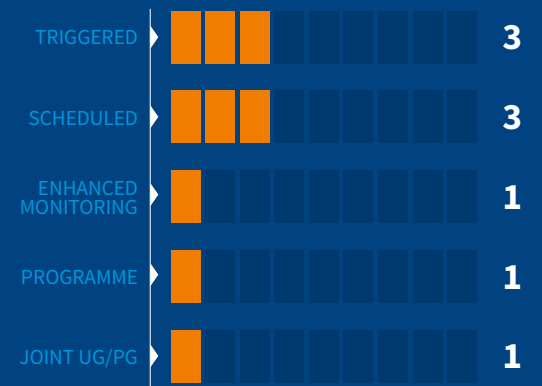
TRAINING PROGRAMMES

WITHIN REMIT OF THE sQMG



VISITS

AUGUST 2016 - END JULY 2017



FOLLOWING QUALITY REVIEW PANEL



TPD ENQUIRIES

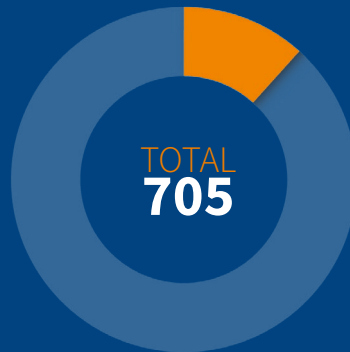
7

6

LETTERS OF RECOGNITION



TRAINEES WITHIN REMIT OF THE sQMG



SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS



7

HELD BETWEEN AUGUST 2016 - END JULY 2017



PROFESSOR DAVID BRUCE
Lead Dean/Director for Obstetrics,
Gynaecology and Paediatrics



OVERVIEW

We completed three triggered and three scheduled visits to both specialties and one programme visit to Community and Sexual Reproductive Health.

We ran separate QRPs for Paediatrics and for Obstetrics and Gynaecology. As was the case last year, the information for both specialties was clearly presented, and our APGD Quality and regional APGDs easily agreed on the outcomes for each site and the Community and Sexual Reproductive Health (CSRH) programme.

We noted at the QRP that the pattern of trainee satisfaction across Scotland was similar in both specialties. Trainees working in the larger and more central units in West and SE regions had the highest levels of satisfaction, both sites being in the top three across the UK. In contrast trainees from our smaller and more peripheral sites in the East and North had lower satisfaction rates. East satisfaction rates were at mid-point of the UK table and North at the lower end. We concluded that both size of unit including staffing and geography are important factors in trainee satisfaction.

The small numbers of trainees in our CSRH programme, six trainees distributed across four sites, made it difficult to assess the quality of training that trainees were experiencing. We therefore conducted our first programme visit. This was successful and while the trainee based in Aberdeen was not able to attend the visit and provide feedback, the TPD indicated that there were no concerns.

We also considered those programmes in Paediatrics where large numbers of trainees might mask either good practice or areas of concern for trainee groups within the specialty. Across Scotland, for example, there are only three separate neonatal units, with other sites including both general paediatric and neonatal medicine within the one unit. We aim to look at separate data from different departments within the larger sites in future QRPs.

Both specialties provide important training for Foundation and General Practice trainees. We considered two main issues that arise for these trainees:

- The need to separate the different level of competency between a Foundation doctor and a GP specialty trainee and ensure that both feel they are working at a level that acknowledges their level of competency and provides appropriate training for their development.
- The need to ensure that they can attend their curricula specific educational release programmes, and that department teaching includes their learning needs.

Having input to our sQMG meeting from Foundation and GP specialty training quality leads is therefore important. We achieved this with Foundation but not with General Practice.

Emerging evidence in Neonatal medicine at Aberdeen Maternity Hospital was considered at the sQMG, and we completed a triggered visit based on STS data and local intelligence from the Associate Postgraduate Dean. The result of this visit was that we escalated the neonatal unit at Aberdeen Maternity Hospital into the GMC enhanced monitoring process.

