

THE SCOTLAND DEANERY

ANNUAL QUALITY REPORT 2018



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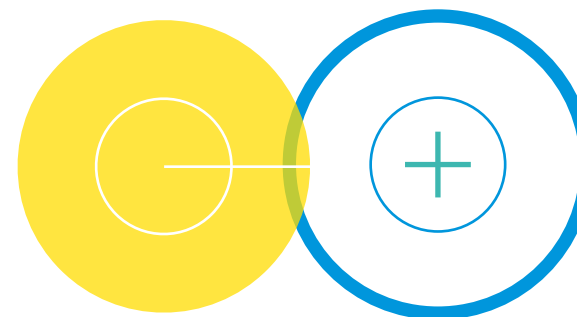
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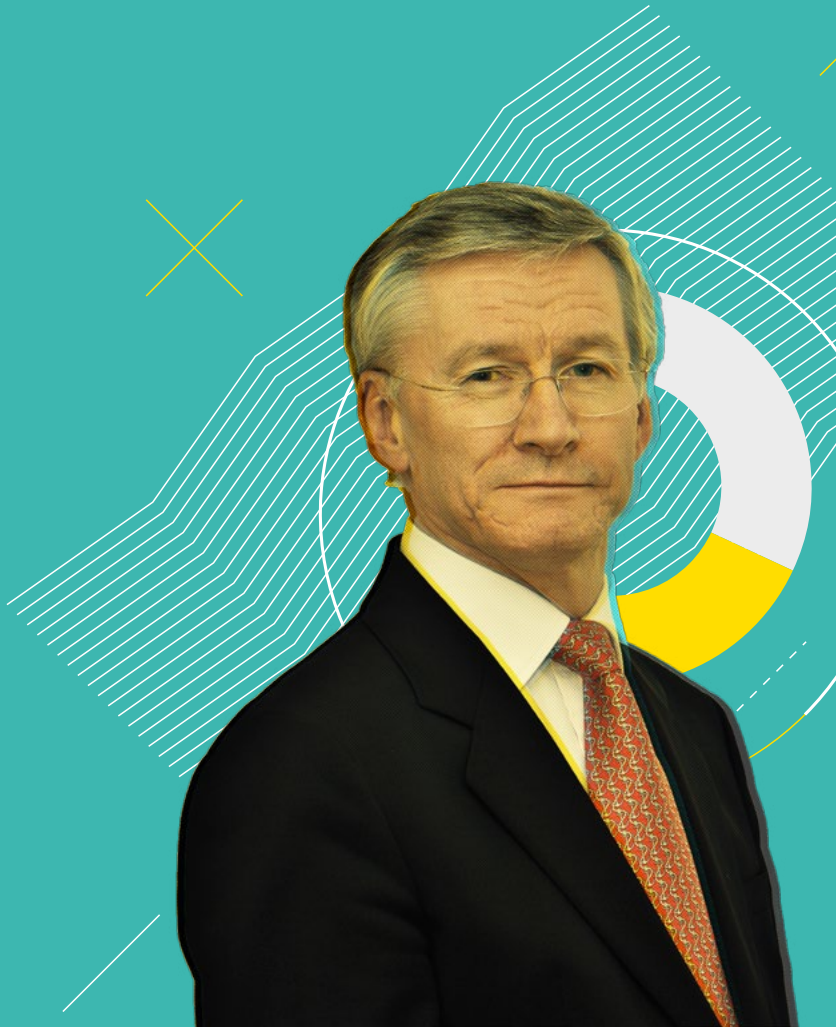
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THE TRAINING YEAR 2017/18

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STEWART IRVINE
Director of Medicine

FOREWORD

I am pleased to present the third Scotland Deanery Annual Quality Report. It is a summary of our work, across the training year, to continually improve the standard of medical education and training in Scotland. Our overarching aim of greater patient safety through better training has again been to the fore and our teams have worked collaboratively with our partners in Scotland's Medical Schools and Health Boards to tackle areas needing improvement and promote good practice.

Acknowledging the success of this joined-up approach, the GMC, in closing their National Review of Scotland reported an extremely positive picture of medical education and training in Scotland, determining that the standard of medical education and training in Scotland is very high. Further to this, the GMC's judgement was that the Scotland Deanery was aware of what is happening across Scotland and has robust systems in place for identifying and managing concerns over safety and quality. A very favourable conclusion that is testament to the organisation and diligent work of our Specialty Quality Management Groups.

I was also pleased to note that our joint work with the GMC around their Enhanced Monitoring (EM) process, that may be invoked where standards fail to be met within a reasonable period of time, has brought about real change. The dedicated work of the units and trainers who have turned around the units under EM, as well as the efforts of our own team needs to be acknowledged.

We now publish all our visit reports to share findings not only with those visited, but with other trainees in Scotland and the general public. This is a key development for us and an important step towards greater openness and transparency. We remain committed to improving our internal processes and continue to make positive change through our Quality Workstream with great emphasis on training, consistency and data for robust evidence.

Whilst the GMC review gives us confidence in what we are doing, there are still several areas where training and education is falling below standards. Our challenge is to understand why this happens and work with our partners to bring about positive change.

THE TRAINING YEAR IN NUMBERS

NUMBER OF TRAINEES WITHIN REMIT OF ALL sQMGs

5831

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF ALL sQMGs

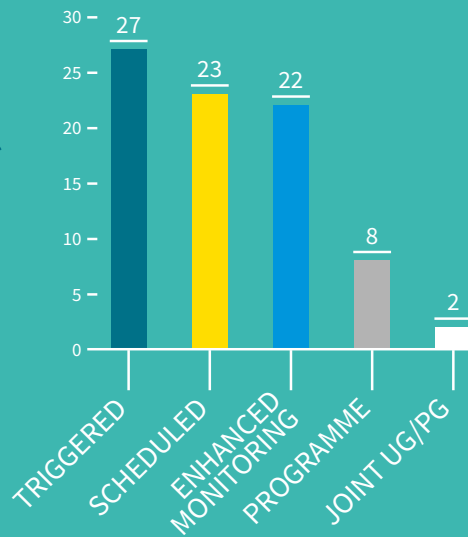
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VISITS

TOTAL NUMBER OF VISITS
AUG 2017 – END JUL 2018



54



EXAM SUCCESS!

70.7% TRAINEE PASS RATE VS 68.1% ACROSS THE UK AS A WHOLE

NUMBER OF sQMGs HELD
(AUG 2017 – END JUL 2018)

NUMBER OF TPD ENQUIRIES FOLLOWING QRP

48

53

NUMBER OF DME ENQUIRIES FOLLOWING QRP

33

106

NUMBER OF LETTERS OF RECOGNITION ISSUED FOLLOWING QRP



PROFESSOR CLARE MCKENZIE
Lead Dean Director for Foundation

THE TRAINING YEAR 2017/18

FOUNDATION

MEMBERSHIP OF THE FOUNDATION QUALITY MANAGEMENT GROUP

Associate Deans (Quality) – Dr Geraldine Brennan and Dr Fiona Drimmie

Associate Deans (Regional) – Dr Fiona Cameron, Dr Duncan Henderson, Dr Andrew Todd (now retired), Dr Kim Walker and Dr Caroline Whitton (newly appointed)

Consortium Leads – Dr Mo Al-Haddad, Dr Alastair Milne, Dr Brian Neilly, Mr Yatin Patel and Dr Joe Sarvesvaran (newly appointed)

Trainee Associates – Dr Hannah Austin, Mr Christopher McDermott

Quality Improvement Manager – Ms Jill Murray

Lay Rep – Mrs Susan Ross

HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

1630

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

54

VISITS

TOTAL NUMBER OF VISITS
AUG 2017 – END JUL 2018



9



15
APGD ENQUIRIES
FOLLOWING QRP



6
QIM ENQUIRIES
FOLLOWING QRP



1
DME ENQUIRY
FOLLOWING QRP



1
FACT FINDING
MEETING



11
NUMBER OF LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP



5
NUMBER OF sQMGs MEETINGS
HELD AUG 2017 – END JUL 2018

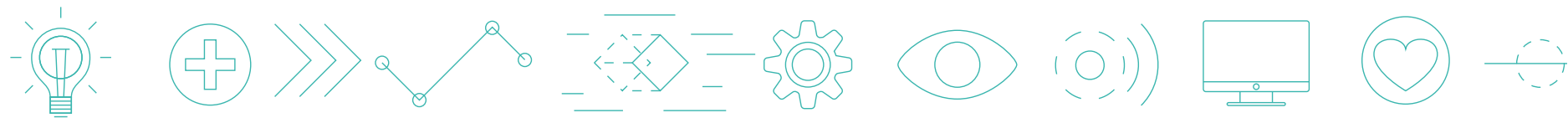
OVERVIEW

The following visits were identified at the 2017 QRP:

📍 SITE	⊕ SPECIALTY	VISIT TYPE	DATE OF VISIT	📌 OUTCOME OF VISIT
ABERDEEN ROYAL INFIRMARY (JOINT WITH UG)	Trauma & Orthopaedics	Triggered	24/11/17	Very positive visit. Revisit as part of 5-year schedule.
ROYAL INFIRMARY EDINBURGH	Trauma & Orthopaedics	Triggered	30/01/18	A revisit is likely due to a number of concerns regarding Foundation training.
GLASGOW ROYAL INFIRMARY	Obstetrics & Gynaecology	Triggered	05/02/18	Referred to Enhanced Monitoring.
WESTERN GENERAL HOSPITAL	General Surgery	Triggered	06/03/18	Good visit. Revisit unlikely but will be monitored by sQMG as some minor issues to be rectified.
WESTERN GENERAL HOSPITAL	Urology	Triggered	06/03/18	Good visit. Revisit unlikely but will be monitored by sQMG as some minor issues to be rectified.
WOODEND HOSPITAL	Trauma & Orthopaedics (FY)	Triggered	19/03/18	Good visit with many improvements made. Revisit unlikely but will be monitored by sQMG as there are concerns re sustainability.
ABERDEEN ROYAL INFIRMARY	Urology	Triggered	19/03/18	Very positive visit. Revisit unlikely however there were concerns about the Foundation trainee's workload, therefore will continue to be monitored by the sQMG.
ST JOHN'S HOSPITAL	General Medicine	Triggered	15/05/18	Serious concerns, revisit required.
ROYAL EDINBURGH HOSPITAL	General Psychiatry	Scheduled	14/06/18	Good visit. No revisit required but will be monitored by sQMG as some minor issues to be rectified.
NINEWELLS HOSPITAL	Trauma & Orthopaedics (FY)	Fact Finding	26/06/18	-
ABERDEEN ROYAL INFIRMARY	General Medicine	Triggered	-	Postponed due to GMC visit.
NETHERGATE GENERAL PRACTICE	General Practice (FY2 only)	Scheduled	-	Postponed due to staff changes. To be rescheduled Sept '18.
ROYAL INFIRMARY EDINBURGH	Cardio-Thoracic Surgery	Scheduled	-	Postponed due to specialty issues in unit.
ST JOHN'S HOSPITAL	Obstetrics & Gynaecology	FFM FY only	-	Not scheduled as Specialty potentially visiting.

