

Faculty

- **John Colvin**
 - Consultant Anaesthetist and Senior Medical Advisor Scottish Government Health Workforce
- **Daniel MacDonald**
 - Workforce Advisor/Programme Director, Scottish Government Health Workforce
- **Emily Broadis**
 - Scottish Clinical Leadership Fellow, Scottish Government Health Workforce
- **Andrew Pearson**
 - Scottish Clinical Leadership Fellow, Scottish Government Health Workforce/RCoA
- **Neil Ritchie**
 - Chief Resident Medicine, QEUH
- **Emily Ward**
 - Scottish Clinical Leadership Fellow, Scottish Government Health Workforce/RCPE
- **Lesley Curry**
 - Scottish Clinical Leadership Fellow, Scottish Government Health Workforce/NES

Welcome to the workshop



The Professionalism Compliance Analysis Tool

Outline for this afternoon

- Overview of PCAT & experience from Acute Medicine, Queen Elizabeth University Hospital
- Round Table Discussion (40 minutes)
- Panel Session (25 minutes)
 - Short summary piece from tables
 - Q&A session
- Round up and Rotapedia



Please use the post it notes to write down examples of good practice or difficulties you are facing with regard to working patterns and the environment of trainees

Overview of PCAT

- Why change rotas?
- What is PCAT?
- GMC Promoting Excellence Standards
- Feedback from departments and workshops

Why change rotas?

Rotas are **designed** with the **available** numbers of doctors in training to provide **service** within the contractual limits of the **EWTR** and the **ND**



Rotas are **designed** to **empower** doctors in training to become **Good Doctors**

Define “Good Doctors”?

*“Good Doctors make the care of their **patients** their first concern, they are **competent**, keep their **knowledge and skills up to date**, establish and maintain **good relationships** with patients and colleagues, are **honest** and **trustworthy**, and act with **integrity** and within the law ”*

GMC – Professionalism in Action

Define “**Good Rotas**”?

“*Good Doctors*” **Rotas with Patient at the centre of design**

CO **Quality of training: Symbiosis between training and service**
skills up to date, established **Team Cohesiveness and Compassion**
with patients and colleagues, are **Rota Monitoring Process**
and act u **Workload intensity allows timely breaks**

GMC – Professionalism in Action

What is PCAT?

- Quality Improvement Framework
- Working environment of *Doctors in Training*
- To foster a synergistic relationship between
 - Safe Patient-Centred Care
 - High Quality Training
 - Doctor Health and Well-Being