Our sQMG has benefited from the local intelligence that our regionally based Associate Postgraduate Deans provide, and the balance provided by our Lay Representative. We aim to add the trainee perspective by including representation from our new Trainee Associate Group.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
Community Sexual and Reproductive Health		1st of 12
Obstetrics and Gynaecology	5th of 20	10th of 17
Paediatrics	5th of 20	9th of 16

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD

We will give further consideration to the status of the Neonatal unit at Aberdeen Maternity Hospital following the enhanced monitoring visit in June 2017 led by the regional Postgraduate Dean. As Paediatrics is one of the specialties selected for the upcoming GMC national review in the Autumn, ongoing work will be taking place in preparation for this, and a visit which had been scheduled to University Hospital Crosshouse has now been postponed.

Attendance at the Specialty Quality Management Group meetings is noted to have been rather poor. However, the previous QIM left the department in January 2017 with a new QIM taking up post at the end of March, which may be a contributing factor. We will look to re-engage attendance at these meetings during 2017/18.

At our QRP in September we will prioritise visits, including those held over from the current year.

It will also be important to incorporate in our visit plans a number of scheduled visits to ensure that the plan for a five-yearly scheduled visit cycle is adhered to.

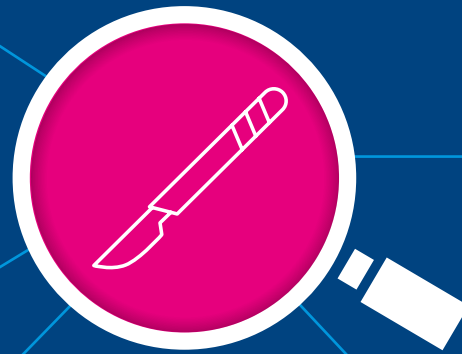
THE TRAINING YEAR 2016/17



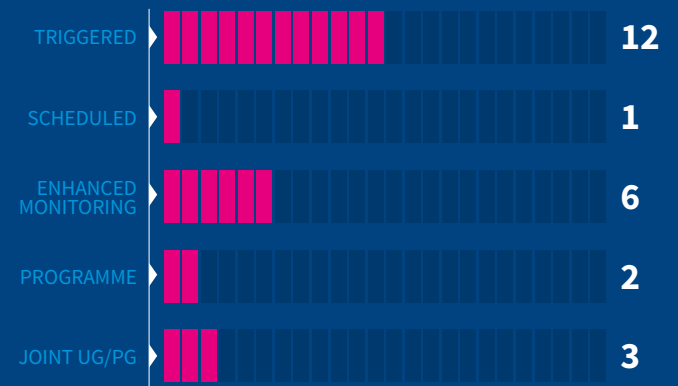
SURGERY

TRAINEES

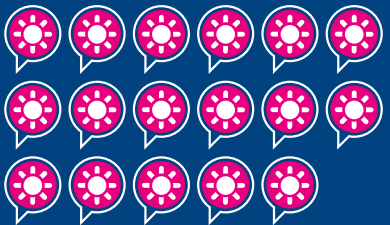
WITHIN REMIT OF THE SQMG



AUGUST 2016 - END JULY 2017



FOLLOWING QUALITY REVIEW PANEL



TPD ENQUIRIES **17**

3

DME ENQUIRIES



LETTERS OF RECOGNITION

3

TRAINING PROGRAMMES

WITHIN REMIT OF THE SQMG



SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS



HELD BETWEEN AUGUST 2016 - END JULY 2017

5



PROFESSOR WILLIAM REID
Lead Dean/Director for Surgical
Specialties



OVERVIEW

Once again we set ourselves an ambitious number of visits to be completed within the year. In spite of running with a vacant Associate Postgraduate Dean - Quality post for the year we have successfully managed to achieve our goals. There have been a number of unexpected concerns that have arisen throughout the year and our team have stepped up to deal with these.

Last year we highlighted three areas of development and throughout the year we have satisfactorily progressed all items.

AREA OF DEVELOPMENT	RESPONSE FROM FOUNDATION TEAM
There needs to be a process to define, identify and share good practice.	Actively share this information at sQMG following review of visit report and information gathered at other sQMGs.
Feedback from the Foundation QRP triggered a number of visits for the Surgical team however clarity regarding the specialties involved is required as a number of visits scheduled were not required.	Collaborative working with the Foundation team ensured that the 2016 QRP data was appropriate and provided more specialty specific intelligence.
There is a need to engage APGD attendance on the sQMG, this could be assisted by rescheduling the sQMG to follow STB meetings	We have aligned our sQMG with the STB and have achieved better engagement from APGDs and the STB Chair.