Visits identified but led by Specialty:

SITE	SPECIALTY	VISIT TYPE	DATE OF VISIT	OUTCOME OF VISIT
UNIVERSITY HOSPITAL AYR	General Medicine	Enhanced Monitoring	28/02/18	Remains on Enhanced Monitoring.
FORTH VALLEY ROYAL HOSPITAL	General Medicine	Revisit	22/05/18	Revisit will take place in 2019
BEATSON WEST OF SCOTLAND CANCER CENTRE	Clinical Oncology	Enhanced Monitoring	30/05/18	De-escalated from Enhanced Monitoring.
QUEEN ELIZABETH UNIVERSITY HOSPITAL	General Medicine	Enhanced Monitoring	21/02/18	Remains on Enhanced Monitoring.
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Neurosurgery	Triggered	22/11/17	Good visit. Revisit highly unlikely.
UNIVERSITY HOSPITAL HAIRMYRES	General Surgery	Enhanced Monitoring	23/05/18	Removal from Enhanced Monitoring recommended.
UNIVERSITY HOSPITAL HAIRMYRES	Trauma & Orthopaedics	Enhanced Monitoring	23/05/18	Removal from Enhanced Monitoring recommended.
UNIVERSITY HOSPITAL HAIRMYRES	General Medicine	Enhanced Monitoring	10/01/18	Removal from Enhanced Monitoring recommended.
UNIVERSITY HOSPITAL MONKLANDS	General Medicine	Enhanced Monitoring	24/01/18	De-escalated from Enhanced Monitoring.
UNIVERSITY HOSPITAL MONKLANDS	General Surgery	Enhanced Monitoring	13/06/18	Improvements made de-escalation of EM continue to monitor via sQMG
UNIVERSITY HOSPITAL WISHAW	Trauma & Orthopaedics	Enhanced Monitoring	02/07/18	Improving but remains on Enhanced Monitoring

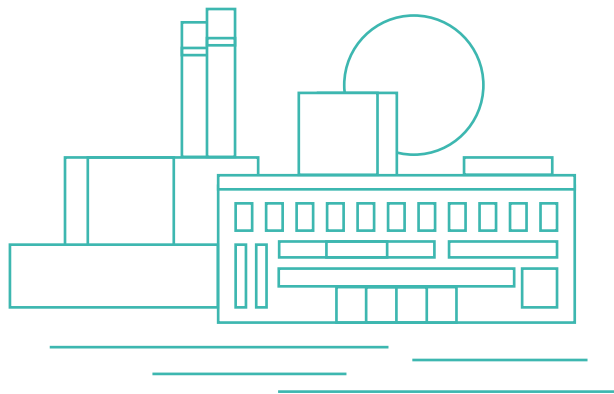


The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
Foundation	0	15	1	6	Complete

Sites on enhanced monitoring with Foundation trainees
01/08/17 – 31/07/18

- General Surgery, **Aberdeen Royal Infirmary**
- General Medicine, **Caithness General Hospital**
- General Surgery, **Caithness General Hospital**
- Obstetrics & Gynaecology, **Glasgow Royal Infirmary**
- General Surgery, **Ninewells Hospital**
- General Medicine, **Queen Elizabeth University Hospital**
- General Psychiatry, **Tayside Health Board**
- General Medicine, **University Hospital Ayr**
- Trauma & Orthopaedics, **University Hospital Hairmyres**
- General Surgery, **University Hospital Hairmyres**
- General Surgery, **University Hospital Monklands**
- Trauma & Orthopaedics, **University Hospital Wishaw**
- General Medicine, **Vale of Leven General Hospital**



LDD OVERVIEW

Last year we gave ourselves 3 main areas of focus:

- Attendance of Foundation trainees at mandatory teaching.
- Maintain and strengthen our links with the Foundation School to identify good practice.
- The management of Foundation trainees' expectations particularly in Surgical specialties.

Our sQMG has worked closely with the Foundation School to promote their Foundation Delivered Educational Programme guidelines. The results from the visits led by the Foundation team and the visit reports reviewed by our team seems to demonstrate an improvement in attendance. Although we appreciate that we do not have numerical data for this, the trainees we are meeting report good attendance, bleep free, at their regional teaching.

We have strengthened our information flow from other sQMGs with representatives from the Foundation School sitting on each quality group. We now have a formal section on our sQMG agenda for the representatives to report back from each meeting. We also receive written updates if someone is unable to attend our sQMG meeting. Although we had hoped this would help us identify good practice across Scotland we have not been able to dedicate the time we would have wished to this task and will continue to work towards this.

We have discussed with our sQMG colleagues the expectations of Foundation trainees, particularly in Trauma and Orthopaedics, and highlighted the number of visits we have undertaken in this specialty this year. We have identified good practice in dealing with trainee expectations on at least one site and can see value in pulling all the information regarding good practice from recent visits to this specialty into one document.

Again, on all our Foundation led visits we have been highlighting the value of providing trainees with clear roles and responsibilities at their induction.

GOOD PRACTICE

During this year the Foundation Quality team have come across several units using short 'drop in' teaching sessions to support Foundation placements. These have, in general, been in surgical units and have been delivered by other specialities who provide care to patients in the surgical wards.

Examples are Palliative Medicine, Geriatric Medicine and Pharmacy. The sessions are often late morning or over lunch – 15 – 20 minutes – with whoever is around on that ward or neighbouring units. These are welcomed by the trainees who gain a better understanding of subjects relevant to their curriculum as well as being supported in delivering patient care.

LOOKING FORWARD

We have very good attendance at our sQMG meetings however in 2018/19 it is our intention to revamp the content of our sQMG to increase time for feedback and discussion. The sQMG receives a substantial amount of information. To date we have received over 30 reports to review and by the end of the year we will have received over 50, this volume limits the opportunity to discuss other matters, particularly progress against action plans.

Geraldine Brennan and Fiona Drimmie provide an excellent summary of the multiple visit reports in order to streamline the information regarding foundation training however reviewing the visit information continues to take up a substantial amount of time on the agenda. Going forward it is our intention to focus more on the action plans from all visit reports and feedback to other sQMGs our thoughts on these action plans.

One of our concerns this year has been the reduction of the freetext comments from the Scottish Trainee Survey (STS). Whilst we acknowledge that previously there was an unmanageable amount of comments, we felt that often they provided additional information to the Foundation team that was unavailable elsewhere. We would hope to enter into a meaningful discussion at DQMG or with the workstream leads as to a way forward to reconsider the capture of free text comments.

Engagement of the Foundation Programme Directors (FPDs) on visits has been limited with only a small number of FPDs regularly undertaking visits. This has been highlighted to the regional Associate Deans for Foundation and has been introduced as a standing item on our sQMG Agenda. At each meeting a report will be presented updating FPD attendance from each region. This is supported by the Foundation Board and at a recent meeting of all FPDs across Scotland they were advised by the Chair of the Foundation Board that the expectation is that each FPD completes at least one visit per year.

Our final aspiration is to work with a NES Researcher to assist with reviewing data relating to Foundation Trauma and Orthopaedic posts across Scotland. Our aim is to identify areas of good practice and actively engage with other units via the Surgery STB to share the information and attempt to improve the foundation training in this specialty across Scotland.

We continue to believe the Foundation workstream have a lot to offer the quality management process and the team looking forward to continuing their efforts to improve training opportunities for all Foundation trainees.

OVERALL SATISFACTION

	2016 NTS	2017 NTS	2018 NTS
FOUNDATION YEAR ONE	Equal 9 th of 20	9 th of 16	13 th of 16
FOUNDATION YEAR TWO	9 th of 20	15 th of 16	10 th of 16



PROFESSOR MOYA KELLY

Lead Dean/Director for General Practice, PH and OM

THE TRAINING YEAR 2017/18

GENERAL PRACTICE, PUBLIC HEALTH, OCCUPATIONAL HEALTH

MEMBERSHIP OF THE GENERAL PRACTICE, OCCUPATIONAL HEALTH & PUBLIC HEALTH QUALITY MANAGEMENT GROUP

Associate Deans (Quality) – Dr Kenneth Lee – Associate Postgraduate Dean Quality, Assistant Director West region, Dr Amjad Khan – Associate Postgraduate Dean Quality, Assistant GP Director South East of Scotland (until July)

Assistant GP Directors – Dr Gordon McLeay – Assistant GP Director East of Scotland, Dr John Nicol – Assistant GP Director North of Scotland (October 2017), Dr Elizabeth Barr – Assistant GP Director North of Scotland (October 2017), Dr Meiling Denny – Assistant GP Director South East of Scotland