Framework and Themes

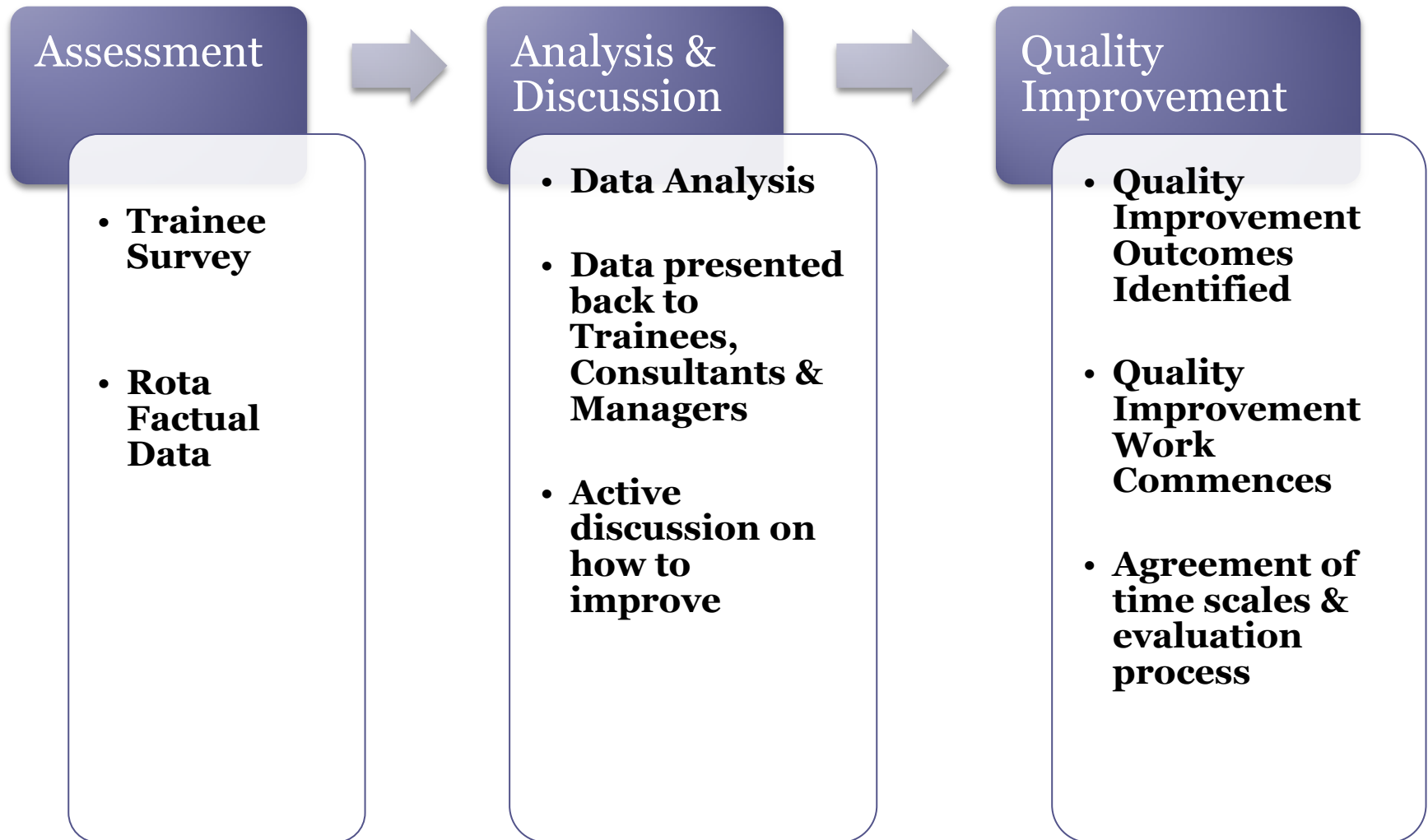


Post night recovery
Timely release of rota
Flexibility of annual leave
Healthy shift patterns
Percentage OOH
Re-establishing 'teams'
Health and Wellbeing