As mentioned above we have successfully arranged our sQMG to follow the Surgical STB which has proved invaluable to our data gathering. The engagement of the regional APGDs and the STB Chair has been extremely helpful and added greater value to our quality management of the surgical specialties.

We are extremely pleased to see the quality management process has made improvements across a number of sites, particularly those on enhanced monitoring. As a group, we are keen to acknowledge the work undertaken by the sites who have been approved to be de-escalated from the process:

- General Surgery at Wishaw General Hospital
- Trauma and Orthopaedics at Hairmyres Hospital
- General Surgery at Hairmyres Hospital
- Vascular Surgery at Royal Infirmary Edinburgh

Following review of our visit reports we have found recurring themes which we acknowledge are the same as the previous year:

- attendance at protected teaching remains a concern
- vacancies across the programmes continue to have an impact on the trainees' experience
- limited opportunities for emergency and elective theatre opportunities continue
- achieving competencies for Core trainees across Scotland remains a concern.

The importance of access to teaching remains one of our key concerns and we will continue to highlight the issue and where possible provide support and advice to address this issue.

We recognise that recruitment is not the remit of our group however we feel we must acknowledge the impact vacancies have on the experience of other trainees and training programmes.

Core training continues to be a concern across Scotland and as the quality team we remain vigilant to the issues faced by these trainees and where possible we will continue to share good practice to improve trainee experiences.

A considerable number of visits have highlighted issues with trainee access to both emergency and elective theatre opportunities. The new aspect for this year is that these are being reduced by bed pressures faced by the service that further impacts our trainees' opportunities.

OVERALL SATISFACTION

	2016 NTS	2017 NTS
Cardio-Thoracic Surgery	Equal 7th of 14	12th of 15
Core Surgical Training	15th of 19	3rd of 17
General Surgery	12th of 20	11th of 17
Neurosurgery	Equal 9th of 15	10th of 16
Ophthalmology	5th of 20	2nd of 17
Oral and Maxillo-Facial Surgery	Equal 4th of 16	Equal 2nd of 16
Otolaryngology	12th of 19	3rd of 17
Plastic Surgery	Equal 6th of 15	Equal 4th of 16
Trauma and Orthopaedic Surgery	7th of 21	6th of 17
Urology	13th of 17	4th of 16
Vascular Surgery	Equal 9th of 13	5th of 17

NB: The 2017 NTS satisfaction survey results were received shortly before publication and included for information. Please note however that attendant commentaries reflect the 2016 position. All rankings have been taken directly from the GMC reporting tool.

LOOKING FORWARD

We will continue to focus on the provision of training for Core trainees and how best to help them achieve their relevant competencies. We will remain vigilant to these trainees' needs and the challenges they face when competing with higher trainees to gain a successful outcome from their training programme.

The Surgical Quality Management Group is fully supportive of Surgical Specialties Training Board's application to include all 48 Scottish Core Surgical Training posts in the Improvement of Surgical Training pilot. We will provide all the necessary support to the STB to ensure the success of the pilot scheme.

We will continue to highlight the need for mandatory teaching attendance and work towards achieving a greater ability for the trainees to attend this as a protected session.

We are keen to look at other data, such as ARCP outcomes and possibly exam results to help us identify good practice and share this amongst our work stream. This is a long-term goal which we believe will only enhance the quality management process.

As a group we are keen to consider alternative models to conventional visits.

We look forward to continuing to support the quality management process within the Deanery.

THE TRAINING YEAR 2016/17



ENHANCED MONITORING

ENHANCED MONITORING



SCOTLAND HAS 13 ENHANCED MONITORING CASES



TWO NEW ENHANCED MONITORING CASES DURING 2016-2017



SIX CASES ARE BEING MONITORED FOR 'SUSTAINABILITY' OF RESOLUTION (a step towards closure of Enhanced Monitoring) of the entire case, or of at least part of the case

ENHANCED MONITORING

Enhanced Monitoring is a GMC process that can be initiated by the GMC or by the Deanery, in association with the GMC. It is invoked to provide additional leverage to the Deanery's Quality Management and Quality Improvement processes when training environments will not meet the GMC's standards for medical education and training without this intervention.