Foundation Representative – Dr Fiona Cameron

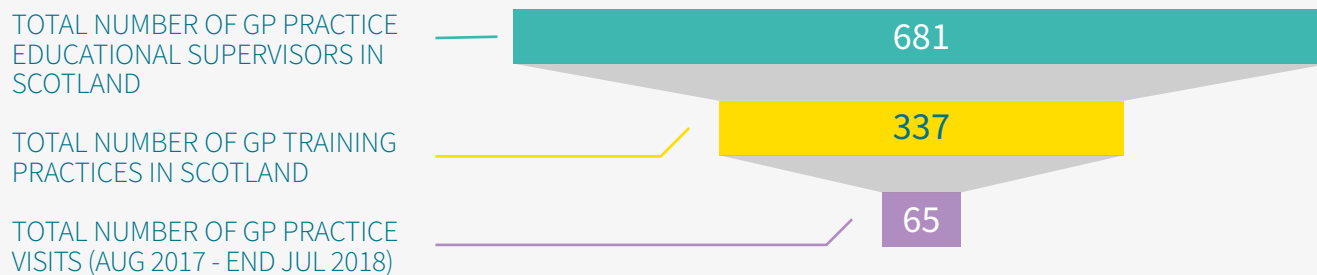
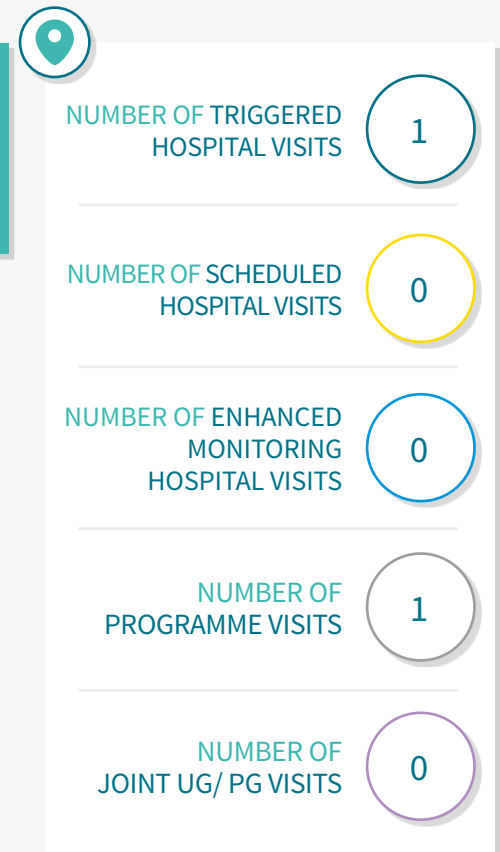
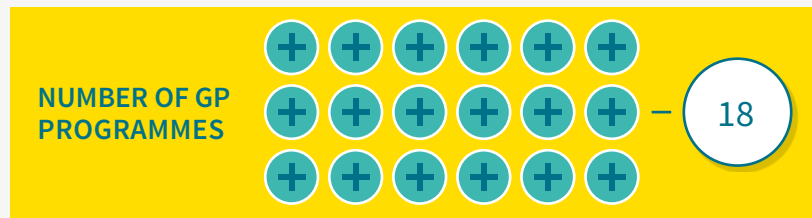
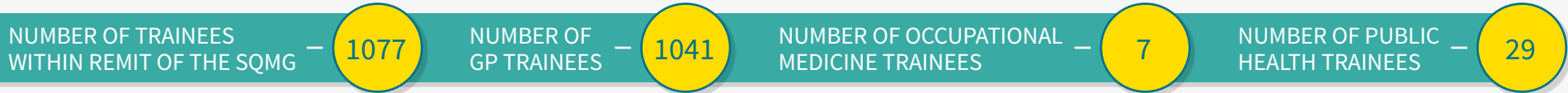
Quality Improvement Manager – Mrs Hazel Stewart

Quality Improvement Administrators – Ms Gayle Hunter, Ms Lorna McDermott, Mr Bryan Ewington

Trainee Associates - Eleanor Davidson and Fahd Mahmood

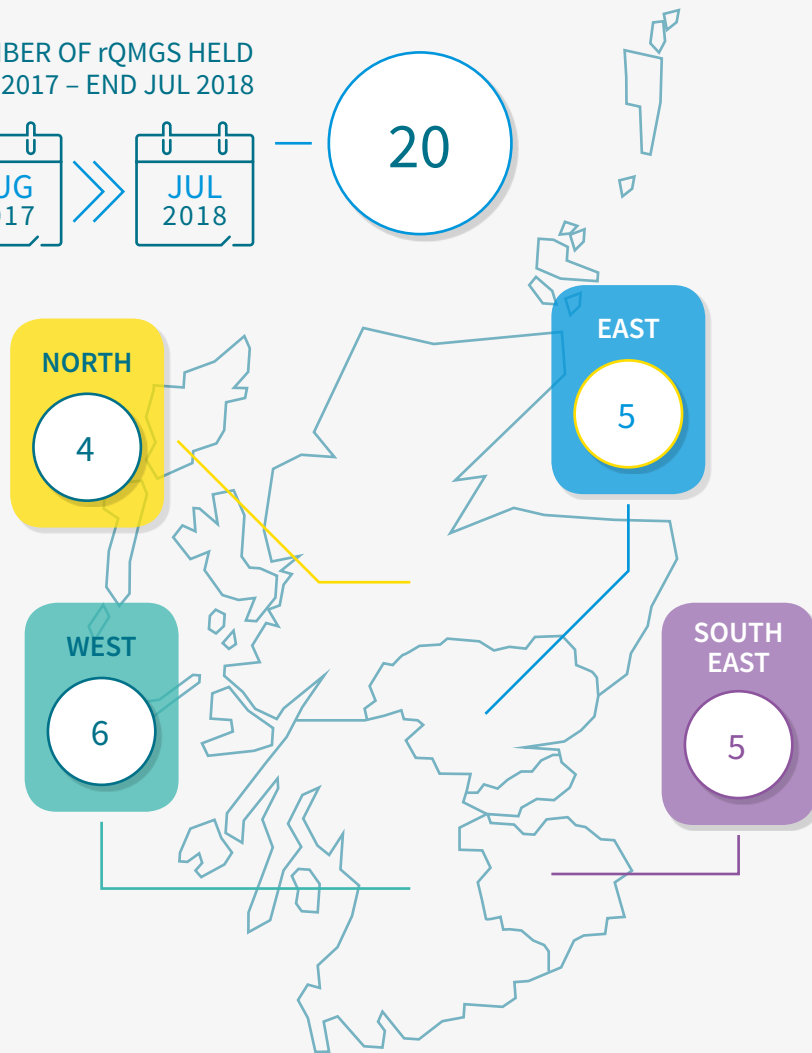
Lay Rep – Ms Penny MacGregor

HIGHLIGHTS



HIGHLIGHTS

NUMBER OF rQMGs HELD
AUG 2017 – END JUL 2018



9
DME ENQUIRIES
FOLLOWING QRP



5
TPD ENQUIRIES
FOLLOWING QRP



32 NUMBER OF LETTERS OF RECOGNITION ISSUED
FOLLOWING QRP | 21 HOSPITAL, 14 GP PRACTICE

REGIONAL BREAKDOWN OF PRACTICE & EDUCATIONAL SUPERVISOR (RE)
APPROVALS BETWEEN 01/08/2017 – 30/05/2018

REGION	NEW SUPERVISOR APPROVAL	SUPERVISOR RE-APPROVAL	NEW TRAINING PRACTICE VISIT	TRAINING PRACTICE RE-APPROVAL VISIT	TRAINING PRACTICE VIRTUAL RE-APPROVAL	TRIGGERED PRACTICE VISIT
EAST	4 (2)*	15 (12)	0 (0)	8 (0)	0 (7)	0 (0)
NORTH	13 (8)	32 (37)	5 (2)	6 (7)	10 (15)	0 (5)
SOUTH EAST	21 (5)	41 (26)	4 (0)	19 (8)	5 (6)	1 (2)
WEST	10 (10)	69 (119)	0 (4)	22 (11)	11 (8)	0 (2)
TOTAL	48 (25)	157 (194)	9 (6)	55 (26)	26 (36)	1 (9)

*THE FIGURES SHOWN IN BRACKETS SHOW THE PREVIOUS YEAR'S DATA FROM 01/08/2016 - 28/04/2017

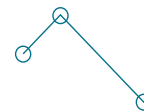
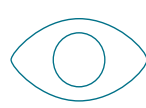
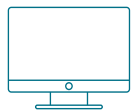
OVERVIEW

The following visits were identified at the 2017 QRP:

SITE	SPECIALTY	VISIT TYPE	DATE OF VISIT	OUTCOME OF VISIT
NATIONAL	Public Health	Programme	31/10/2017	5 Year cycle
ROYAL ALEXANDRA HOSPITAL	Emergency Medicine	Triggered	24/05/2018	5 Year cycle
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Obstetrics and Gynaecology	Fact finding meeting	Monitored through sQMG	Review at QRP 2018
LYNEBANK/STRATHEDEN/QUEEN MARGARET/WHYTEMAN'S BRAE	Psychiatry	Fact finding meeting	Monitor through sQMG	TPD meeting with DME to discuss psychiatry posts. Will review again at QRP 2018

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
GP	5	9	1	Complete
OM	0	0	0	N/A
PH	0	0	0	N/A



Sites on enhanced monitoring that provide training to GP trainees 01/08/17 to 31/07/18

There are six sites currently on enhanced monitoring (EM) that provide training to GP trainees. During the current training year there will be seven enhanced monitoring revisits. Two of the sites have had their enhanced monitoring status de-escalated, one has had its enhanced monitoring status escalated to “with conditions” and one new site has been placed on enhanced monitoring following a triggered visit this year.

Details are listed in the table below:

SITE	SPECIALTY	DATE OF LAST VISIT	OUTCOME
UNIVERSITY HOSPITAL HAIRMYRES	General Internal Medicine	10/01/2018	De-escalated
UNIVERSITY HOSPITAL MONKLANDS	General Internal Medicine	24/01/2018	De-escalated
QUEEN ELIZABETH UNIVERSITY HOSPITAL	General Internal Medicine	21/02/2018	Remain on EM
GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY HOSPITAL	Obstetrics & Gynaecology	05/02/2018	Escalated on to EM
UNIVERSITY HOSPITAL AYR	General Internal Medicine	28/02/2018	Escalated to EM “with conditions”
UNIVERSITY HOSPITAL HAIRMYRES	General Surgery/ Trauma & Orthopaedics	23/05/2018	Posts disestablished De-escalated
UNIVERSITY HOSPITAL MONKLANDS	General Surgery	13/06/2018	Posts disestablished De-escalated
UNIVERSITY HOSPITAL WISHAW	Trauma & Orthopaedics	02/07/2018	Posts disestablished De-escalated

LDD OVERVIEW

The Specialty Quality Management Group for GP/OccMed/PH has continued to streamline and develop their processes and achieved increasing consistency across the Regions. The current team are working collectively to drive forward the quality agenda within our specialty grouping.

Review of the priority areas Identified for in 2017/2018 Annual Review

GENERAL PRACTICE

1. Mechanism for approval and re-approval of general practices that move from independent contractor status to health board-run managed practices (2C). *We now have standard operating procedure for this in place.*
2. Re-approval when a training practice merges with another practice. *We now have a standard operating procedure for this.*
3. A standard approach to be developed on managing dates of practice approvals which is currently inconsistent across the regions. *It has been agreed that approval renewal period awarded will commence from the end date of the existing approval.*
4. Further explore inter-regional visiting to GP practices. *Due to the changes in personnel across the regions this has not yet been established but is on our action list for the next twelve months.*
5. Widen QM approval of GPST Out of Hours experience across all four regions with a process review. *This is a work in progress. We have incorporated out of hours experience for general practice within the STS. Lothian out of hours service was visited recently and this report will go to the next SQMG. New UK Out of Hours Guidance has been developed by the Committee of General Practice Education Directors (COGPED). We have been involved in this and we will work with the National Out of Hours Group in Scotland to ensure that the educational requirements are in place. The Terms of Reference Document for GP Training in OOH in Scotland will be updated to reflect these changes.*
6. A procedure to be developed to regularly review TPD and Director of Medical Education (DME) enquiries following QRP. *This has been achieved and we have a robust tracking and feedback mechanism.*

PUBLIC HEALTH

A national programme visit was undertaken for Public Health and this was very positive.