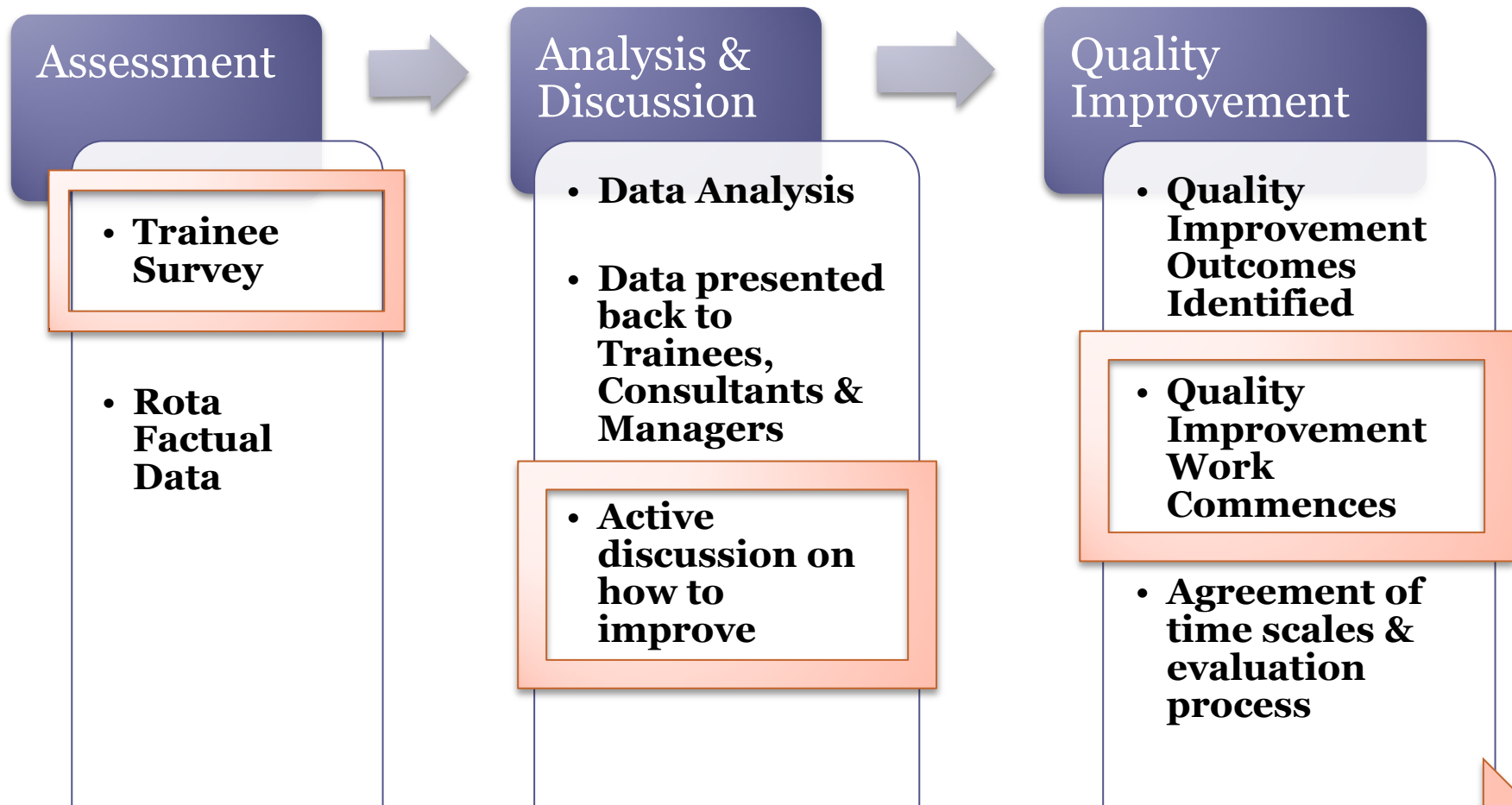
Adequacy of medical staff
Adequacy of nursing & AHP staff
Workload intensity
Preparedness for changes in workload intensity
Continuity of care: Turnover of medical staff
Safe management of transition phases: induction and handover

Trainees actively involved in rota design
Formal teaching time is protected
Accessibility of study leave
Time for non-clinical tasks provided on rota
Adequacy of **clinical** supervision
Adequacy of **educational** supervision
'Acting up' Support
Mentorship Structure
Formal teaching and planning for unique learning opportunities within the rota

The PCAT Process



The PCAT Process



Active Trainee Engagement throughout entire process

PCAT is an Improvement Tool using Structured Conversation

- The PCAT process gathers data and presents this back to the Unit
- It brings all relevant parties around a table to discuss the 'evidence': it provides the 'space'
- This structured conversation is crucial to enable identification of outcomes and improvements

What does PCAT 'look like' in
a department?