As of 31 July 2017, Scotland Deanery had 13 cases on enhanced monitoring. Cases vary in their size and complexity – and range from a single issue in a single department to multiple issues among a grouping of multiple specialties, involving multiple departments, within a Local Education provider (LEP). The following table summarises the current enhanced monitoring caseload.

BOARD	LEP	UNIT(S)	TRAINEE LEVEL(S)	SINCE	ISSUE(S)
Greater Glasgow & Clyde	Royal Hospital for Children*	Paediatric Cardiology	Foundation, Core, GPST, Higher	Apr-14	Supervision, education, staff behaviour
Greater Glasgow & Clyde	Beatson WoS Cancer Centre*	Clinical & Medical Oncology	Foundation, Core, GPST & Higher	Oct-14	Education, clinical supervision
Greater Glasgow & Clyde	Vale of Leven General Hospital	Medicine	Foundation, GPST	Jan-15	Supervision, education, rota issues
Lanarkshire	Hairmyres Hospital**	Medicine, General Surgery, T&O	Foundation, Core, GPST, Higher	Mar-14	Patient safety, education, handover, workload, feedback, supervision
Lanarkshire	Monklands Hospital	Medicine, General Surgery, T&O	Foundation, Core, GPST, Higher	Mar-14	Patient safety, supervision, education
Lanarkshire	Wishaw General Hospital**	Medicine, General Surgery, T&O	Foundation, Core, GPST, Higher	Mar-14	Patient safety, supervision, education, workload
Grampian	Aberdeen Royal Infirmary	General Surgery	Foundation, Core, GPST, Higher	Dec-14	Access to education, workload
Highland	Caithness General Hospital	General Surgery, Medicine	Foundation, GPST	Mar-15	Supervision
Lothian	Royal Infirmary of Edinburgh*	Vascular Surgery	Higher	Jun-15	Staff behaviour
Lothian	Royal Infirmary of Edinburgh*	Dermatology	Higher	Sep-15	Staff behaviour, education
Greater Glasgow & Clyde	Queen Elizabeth University Hospital	Medicine	Foundation, Core, GPST, Higher	May-16	Patient safety, adequacy of experience, workload, staffing levels, handovers
Grampian	Aberdeen Maternity Hospital	Neonatal Unit	Run-through	Nov-16	Education, culture
Ayrshire & Arran	University Hospital Ayr	Medicine	Foundation, Core, GPST, Higher	Nov-16	Patient safety, education

We are monitoring four cases (denoted by '**' in the LEP column in the table) for sustainability of resolution of the original issues and when that can be evidenced these will be de-escalated from enhanced monitoring. We are monitoring single specialties within two further cases that involve two or more specialties (denoted by '***') where evidence of sustainability of resolution may enable de-escalation of some elements within these enhanced monitoring cases.

In 2016-2017 we escalated two new cases to enhanced monitoring (the Neonatal Unit at Aberdeen Maternity Hospital and Medicine at University Hospital Ayr). Enhanced monitoring is a valued quality management improvement tool that does drive improvements in the quality of training and training environments but, as can be seen from the table, progress can nevertheless still be slow.

THE TRAINING YEAR 2016/17



SUPPORT FOR QUALITY MANAGEMENT &
IMPROVEMENT



VISIT PANEL TRAINING



VISIT TRAINING DAYS

6
DELIVERED

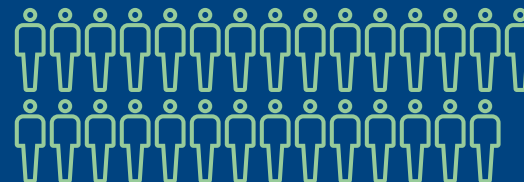


SCOTTISH TRAINING SURVEY

9288

FREE TEXT COMMENTS
SHARED WITH DMEs

TRAINEE ASSOCIATES



29
RECRUITED



SUPPORT FOR QUALITY MANAGEMENT & IMPROVEMENT



TRAINEE ASSOCIATES

Over the last 12 months we have undertaken an exercise to recruit Trainee Associates to work with us. The aim was to not only represent their trainee cohort but also gain a greater appreciation of our commitment to the quality management and improvement of postgraduate medical education in Scotland. We hope that by becoming involved in these activities it will allow trainees to develop their leadership skills and help shape the quality of training for future generations.