OCCUPATIONAL MEDICINE

A programme revisit will be scheduled for Occupational Medicine. Prioritisation would be dependent on QRP review and TPD report. *The QRP data did not raise any major concerns and a revisit did not need to be carried out. This will be kept under review.*

The Deanery to take forward a consistent approach to programme visit organisation and feedback and develop a question set for non-clinical specialties. *This was done by the TPD for Public Health and has been used on our national programme visits.*

OTHER ACTIVITIES THAT HAVE BEEN UNDERTAKEN IN 2017

The Public Health TPD attended the QRP and we facilitated discussion of the posts at the start of the meeting.

A standard operating procedure has been developed for approvals of established Educational Supervisors moving to Scotland from other areas of the UK. A standard operating procedure has been developed for managing “amber” applicants who have completed the Scottish Prospective Educational Supervisors Course (SPESC) programme.

A meeting has been held with the Quality Lead for Foundation and Quality Improvement Manager for Foundation to agree the process for visiting GP/Retaining/Foundation Practices and Foundation only practices, the paperwork used and the reporting format. This will now be used across all regions.

The GP specialty review undertaken in 2016 has now been finalised and the GMC action plan for Scotland has been completed and sent to the DQMG for approval.

A process has been developed for managing STS free-text comments for quality control. These are now disseminated for information/investigation to the relevant Assistant Directors.



The RCGP feedback on ARCP outcomes and panel process now comes to the SQMG for review.

GOOD PRACTICE

The Scotland Deanery Quality visiting process is committed to improving the value of the training experience for General Practice Specialty Trainees across all learning environments. The GMC survey consistently ranks Scotland highly for training experience in GP posts and it is the aim of the Deanery to match this in the hospital setting.

As a result of hospital visiting, the Deanery has promoted the appointment of secondary care GP Champions. These are Consultant Trainers who take an overview responsibility for teaching provision across a hospital or board for GPSTs currently in secondary care posts. NHS Lanarkshire has utilised this to

good effect with the GP Champion co-ordinating and promoting teaching for all GPSTs across Lanarkshire hospitals in all departments. This had led to more focused General Practice orientated teaching being widely available to all trainees based in Lanarkshire hospitals.

Closer working is being established between Training Programme Directors and a lead GP Educational Supervisor to also include in this teaching GP trainees based in practices creating a bespoke teaching programme for all GPSTs in training within Lanarkshire. This will broaden the clinical teaching available to all. This complements the already well-established day release teaching provided to GPSTs while in general practice posts. Similar schemes are in preparation in other Health Board areas including NHS Ayrshire and Arran. It is the intention of the Scotland Deanery QM-QI process that other NHS Boards be encouraged to create similar bespoke programmes. GPST Champion appointment will be promoted through our visiting schedule.

LOOKING FORWARD

GENERAL PRACTICE

The focus of our action plan for this year will be to continue to improve the consistency of our quality management processes and further engage with out of hours services.

Priority Areas identified for next year

1. Each SQMG to have a list of forthcoming visits in secondary care and who will be representing general practice on these visits.
2. To establish inter-regional visiting to GP practices.
3. To arrange a calibration day for lead visitors to General Practice.
4. To arrange a calibration meeting with other GP visitors.
5. To establish a feedback mechanism from the practices about the visit and the visiting team.
6. To revise our SOP for management of 'amber' SPESCs applicants to include the conversion process from 'amber' to 'green'.

7. To develop a menu of acceptable Equality and Diversity training for GP Educational Supervisors – advice to be taken from Kristi Long, Senior Specialist Manager - Workforce.
8. GMC Trainer survey output – We have found this unhelpful to date and have not been able to use this in General Practice in a constructive way. We seek a mechanism on how to make appropriate feedback to the GMC.
9. To change the terminology in our visit findings from "requirements" and "developmental" to "requirements" and "recommendations" to fall in line with hospital visiting.
10. To further develop and refine our list of requirements and recommendations in collaboration with lead visitors.
11. To obtain clarity from the retainer leads on the degree of information they require for retaining in our training practice visit reports where these are co-located.
12. To develop a plan for quality issues arising from the GMC action plan – namely:
 - a. trainee safety
 - b. promotion of GP Champions

PUBLIC HEALTH

The TPD, Ellie Hothersall, from Public Health is resigning at the end of October and we require to have a suitable replacement for this post. The SQMG wish to thank Ellie for her contributions to the Public Health Programme.

OCCUPATIONAL MEDICINE

The TPD from Occupational Medicine is resigning at the end of July. Dr Dravendranath Reetoo has now been appointed and will take up his post on 1st of August 2018.

GENERAL PRACTICE, PUBLIC HEALTH AND OCCUPATIONAL HEALTH

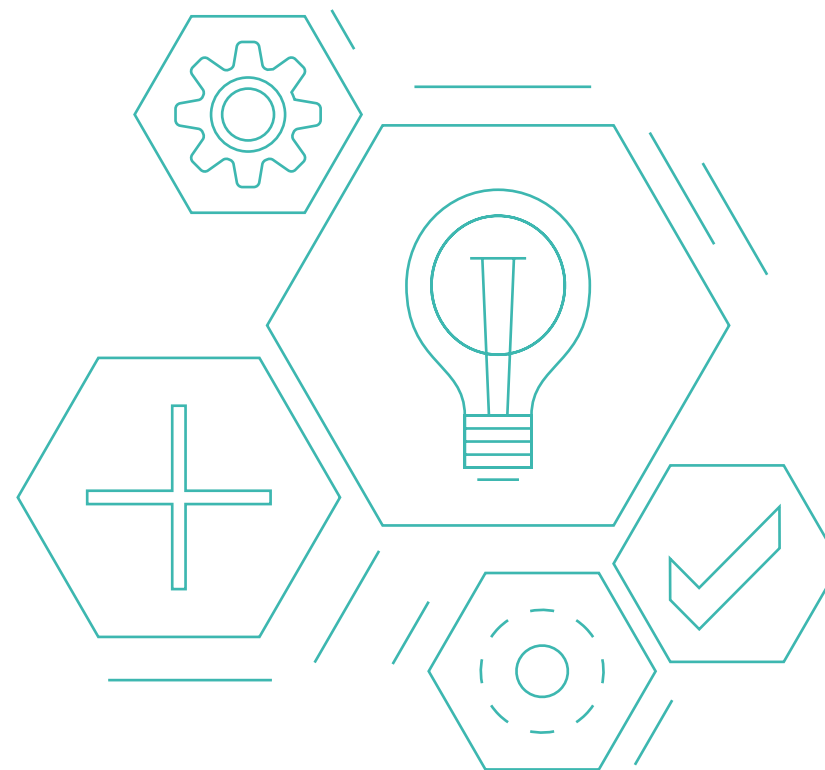
	2016 NTS	2017 NTS	2018 NTS
GP IN SECONDARY CARE	11 th of 20	7 th of 17	Equal 11 th of 16
GP IN A GP PRACTICE	8 th of 16	3 rd of 17	4 th of 17
OCCUPATIONAL MEDICINE	Equal 9 th of 10	9 th of 14	9 th of 9
PUBLIC HEALTH MEDICINE	Equal 2 nd of 14	6 th of 16	Insufficient Data

LDD COMMENT ON OVERALL SATISFACTION RANKINGS

General Practice Training in GP posts is consistently rated highly by our trainees maintaining our position in the national NTS ranking. This reflects the high-quality training provided and the commitment and dedication shown by our GP Educational Supervisors. Trainees receive tailored one to one support with access to additional training through educational day release and organised courses. GP Educational Supervisors are supported in their educational role from initial training with ongoing skills updates. Robust Quality Management mechanisms are in place to ensure standards are met and maintained across Scotland. GP training in secondary care has been more challenging. Higher priority is now given within Quality Management processes for secondary care placements to improve the educational environment and experience for GP trainees here. The appointment of GP Training Champions in some Health Boards has been welcomed and is beginning to show positive results.

A national programme visit was undertaken for Public Health which was very positive.

A programme visit was undertaken to Occupational Medicine in June 2016. The 2017 Quality Review Panel revealed no significant concerns regarding training in sites across Scotland.





PROFESSOR RONALD MACVICAR

Lead Dean/Director for Anaesthetics, ICM and EM

THE TRAINING YEAR 2017/18

ANAESTHETICS, INTENSIVE CARE MEDICINE, EMERGENCY MEDICINE

MEMBERSHIP OF THE EMERGENCY MEDICINE, ANAESTHETICS & ICM QUALITY MANAGEMENT GROUP

Associate Postgraduate Dean(s) (Quality) – Dr Kim Walker and Dr Claire Vincent

Associate Postgraduate Deans (Regional) – Dr Joy Miller (North), Dr Russell Duncan (East), Dr Cieran McKiernan (West) & Dr Alastair Murray (South East)

STB Representative – Dr Neil O'Donnell

College Rep – Dr Willie McClymont

GP Rep – Dr Amjad Khan

Foundation Rep – Dr Duncan Henderson

Trainee Associates – Dr Stephen Davidson and Dr Graeme Guthrie

Quality Improvement Manager – Miss Kelly More

Lay rep – Mr John Adams


HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

819

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

31

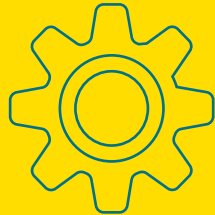
 NUMBER OF TRIGGERED VISITS **2**




NUMBER OF SCHEDULED VISITS **3**

NUMBER OF ENHANCED MONITORING VISITS **0**


NUMBER OF PROGRAMME VISITS **1**




NUMBER OF JOINT UG/ PG VISITS **0**

 NUMBER OF sQMG MEETINGS HELD AUG 2017 – END JUL 2018 **4**

 AUG 2017   JUL 2018

 **1** TPD ENQUIRIES FOLLOWING QRP

 TOTAL NUMBER OF VISITS AUG 2017 – END JUL 2018 **6**

 AUG 2017   JUL 2018

 **3** DME ENQUIRIES FOLLOWING QRP

   **3** NUMBER OF LETTERS OF RECOGNITION ISSUED FOLLOWING QRP

OVERVIEW

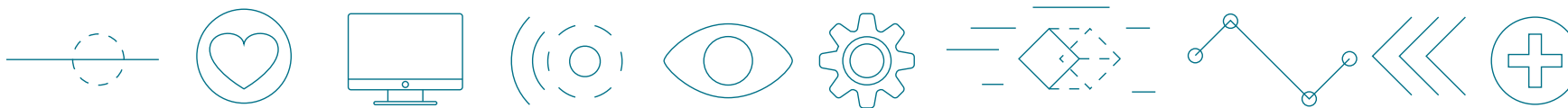
The following visits were identified at the 2017 QRP:

SITE	SPECIALTY	VISIT TYPE	DATE OF VISIT	OUTCOME OF VISIT
WESTERN GENERAL HOSPITAL	Anaesthetics	Triggered	31/01/18	No major concerns, a positive training environment. Revisit in 5 years.
UNIVERSITY HOSPITAL CROSSHOUSE	Emergency Medicine	Triggered	14/02/18	No major concerns, a positive training environment. Revisit in 5 years
ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH	Emergency Medicine	Priority Scheduled	21/03/18	No major concerns however as per usual process we will revisit when hospital moves to new site at Little France
UNIVERSITY HOSPITAL MONKLANDS	Anaesthetics	Scheduled	18/04/18	No major concerns, a positive training environment. Revisit in 5 years.
UNIVERSITY HOSPITAL HAIRMYRES	Anaesthetics	Revisit	19/04/18	Excellent training environment. Revisit in 5 years.
ALL SITES WITH TRAINEE IN SCOTLAND	Intensive Care Medicine	Programme	22/05/18 & 05/06/18	This was a positive programme visit with hardly any requirements to fulfil. We do not plan to revisit sooner than the planned 5 years

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
EMA	1	0	0	All completed

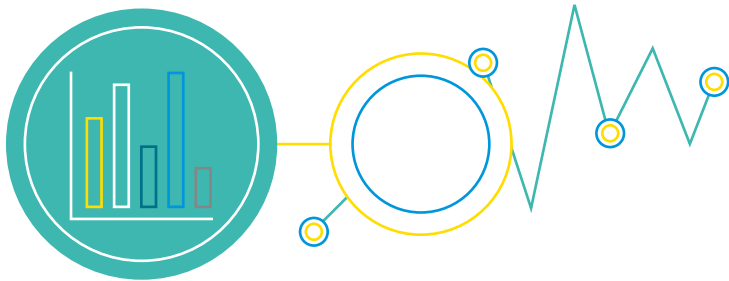
Sites on enhanced monitoring with EMA trainees 01/08/17 to 31/07/18 – None.



LDD OVERVIEW

We are pleased to report that the 2017 Quality Review Panel (QRP) worked extremely well in terms of process and attendance. We invited Stephen Glen APGD for ACCS for Scotland to attend who gave the panel an insight into Acute Medicine in an Acute Common Care Stem (ACCS) context which was useful when drilling down into where issues lay in particular sites. All post QRP queries were responded to. We issued good practice letters to ACCS in Perth, Anaesthetics at the Sick Children's Hospital in Edinburgh and to Anaesthetics in the Children's Hospital in Glasgow.

Despite the SQMGs being aligned with the STB attendance by regional APGDs is still variable so we have asked that the meetings now run straight after one another with no break so that there is no frustrating and wasteful waiting around for attendees between meetings.



We are pleased to report that all visits that we agreed to lead were carried out ensuring that priority visits were done first. As in previous years the team continues to achieve a balance between visiting departments with possible issues, and undertaking scheduled visits so that all matters (both identified and/or previously unknown) can be investigated. In addition, we have carried out all our responsibilities as per the workstream's Standard Operating Procedures, such as trainee associate appraisals, categorising STS comments and providing feedback to TPDs as necessary.

The team carried out a visit to Emergency Medicine at University Hospital Crosshouse which had been postponed from the previous year. In order to address challenges with trainee attendance that had previously caused difficulty in scheduling this visit, we gave great consideration to the choice of date and the visit was held in the late afternoon when more trainees were on shift. The department appreciated this flexibility. This was a good visit and the visit team found the whole department to be very positive and committed to training. As with the 2016 visit to Anaesthetics at the Royal Hospital for Sick Children's Hospital in Edinburgh which identified good practice that will hopefully be replicated at the new site, we visited the Emergency Medicine department at the Children's Hospital and made some suggestions around what could be taken to the new hospital in terms of good practice.

We now have a full picture of training in all of the Anaesthetics departments in NHS Lanarkshire having visited all three sites in the last two years. Steps have been taken to avoid any possible issues around relocation of particular specialties to specific hospitals and as lead visitor I found that the Anaesthetics departments in both Monklands and Hairmyres provide very positive training environments. I am going to recommend to the GMC that both sites are removed from the Deanery Report.

To counteract the lack of survey data for Intensive Care Medicine we are currently undertaking a Scotland wide programme visit. This is taking place over two days in the North/East and West regions, and as with other programme visits, videoconferencing is available for those unable to attend in person, so that the team can meet as many staff as possible to get the best possible picture of training in this specialty.

My warm thanks go to the quality leads Dr Kim Walker & Dr Claire Vincent who are both leaving the team as their contracts expire at the end of July; with Kelly More's skilful and diligent contribution, we have worked extremely well as a team.

GOOD PRACTICE

When a trainee is absent from a department/unit with short notice, for example, sick leave, it can often be difficult to fill the gap on the rota at short notice and this usually has to be done internally by moving shifts around but this does not always resolve the problem. The Anaesthetics Department at the Western General Hospital, Edinburgh have resolved this problem by producing a “disaster rota”. Basically, this is a rota which consist of the trainees listed in order to be contacted to fill the slot. If you are at the top of the list, you are expected to cover the shift but then move to the bottom of the list and can claim the time back. Everyone is happy with this arrangement: the service gets the slot filled but most importantly the trainees are very happy with this arrangement. They know their place on the list and it also means that extra cover is equitably and fairly distributed.

LOOKING FORWARD

The Royal Hospital for Sick Children in Edinburgh is due to relocate early next year and a new hospital opened earlier this year in Dumfries & Galloway. As a result, the trainees in Emergency Medicine and Anaesthetics in these new sites will need to be visited when the departments have bedded in. There are scheduled visits due to Anaesthetics in Ninewells Hospital in Dundee, the Royal Infirmary of Edinburgh, Raigmore Hospital in Inverness & Aberdeen Royal Infirmary. Over the next three years as part of the scheduled visit cycle our aim is to have visited every Anaesthetics department in Scotland. Using lessons learned from the ongoing Intensive Care programme visit we would hope to undertake a programme visit to Acute Common Care Stem at some point next year.

Currently we have no departments on enhanced monitoring, few items on the Deanery report and no major concerns on the horizon. We are proactive in managing any issues that arise and have taken steps to maximise trainee attendance including scheduling visits later into the afternoon in certain specialties to ensure that more trainees can attend.

We are fortunate in our specialties in that we are not aware of any changes to programme structures that will impact upon how training is delivered.

OVERALL SATISFACTION RANKINGS

	2016 NTS	2017 NTS	2018 NTS
ACCS	2 nd of 17	6 th of 17	10 th of 17
ANAESTHETICS	3 rd of 17	4 th of 17	3 rd of 17
CORE ANAESTHETICS	3 rd of 17	6 th of 17	8 th of 16
EMERGENCY MEDICINE	4 th of 17	5 th of 17	4 th of 17
INTENSIVE CARE MEDICINE	5 th of 14	7 th of 16	4 th of 13

COMMENT FROM LDD ON RANKINGS

An analysis of the ‘Overall Satisfaction’ indicator in the 2018 GMC National Training Survey is instructive, especially when compared against other Deaneries/ Local Education Training Board (LETB)s in the UK and trended over the last three years. Overall satisfaction with core training in this group of specialties seems to have dipped slightly when compared to other deaneries/ LETBs, and previous years; ACCS being 10th of 17 (compared to 6th and 2nd in the previous two years) and Core Anaesthetics being 8th out of 16 (compared to 6th and 3rd in the previous two years). The reasons for this are not clear and a programmatic visit to ACCS in Scotland is planned for 2018/ 19.

The analysis of overall satisfaction with higher training is however much more positive with anaesthetics now ranked third in the UK (4th last year), Emergency Medicine 4th (5th last year) and Intensive Care Medicine also 4th (7th last year). This improving picture of satisfaction with ICM training would tend to triangulate the positive findings of a recent programmatic visit to ICM training across Scotland.



PROFESSOR CLARE MCKENZIE
Lead Dean/Director for Diagnostics

THE TRAINING YEAR 2017/18

DIAGNOSTICS

MEMBERSHIP OF THE DIAGNOSTICS QUALITY MANAGEMENT GROUP

Associate Deans (Quality) – Dr Fiona Ewing

Associate Deans (Regional) – Dr Angus Cooper (North), Dr Russell Duncan & Dr Tom Fardon (East), Dr Wilma Kincaid (West) & Dr Rhiannon Pugh (South East)