...some examples from feedback
and workshops

| | FY 2 | Registrar |
|---|---|---|
| Formal teaching protected (bleep free) | Yes | No |
| Educational supervision satisfactory | Agree/Strongly Agree (80%) Neutral (15%) Disagree/Strongly Disagree (5%) | Agree/Strongly Agree (75%) Neutral (10%) Disagree/Strongly Disagree (15%) |
| Kept up to date with educational opportunities | Agree/Strongly Agree (90%) | Agree/Strongly Agree (85%) |
| Attendance at internal teaching sessions | All/More than half (70%) Around half (20%) Less than half (10%) | More than half (30%) Around half (10%) Less than half (50%) None (10%) |
| Formal teaching quality VG or Excellent | Agree/Str Agree (60%) Neutral (40%) | Excellent/VG (75%) Neutral (25%) |
| Rota allows easy access to Study leave | Neutral (20%) Disagree (60%) Strongly Disagree (20%) | Agree (50%) Neutral (22%) Disagree (28%) |
| Audit/research opportunities -Yes and Have -Yes and Have not -No but would have like to -No and do not wish to | 30% 25% 40% 5% | 80% 0 15% 5% |



Fictional example of a section of the analysis, presented back to the department

Health and
Wellbeing

Active management of rotas

- Administration support
- Filling gaps in advance: pre-empting rota gaps and dedicating funding towards 'alternative posts' to fill them

Diverse workforce

- Focus on workload relevance with respect to training benefit
- Allied health professionals working at top of skill set

Patient
Safety and
Centred

Out of hours working

- Teamwork overnight to address tiredness
- Rotas which integrate juniors and seniors to ensure support

Training
and
Education

Induction

- Department handbooks accessible on shared drives
- Virtual induction programme running all year round
- 'Buddy system' for new starts



Examples of QI work streams from feedback and workshops

GMC: Promoting Excellence

| STANDARDS | REQUIREMENTS | PCAT DOMAIN |
|---|---|--|
| <p>S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> | <p>R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.</p> | <p>1.3a Workload intensity – Day 1.3b Workload intensity – Night 1.4 Preparedness for changes in workload intensity 1.6 Safe management of transition phases: handover and change over 2.4a Adequacy of clinical supervision 2.5 ‘Acting up’ Support 2.6 Mentorship Structure</p> |
| <p>S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</p> | <p>R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.</p> | <p>1.4 Preparedness for changes in workload intensity 1.6 Safe management of transition phases: handover and change over</p> |
| | <p>R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.</p> | <p>2.2a Formal teaching time is protected 2.3 Time for non-clinical tasks is provided on rota 2.6 Mentorship Structure</p> |



Department work streams can be mapped to the GMC Standards, useful for communication to external bodies

Contractual Compliance...

At what cost?

Welcome from the PCAT Team



The Professionalism Compliance Analysis Tool

**Be brave
enough to
start a
conversation
that matters.**

AUTHOR
DAU VOIRE

Assess the ability of rotas to provide an environment that fosters professional behaviour amongst doctors in training

Support trainees to act as 'rota guardians'