The advert to recruit trainees was circulated in August 2016, we received 70 applications, 50 were shortlisted for interview and 29 trainees of different grades & specialties from across Scotland were appointed. Most trainees have completed a visit training day and many have been offered the opportunity to attend a Deanery visit in an observer or shadowing capacity to further enhance their understanding of our process. Going forward we hope to engage Trainee Associates in all of our visits and in other activities such as our Deanery Quality Management Group, specialty Quality Management Group meetings and Quality Review Panels.

LAY REPRESENTATIVES

In the last two years we have recruited new Lay Representatives across our four regions as our original Lay Representative cohort concluded their six year term. We conducted a research project with our outgoing lay rep cohort to learn from their experience. This period has offered an opportunity to further improve the training and support we provide to lay reps and to increase consistency in the use of lay reps across Scotland.

In addition to providing consistent guidance on roles & responsibilities across our four regions we now ensure that Lay Representatives have opportunities to meet with us, and each other, throughout the year. This improvement ensures that we can learn from different Representatives' experiences and any examples of good practice highlighted by the group. We are also focusing on increasing the consistency of completion of feedback forms by Lay Representatives and event chairs following each event the Lay Representatives participate in. This allows us to evidence adherence to due practice for events attended by Lay Representatives and to provide them with more meaningful feedback on their contribution.

TRAINING EVENTS

In the past 12 months we have run a number of training events for those participating in, and chairing, visit panels. Our aim has been to increase the availability of visit panel members and to ensure that our visits are conducted in a consistent manner across Scotland.

The training days cover how to navigate and interpret the information packs we issue to visit panels, how to use our standard question guide, how to manage difficult conversations during a visit and how to review the report following a visit. The training day includes a complex group role play which gives attendees the opportunity to practice using our question guide with trainees and trainers and reflect on any aspects they found challenging. The sessions have all received positive feedback from attendees and a further two events are planned to further increase the visit panel pool and ensure we have sufficient diversity across specialties within this group.

JOINT VISITING

During the 2016/17 training year we have undertaken 10 hospital visits jointly with our Medical Schools. Joint visiting allows us to understand the full experience of medical education in a site/ department from undergraduate through each level of postgraduate training. We have undertaken these visits on a pilot basis and have trialled a range of approaches. In some cases, panels have spoken to students on site during the visits, in other cases the meeting with students has been conducted by the Medical School prior to the visit. There has also been a range of approaches to producing the report following the visit, with some Medical Schools happy with a fully integrated report whilst others have opted to write their own visit report.

We have found joint visiting to be a valuable experience and hope to evaluate the visits which have taken place to date and learn what has worked well. From that learning we hope to develop greater consistency in how joint visits are conducted. We then hope to work with colleagues in Medical Schools to increase the number of joint visits we undertake in 2017/18. We are also considering the most effective way to share information about our visit calendar with Medical Schools to ensure joint visiting can be planned as early as possible.

TASKFORCE TO IMPROVE THE QUALITY OF MEDICAL EDUCATION

The Taskforce to Improve the Quality of Medical Education (TIQME) comprises the key stakeholders around postgraduate and undergraduate medical education and training in Scotland – specifically the Medical Directors and Directors of Medical Education from all 14 territorial Health Boards, the Deans of the Medical Schools and their senior colleagues and the Medical Directorate Executive Team of the Deanery. It is led jointly by Dr Iain Wallace (MD of NHS Lanarkshire), by Prof Morwenna Woods (DME of NHS Fife) and by Prof Alastair McLellan (Co-lead for Quality, Scotland Deanery). TIQME enables collaborative working to inform strategies to address some of the biggest challenges we face in delivering medical education and training in Scotland and it is also a forum for sharing and learning from good practice that already exists around Scotland.

In 2016-2017 TIQME met three times and ran well-attended workshops on the following themes (and more):

- Responding to ‘bullying’ or ‘undermining’ in the training environment (20th December 2016)
- Enhanced monitoring (20th December 2016)
- What the GMC National Review means for Boards, Medical Schools and the Deanery (30th Sept 2016)
- Differential attainment in postgraduate medical education and training: whose problem is this and what are we going to do about it? (4th May 2017)
- The problem of ‘SHO’: the beginning of the end? (4th May 2017)

TIQME is leading the way to the delivery of higher quality medical education and training in Scotland united by that shared vision and enabled by an enthusiasm to work together to achieve that goal.