STB Representative – Dr Peter Johnston

Foundation Rep – Dr Alistair Milne

Trainee Associates – Dr Scott Middleton and Dr Elizabeth Wood

Quality Improvement Manager – Miss Kelly More

Lay Rep – Mr Bert Donald

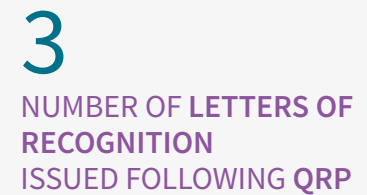
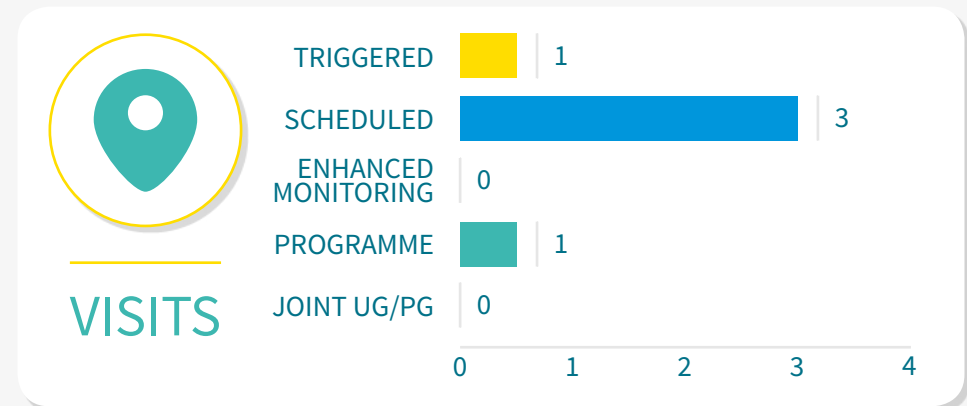
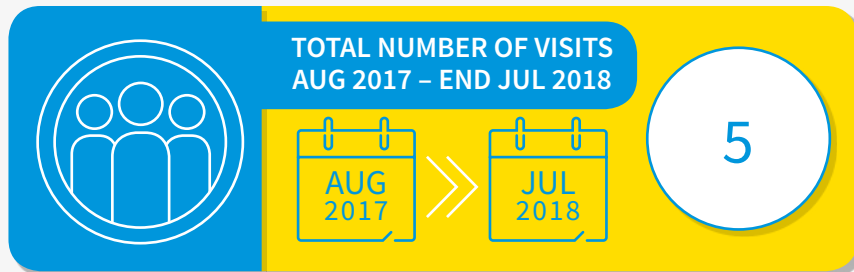
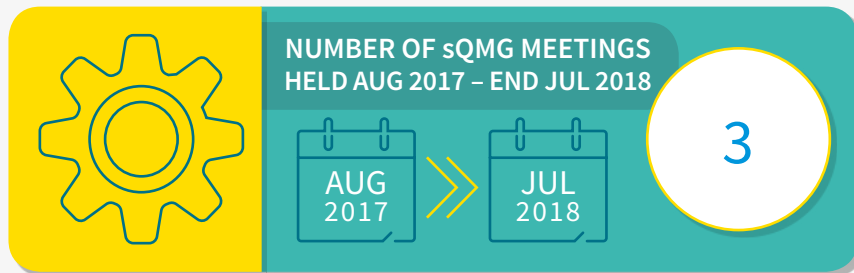
HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

259

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

17



OVERVIEW

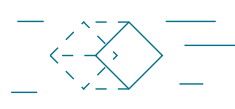
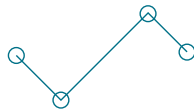
The following visits were identified at the 2017 QRP:

📍 SITE	⊕ SPECIALTY	VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
ABERDEEN ROYAL INFIRMARY	Radiology	Triggered	08/11/17	Some concerns raised, may revisit in 2-3 years.
ROYAL INFIRMARY OF EDINBURGH	Medical Microbiology	Triggered	06/12/17	Some concerns raised, revisit in 6 months.
ALL SCOTLAND	Forensic Histopathology	Programme	30/01/18	Some ongoing concerns, decision to revisit will be based on local intelligence discussed at the September 2018 Quality Review Panel.
INSTITUTE OF NEUROSCIENCE	Radiology	Triggered	14/03/18	No major concerns, a positive training environment. Revisit in 5 years.
ROYAL INFIRMARY OF EDINBURGH	Medical Microbiology	Revisit	20/06/18	The department had done a great deal of work round resolve the issues from the previous visits. There is still some work to be done. We will monitor progress via the action plan & decide whether or not to revisit depending on the progress made.

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
Diagnostics	0	2	0	All resolved

Sites on enhanced monitoring with Diagnostics trainees 01/08/17 to 31/07/18 – None.



LDD OVERVIEW

The 2017 QRP worked well in terms of process and was well attended by all groups including the DME. Queries were followed up and responded to. Good Practice letters were issued to Radiology departments in Crosshouse Hospital Kilmarnock, Ninewells Hospital Dundee and Royal Alexandra Hospital Paisley as well as the Forensic Histopathology team in Edinburgh. The SQMG is variably attended but updates are requested from non-attendees and all visit reports are thoroughly scrutinised to ensure that LEPs action plans appropriately address any requirements.

As in previous years the specialty team continues to achieve a balance between visiting departments with possible issues and undertaking scheduled visits so that all matters (both identified and/or previously unknown) can be investigated. All visits discussed at the QRP were carried out.

My team also visited the Radiology department in Aberdeen and found many positive things about the training there as well as identifying some concerns around teaching & supervision, my team will keep an eye on the upcoming survey data and discuss future ongoing management plans at the September 2018 QRP. This is an ongoing agenda item at the SQMG.

I led a visit to Medical Microbiology in Edinburgh and found that the team had done a great deal of work to address issues raised at a previous visit and in the 2017 NTS. However, there are still some ongoing concerns so I will lead a revisit in June 2018. A further programme visit was undertaken to Forensic Histopathology and again a lot of work is being done in this specialty but there are continued ongoing issues with formal teaching and trainees being allowed to be the lead signatory on an autopsy report. On an ongoing basis the team have found that local intelligence is more helpful than survey data with this specialty due to the limited survey data available.

My team visited radiology in the Institute of Neuroscience in Glasgow where it was found that despite low staffing numbers the consultants in the department are very committed to training and trainees really enjoy their time in the department.

GOOD PRACTICE

The teaching programme in Medical Microbiology in Edinburgh has been running well for a number of years. It takes place on Wednesday mornings; the content is mapped to the curriculum and the time to attend these sessions is protected from interruptions. Feedback from trainees on a recent visit to the department was that the teaching delivered is excellent, of high quality and is led by specialists in the topic being discussed. On recent visits across Scotland to Aberdeen, Dundee & Glasgow the visit teams found that this teaching programme is well respected so now they link in via video conferencing to these weekly teaching sessions. This represents a good practice example of delivering a high quality national teaching programme which involves all regions.

“I led a visit to Medical Microbiology in Edinburgh and found that the team had done a great deal of work to address issues raised at a previous visit and in the 2017 NTS.”

LOOKING FORWARD

Over the next year there are scheduled visits due to Radiology in the Royal Infirmary of Edinburgh and the Western General Hospital, to Histopathology in Ninewells Hospital in Dundee and to the Radiology department of the Sick Children’s hospital in Edinburgh when they move and bed in to their new site.

Also, depending on trainee numbers, we may undertake programme visits to Diagnostic Neuropathology and Paediatrics perinatal histopathology which are both new programmes so have never been visited and because trainee numbers are so small we do not have sufficient meaningful data from either trainee survey.

We plan to carry out a programme visit to Virology as some local intelligence suggests there are potential issues with consultant Virology staffing.

Medical Microbiology continues to be on our radar as the specialty remains under pressure due to a shortage of consultants and clinical scientists which has had a negative impact on workload and the training environment, not only in Scotland but across the UK. Across the diagnostic specialties the workload continues to rise with a fall in consultant numbers due to retirements and unfilled posts. So far this has not had an impact on training but we remain vigilant to the risk of this.

There has been an increase in training numbers in radiology. Although this is positive there are also potential risks as the trainees will be very junior & require a great deal of supervision which may impact on other trainees. We are also aware of the risk of insufficient equipment that could impact training in this discipline.

DIAGNOSTICS

	2016 NTS	2017 NTS	2018 NTS
CLINICAL RADIOLOGY	6 th of 21	5 th of 17	3 rd of 17
HISTOPATHOLOGY	9 th of 19	2 nd of 15	3 rd of 15
MEDICAL MICROBIOLOGY & VIROLOGY	4 th of 5 2 nd of 2	2 nd of 2	10 th of 12
CHEMICAL PATHOLOGY	Equal 5 th of 6	6 th of 15	5 th of 6

Clinical radiology and histopathology continue to perform well.



PROFESSOR ALASTAIR MCLELLAN
Lead Dean/Director for Medical Specialities

THE TRAINING YEAR 2017/18

MEDICINE

MEMBERSHIP OF THE MEDICINE QUALITY MANAGEMENT GROUP

Associate Deans (Quality) – Dr Stephen Glen, Dr Alan McKenzie, Dr Reem Al-Soufi

Associate Deans (Regional) – Dr David Marshall – (West of Scotland), Dr Donald Farquhar – (South East of Scotland), Dr Graham Leese – (East of Scotland), Dr Marion Slater – (North of Scotland), Dr Caroline Whitton – (West of Scotland)

Assistant Director Post-Graduate General Practice Education (GPST) and Associate Dean for Quality Management of Training – Dr Ken Lee

Trainee Associates – Dr Timothy Jagelman, Dr David Miller

Quality Improvement Manager – Alex McCulloch, Heather Stronach

Lay Rep – Archie Glen

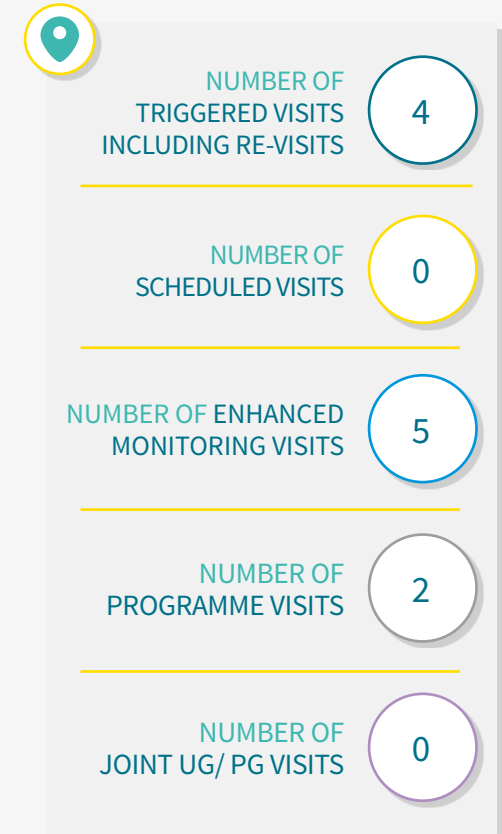
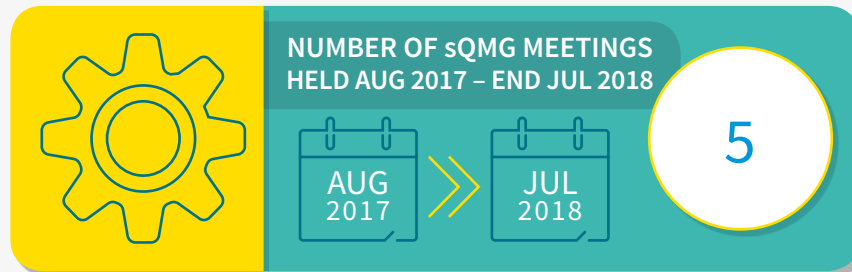
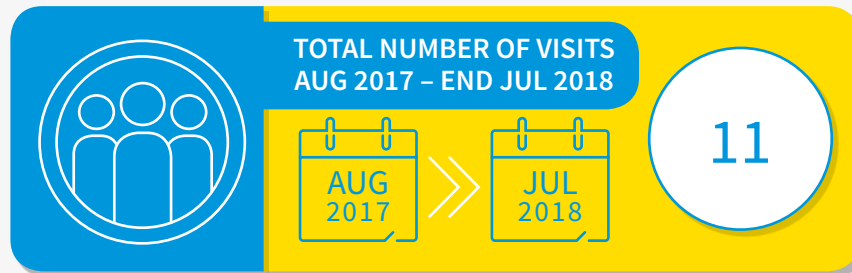
HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

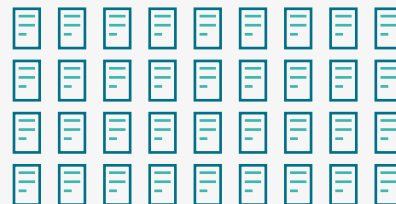
1675

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

58



**TPD ENQUIRIES
FOLLOWING QRP**



**DME ENQUIRIES
FOLLOWING QRP**

OVERVIEW

The 2017/2018 training year has been another period of change for the Medicine Quality Management Group (MQMG) which has seen significant turnover of personnel. A new Associate Post Graduate Dean for Quality (Dr Reem Al-Soufi) took up post in late October 2017 replacing Professor Hazel Scott. An experienced Quality Improvement Manager (Helen Renton) left the team in November 2017 and was replaced by Heather Stronach in April 2018. In addition to the changes at APGD and Manager level, there has also been turnover in the administration team with Liz Johnstone leaving the team in December 2017 and Aisha Cameron leaving in April 2017. Patriche McGuire was appointed as replacement for Liz Johnstone in April 2018 and Claire Rolfe on a temporary basis.