Aims of
PCAT

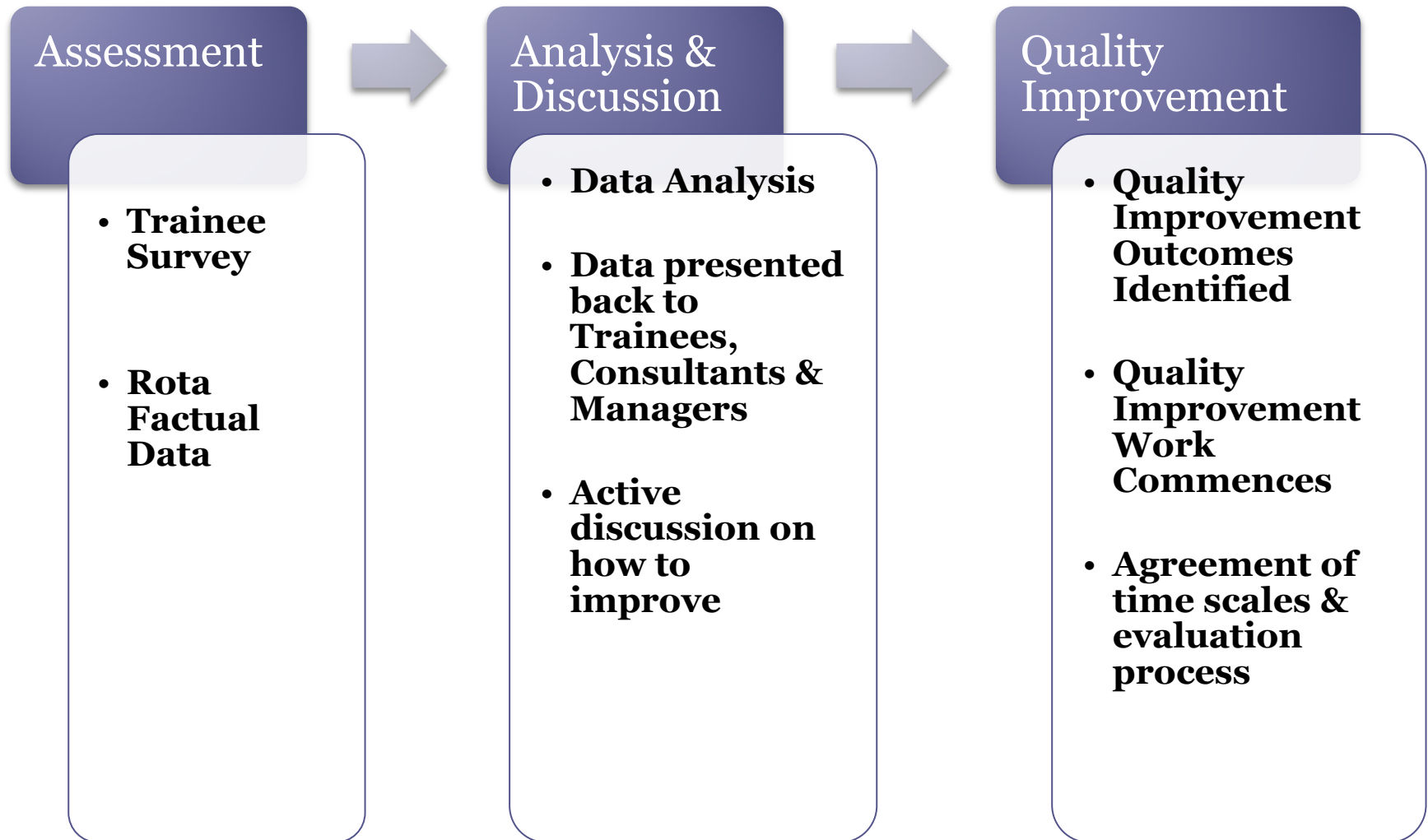
Benchmark rotas across Scotland to highlight good and bad practices

Provide a framework for supporting improvement and disseminating good practices in rota design

Don't find fault, find
a remedy: Anybody
can complain.

Henry Ford

The PCAT Process



Seek first to understand,
then to be understood.

Stephen Covey

Framework and Themes



Post night recovery
Timely release of rota
Flexibility of annual leave
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One good conversation
can shift the direction
of change forever.

Linda Lambert

Why is PCAT relevant?

- Recruitment and Retention
 - EWTR and ND does not guarantee high quality
 - Practices vary widely
 - Areas with poor recruitment and retention quote rota issues as a major factor
- GMC Visit to Scotland Deanery in 2017
 - Promoting Excellence: Standards for Medical Education and Training
- Workforce 2020 Vision and Realistic Medicine – Scottish Government

PCAT Support Package

- PCAT Champions: Key personnel who deliver initial PCAT training
- Rotapedia*
 - Intelligent Rota Design Guide
 - Rota Guardian Network: Lead trainees are encouraged to share ideas
 - Best Practice Library: Educational and Support Resources

*Website currently under construction