SHARING INTELLIGENCE

The Sharing Intelligence for Health & Care Group (SIHCG) is Scotland's response to recommendation 35 from the Mid Staffordshire NHS Foundation Trust Public Inquiry that states that there should be better sharing of all intelligence between regulators which, when pieced together, would raise the level of concern. SIHCG includes representation from NHS Education Scotland and from five other national organisations: Healthcare Improvement Scotland, Audit Scotland, Care Inspectorate, Mental Welfare Commission for Scotland and Public Health & Intelligence.

In 2016-2017, the second fully operational year of SIHCG, during which there were six meetings of the group, Scotland Deanery – NES has brought the 'intelligence' it holds relating to the 14 territorial NHS boards and Special Health Boards that provide frontline care for collective consideration along with the data and intelligence held by the SIHCG partner organisations. Scotland Deanery's contribution comprises data, information and intelligence reflecting the experiences of our doctors in training in hospital departments and in GP practices around Scotland from the NTS, STS and from visit reports. SIHCG provides a forum to identify potential or actual risks to the quality of health and social care and, where necessary, to initiate further action in response to these risks. The key conclusions are fed back by the chairs of SIHCG via a report that is discussed with representatives of each Board.

The six SIHCG partner organisations perceive value from sharing their intelligence to gain a more complete picture of the quality of health and social care, as well as through gaining greater understanding of how partner organisations work.

WORKSTREAM GOVERNANCE (NEW CHANGE REQUEST PROCESS)

Our Deanery Quality Management Group (DQMG) provides the governance structure for all of our Quality Management - Quality Improvement activity. The DQMG oversees the work of each specialty Quality Management Group (sQMG) and our developmental working groups. This structure ensures accountability and transparency across our full range of activity and allows sQMGs to learn from each other.

DQMG had previously identified a number of innovations and improvements being developed across sQMGs and working groups. To ensure these developments were captured, discussed, and potentially implemented across the workstream, we introduced a change request process in 2017. This allows any group or individual in the workstream to submit suggested changes to our processes or activities in a structured manner. The change request is then discussed and, if approved, clear guidance on implementation is given. We hope that this process will ensure ongoing consistency across all of our groups whilst still allowing for ongoing improvement and refinement.

RELEASE OF SCOTTISH TRAINEE SURVEY FREE TEXT COMMENTS

Through the four runs of our end-of-post Scottish Training Survey (STS) in 2016-2017, our trainees submitted 5240 free text comments reflecting aspects of training that were particularly good and noteworthy and 4048 free text comments on aspects that they felt were particularly poor and that impacted negatively on their training.

Overall 48% of our survey respondents submitted a 'positive comment' and 37% submitted a 'negative comment'. These free text comments are a rich source of additional information about our training environments, because they give trainees the opportunity to comment on what is important to them that may not have been fully captured in their responses to the survey questions we have set.

Like the core survey content, free text comments are a valuable resource in the quality management toolkit available to each specialty Quality Management Group but can also be informative to DMEs' quality control activities within their own Boards. Associate Postgraduate Deans for Quality assess each one of the 9288 free text comments– to highlight those that are likely to inform specialty Quality Management Groups' quality management processes.

In 2016-2017, responding to requests from DMEs to have access to the STS to support their quality control activities, we have provided access to all DMEs to the full STS content including free text comments through our externally facing STS dashboard.

NEW VISIT QUESTION GUIDE

As part of our aim to continually improve our processes and approach to visiting we have developed a new standard question guide for use in our visits. The new question guide builds on what we have learned from the large number of visits undertaken and aims to take account of developments such as the publication of the GMC question set. Our new question guide had been carefully mapped to the requirements in Promoting Excellence and will further enhance our ability to assess whether sites and training programmes are meeting the standards set out by our regulator.

We piloted the new question guide at three visits in June 2017 and are currently compiling an evaluation based on the experiences of those participating in those visits. We aim to further refine the question guide and introduce it for all visits from the start of the 2017/18 training year.

This resource may be made available, in full or summary form, in alternative formats and community languages.

Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.



NHS Education for Scotland

102 Westport
Edinburgh EH3 9DN
Tel: 0131 656 3200

www.nes.scot.nhs.uk

© NHS Education for Scotland 2017. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.