In addition to the personnel changes the GMC national review of Scotland which took place between October and December 2017 narrowed our window of when visits would normally take place. As a result of the GMC visit, 5 of our Enhanced Monitoring re-visits were pushed into January – March 2018 which in turn reduced our capacity to deliver some of our triggered visits.

These have now been planned into the 2018/2019 training year.

Despite the challenges mentioned above, MQMG conducted 11 visits with the support of the wider Quality Management team.



The following visits were identified at the 2017 QRP:

📍 SITE	⊕ SPECIALTY	VISIT TYPE	DATE OF VISIT	📌 OUTCOME OF VISIT
UNIVERSITY HOSPITAL AYR	General Internal Medicine	Enhanced Monitoring re-visit	28/02/18	Continued monitoring by MQMG and re-visit to take place in 2018/2019
UNIVERSITY HOSPITAL CROSSHOUSE	General Internal Medicine	Triggered	06/03/18	Continued monitoring by MQMG and re-visit to take place 2018/2019
FORTH VALLEY ROYAL HOSPITAL	General Internal Medicine	Re-visit	22/05/18	Continued monitoring by MQMG and re-visit to take place in 2018/2019
QUEEN ELIZABETH UNIVERSITY HOSPITAL	General Internal Medicine	Enhanced Monitoring re-visit	21/02/18	Continued monitoring by MQMG and re-visit to take place in 2018/2019
UNIVERSITY HOSPITAL HAIRMYRES	General Internal Medicine	Enhanced Monitoring re-visit	10/01/18	De-escalation from Enhanced Monitoring
UNIVERSITY HOSPITAL MONKLANDS	General Internal Medicine	Enhanced Monitoring	24/01/18	De-escalation from Enhanced Monitoring
NINEWELLS HOSPITAL	General Internal Medicine	Triggered	22/03/18	Continued monitoring by Medicine SQMG
BEATSON ONCOLOGY WEST OF SCOTLAND CANCER CENTRE	Clinical Oncology – Core Medicine and GPST	Enhanced Monitoring re-visit	21/01/18	De-escalation from Enhanced Monitoring
VALE OF LEVEN HOSPITAL	General Internal Medicine	Enhanced Monitoring re-visit to GPST and Foundation	15/02/18	Visit was cancelled due to re-allocation of Foundation and GPSTs from the site. Enhanced Monitoring case likely to be closed

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
CMT	5	0	1	Responses are being considered
Non GIM	10	0	5	
GIM	9	0	1	

Sites on enhanced monitoring with medicine trainees 01/08/17 to 31/07/18

- University Hospital Ayr
- Queen Elizabeth University Hospital
- Vale of Leven General Hospital
- University Hospital Monklands – de-escalated from Enhanced Monitoring in May 2018
- University Hospital Hairmyres – de-escalated from Enhanced Monitoring in May 2018
- Beatson Oncology West of Scotland Cancer Centre – Core and Foundation Training – de-escalated from Enhanced Monitoring in May 2018.
- University Hospital Wishaw – De-escalated on 25th August 2017.



LDD OVERVIEW

THE CHALLENGES

This has been another challenging year in terms of gaps and changes in personnel within the MQMG, with further changes in QIMs (Helen Renton left and has been replaced by Heather Stronach); fortunately, continuity has been sustained by Alex McCulloch who remains in post. Dr Reem Al-Soufi was appointed to our three session Medicine APGD-Quality vacancy (replacing Professor Hazel Scott), but is now on maternity leave. There have also been change in our Quality Improvement Administrators as described above. Inevitably the gaps, changes and time for new colleagues to become familiar with roles and responsibilities impact on the workload of those who have remained in our team as well as on the productivity of the team as a whole.

WHAT WE FOUND FROM OUR MEDICINE QMG SITE VISITS

At the time of writing this review the Medicine QMG had conducted 8 QM-QI site visits (in addition to two programme visits). Our analysis of the requirements set in the reports of these site visits, identifies the main challenges we face in medicine training environments in Scotland.

The prevalence of these in decreasing order is as follows (the percentage in brackets reflects the prevalence among the eight visits):

- Adequacy of experience – **75%** (including access to clinics); adequacy for GPSTs – **75%**; adequacy for ST3+ trainees – **25%**
- Lack of feedback on trainees' management of acute medical cases to inform learning – **63%**
- Staffing for workload – **50%**
- Access to senior support – **50%**
- Patient safety – **50%**; boarding of medical patients (**25%**) & delays in instituting treatment (**25%**)
- Burden of non-educational tasks – **38%**
- Rota design – **38%**
- Continuity of base-ward attachment – **38%**
- Senior House Officer (SHO) terminology – **38%**
- Access to local and regional teaching – **38%**
- Culture (lack of) of education and training – **25%**

Compared to last year's findings, this year's top six challenges are similar – although this year induction has been found to be an issue much less frequently.

ENHANCED MONITORING WORKS FOR MEDICINE

Five of this year's site visits were revisits under the GMC's enhanced monitoring process – four of which have resulted in de-escalation from enhanced monitoring. All four of these sites (Hairmyres Hospital – Medicine, Monklands Hospital – Medicine – Beatson West of Scotland Cancer Centre and University Hospital Wishaw) have been on enhanced monitoring for 3–4 years and all four have been transformed as training environments, reflecting tremendous engagement by the DMEs and their Health Boards, by local trainers and trainees supported by the Deanery and with support from the GMC. Two sites that were revisited (Queen Elizabeth University Hospital – Medicine, and University Hospital Ayr – Medicine) remain the targets of ongoing improvement work under enhanced monitoring for the time being.

The Vale of Leven District General Hospital also remains on enhanced monitoring and was not re-visited this year because of forthcoming disestablishment of the GPST posts that are the posts that were of concern with regard to this enhanced monitoring case.

IMPLICATIONS OF THE GMC'S NATIONAL REVIEW OF SCOTLAND 2017 FOR THE MEDICINE QMG

Two specialties within the quality management remit of the Medicine QMG were within scope of the GMC's National Review of Scotland in 2017 – General (Internal) Medicine and Geriatric Medicine. General (Internal) Medicine was the 'most visited' speciality during the review and was a key component in 7 of the 9 LEP visits in 7 Health Boards (Gilbert Bain Hospital (NHS Shetland); Western Isles Hospital (NHS Western Isles); Aberdeen Royal Infirmary (NHS Grampian); Victoria Hospital (NHS Fife); Inverclyde Royal Hospital (NHS Greater Glasgow & Clyde); University Hospital Crosshouse (NHS Ayrshire & Arran) and Royal infirmary of Edinburgh (NHS Lothian)). Geriatric Medicine was a component of 3 of the 9 LEP visits (Aberdeen Royal Infirmary (NHS Grampian); Victoria Hospital (NHS Fife) and Royal infirmary of Edinburgh (NHS Lothian)). We made a conscious decision not to conduct Deanery QM-QI visits to the Boards / LEPs within scope during

“All four of these sites (Hairmyres Hospital – Medicine, Monklands Hospital – Medicine – Beatson West of Scotland Cancer Centre and University Hospital Wishaw) have been on enhanced monitoring for 3–4 years and all four have been transformed as training environments, reflecting tremendous engagement by the DMEs and their Health Boards, by local trainers and trainees supported by the Deanery and with support from the GMC.”

the phase of visiting by the GMC's review team and this has also impacted on the numbers of visits conducted by our sQMG this year; some visits have been postponed because the GMC visited sites we intended to visit.

The requirements and recommendations that emerged from the GMC's visits included some familiar but recurring themes:

- The necessity for rotas to be designed to provide learning opportunities that allow learners to meet the requirements of the curriculum (2 LEPs)
- Access to clinics (1 LEP, but this is an issue for the 2 LEPs above)
- Induction (2 LEPs)
- Handover (1 LEP)

GOOD PRACTICE

Medicine at the three acute sites in NHS Lanarkshire and Enhanced Monitoring

NHS Lanarkshire is the third largest health board in Scotland serving a population of over 500,000 with three acute hospitals (Monklands, Hairmyres and Wishaw). All three sites were placed on the GMC Enhanced Monitoring Process in 2013 because of concern about patient safety and the training environment.

The response led by the Medical Director and Director of Medical Education in NHS Lanarkshire resulted in a rapid improvement in the supportive culture around education, training and patient safety. Several initiatives were recognised by other health boards as examples of good practice, including:

- early adoption of the Chief Resident model to engage trainees in medical management and to improve communication between trainees and senior management.
- a culture of quality improvement with trainee involvement in the development of clinical processes, including handover, which led to improvements in communication and safety.
- a junior doctor forum to improve communication of concerns and good practice
- a local health board website to highlight links to the various curricula to help ensure that trainers are aware of the trainee group's training objectives.
- pharmacy teams feedback on prescribing errors to trainees and their educational supervisors and these are used as learning opportunities for trainees.
- the management of boarding patients with defined cohorting and clearly defined clinical responsibilities for named medical staff
- a colour coded name badge to identify trainees and their grades, along with a guide to describing expected competencies as part of the "Say No to SHO" campaign.

NHS Lanarkshire acute sites were de-escalated from enhanced monitoring in May 2018. University Hospital Hairmyres and University Hospital Monklands were de-escalated in May 2018. University Hospital Wishaw was de-escalated in August 2017.

GOING FORWARD

The challenges we face in improving the quality of training in medicine and in medical specialities remain great. We hope for stability in our Medicine QMG team to equip us to address these challenges. An addition to our workload this year is that the Medicine QMG is responsible for managing through to resolution all 8 requirements and all seven recommendations identified from the LEP visits conducted by the GMC during its national review (all of the requirements related to General (Internal) Medicine and / or Geriatric Medicine).

We look forward to the proposed creation of the new subgroup of Taskforce to Improve the Quality of Education (TIQME) (with DMEs, APGD-Qs and workstream leads) to work jointly on improvements in training environments that should enable themes such as we have identified from our visits to become part of an agreed strategy to improve the quality of training in Scotland.

OVERALL SATISFACTION RESULTS

	2016 UK RANKING	2017 UK RANKING	2018 UK RANKING
ACUTE INTERNAL MEDICINE	15 th of 19	11 th of 17	3 rd of 16
CARDIOLOGY	14 th of 20	6 th of 17	13 th of 17
CORE MEDICAL TRAINING	5 th of 21	3 rd of 17	2 nd of 17
DERMATOLOGY	11 th of 20	13 th of 16	10 th of 15
ENDOCRINOLOGY AND DIABETES MELLITUS	10 th of 19	6 th of 17	2 nd of 16
GASTROENTEROLOGY	11 th of 20	6 th of 17	3 rd of 16
GENITO-URINARY MEDICINE	Equal 7 th of 11	6 th of 16	4 th of 13
GERIATRIC MEDICINE	7 th of 20	11 th of 16	3 rd of 16
HAEMATOLOGY	5 th of 19	5 th of 19	2 nd of 15
INFECTIOUS DISEASES	Equal 5 th of 11	Equal 5 th of 11	3 rd of 10
MEDICAL ONCOLOGY	Equal 13 th of 15	Equal 15 th of 17	6 th of 14
NEUROLOGY	Equal 15 th of 17	Equal 1 st of 16	8 th of 15
PALLIATIVE MEDICINE	Equal 1 st of 16	Equal 7 th of 11	2 nd of 14
REHABILITATION MEDICINE	Equal 7 th of 11	9 th of 19	4 th of 7
RENAL MEDICINE	9 th of 19	15 th of 19	9 th of 16
RESPIRATORY MEDICINE	15 th of 19	15 th of 18	15 th of 17
RHEUMATOLOGY	15 th of 18	15 th of 19	9 th of 16

COMMENTARY ON RANKINGS BY LDD

Scotland Deanery's rankings against UK Deaneries/ LETBs/HEE offices for overall satisfaction from the 2018 GMC NTS in relation to training programmes in medicine and medical specialties have never been better.

It should be noted that where Scotland has more than one programme a single composite score is derived for Scotland Deanery as a whole based on the overall satisfaction scores for all trainees in all (typically between 1 and 4) programmes within Scotland; an example is Core Medical Training (CMT), for which Scotland has four distinct CMT programmes, and for this analysis the overall satisfaction scores for all CMTs in Scotland are brought together to generate an overall satisfaction score for CMT in Scotland. Of the 17 programmes for which data permit useful comparison with the rest of the UK – Scotland is in the top three for the UK for Acute Medicine, CMT, Endocrinology-Diabetes Mellitus, Gastroenterology, General Medicine, Haematology, Infectious Diseases and Palliative Medicine. For 11 programmes there has been year on year improvement in their rankings compared to 2016 and 2017; Acute medicine, CMT, Dermatology, Endocrinology-Diabetes Mellitus, Gastroenterology, General Medicine, Geriatric Medicine, Haematology, Medical Oncology, Neurology & Rehabilitation Medicine.

For four further programmes there has been improvement in their rankings compared to 2017; Palliative Medicine, Renal Medicine, Rheumatology and Infectious diseases. These trends are remarkable in the context of the service pressures that posts in medicine, in particular, are facing, and reflect the commitment and dedication of trainers 'at the frontline' supported by their DMEs, but also of our Training Programme Directors and of colleagues within the Medicine Quality Management Group who are supporting Health Boards to improve the quality of training they provide.



PROFESSOR RONALD MACVICAR
Lead Dean/Director for Mental Health

THE TRAINING YEAR 2017/18

MENTAL HEALTH

MEMBERSHIP OF THE MENTAL HEALTH QUALITY MANAGEMENT GROUP

Associate Deans (Quality) – Dr Geraldine Brennan, Dr Claire Langridge

Associate Deans (Regional) – Dr Rhiannon Pugh – (South East Region & Specialty Training Board Chair), Dr Seamus McNulty – (West Region), Dr Daniel Bennett – (North Region), Dr Tom Fardon – (East Region)

Quality Improvement Manager – Mrs Dawn Mann

Quality Improvement Administrator – Ms Patriche McGuire

GP Representative – Dr Mei Ling Denney

Foundation Representative – Dr James Neilly

Trainee Representative – Dr Allan Green and Dr Richard Steven

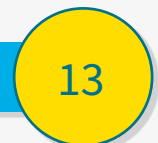
Lay Representative – Ms Marie-Therese Allison

HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG



NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG



FY 72

GP 72

CORE 141

HIGHER 123

-  NUMBER OF TRIGGERED VISITS INCLUDING REVISITS **2**

- NUMBER OF REVISITS **3**

- NUMBER OF SCHEDULED VISITS **3**

- NUMBER OF ENHANCED MONITORING VISITS **0**

- NUMBER OF PROGRAMME VISITS **1**



- NUMBER OF JOINT UG/ PG VISITS **0**



1
DME ENQUIRY FOLLOWING QRP



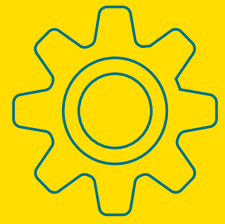
2
TPD ENQUIRIES FOLLOWING QRP


TOTAL NUMBER OF VISITS
AUG 2017 – END JUL 2018




9



NUMBER OF sQMG MEETINGS
HELD AUG 2017 – END JUL 2018



4



7 LETTERS OF RECOGNITION ISSUED FOLLOWING QRP

OVERVIEW

The following visits were identified at the 2017 QRP:

📍 SITE	⊕ SPECIALTY	VISIT TYPE	DATE OF VISIT	📌 OUTCOME OF VISIT
ST JOHN'S HOSPITAL LIVINGSTON	Core/ General Psychiatry	Triggered revisit	8/3/18	Positive visit with only minor deficiencies.
AYRSHIRE CENTRAL HOSPITAL	Core/ General Psychiatry	Triggered	2/11/17	Positive visit with only minor deficiencies.
NATIONAL	Child & Adolescent Psychiatry	Scheduled programme	30/5/18	Positive visit with only minor deficiencies.
NHS TAYSIDE	Training in General Adult services, including General Adult Psychiatry	Triggered revisit	9/11/17 & 3/3/18	Placed on Enhanced Monitoring following May 2018 Visit. Revisit in November 2019.
STOBHILL/ PARKHEAD GLASGOW	General/ Old Age Psychiatry	Triggered	16/11/17	Minor Deficiencies.

The following visits were also undertaken in 2017/18 training year

📍 SITE	⊕ SPECIALTY	VISIT TYPE	DATE OF VISIT	📌 OUTCOME OF VISIT
ARGYLL & BUTE HOSPITAL LOCHGILPHEAD	General Psychiatry	Scheduled	31/1/18	Re-visit Jan 2019.
MIDPARK HOSPITAL DUMFRIES	General Psychiatry	Scheduled	28/6/18	Some deficiencies identified, follow up in 2019.
GARTNAVEL GENERAL HOSPITAL GLASGOW	General Psychiatry	Scheduled	23/7/18	Positive visit with only minor deficiencies.

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD/DME ENQUIRIES	NO OF APD ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
Psychiatry of learning disability	1			Complete
General Psychiatry	1			Complete
Core Psychiatry	1			Complete

Sites on enhanced monitoring with Mental Health trainees

01/08/17 to 31/07/18

- Training in General Adult services, including General Adult Psychiatry Tayside FY/ GP/ Core/ Higher

“Despite this period of change we have undertaken nine visits this year including two triggered, three revisits and a National Programme visit to Child and Adolescent Psychiatry.”

LDD OVERVIEW

This year has seen a significant number of personnel changes within the Mental Health sQMG with our remaining APGD-Q Satindar Bal taking up the role of ADME within the medical education team of NHS Highland. We warmly welcomed Dawn Mann as the new QIM in October, Geraldine Brennan as APGD-Q in December, Claire Langridge as APGD-Q in April and Patriche McGuire as QIA in March. We are now forming as a team and I am very optimistic for us as a highly performing small team, having recruited an impressive group of colleagues with complimentary skills and approaches.

Despite this period of change we have undertaken nine visits this year including two triggered, three revisits and a National Programme visit to Child and Adolescent Psychiatry. The two triggered visits took place following mergers of services at Ayrshire Central Hospital and the Stobhill/Parkhead sites, these were both positive visits. A triggered revisit took place to St John’s Hospital Livingston where we were pleased to note areas of improvement since our last visit in November 2016.

The most challenging quality management task for us in this last year was our scrutiny of training in General Adult services in NHS Tayside, carried out through two revisits – initially in November 2017, then a follow-up visit in May 2018. In November we undertook a pan-Tayside visit looking at General Adult services including, but not limited to, the General Adult Psychiatry Programme. This was an unusual construct and included all trainees in psychiatry placements in Tayside (including Foundation, GP, Core and Higher), reflecting significant concerns across a range of areas. A very clear signal was given in November that if significant improvements were not evident in six months we would recommend to the GMC that we escalate to Enhanced Monitoring.

At our revisit in May the required improvements were not evident, and concerns remained in relation to specific GMC standards and requirements (clinical supervision, raising concerns, harassment) with an underlying lack of consultant engagement and clinical leadership. The GMC have accepted our recommendation to escalate NHS Tayside (General Adult services) to their Enhanced Monitoring status.

Scheduled visits also took place to Argyll and Bute Hospital (where we will revisit in January 2019 to ensure that improvements, which we judged as fragile, are maintained), Midpark Hospital and Gartnavel General Hospital. As in previous years we faced the challenge of limited informative data from the NTS and STS due to small trainee numbers within most higher training programmes. We greatly value the local intelligence provided by both TPDs and APGDs at the QRP and have utilised this local intelligence even more this year by inviting the regional (or in the case of national programmes, lead) APGD to contribute to pre-visit teleconferences, which has proved highly beneficial.

GOOD PRACTICE

To compliment the weekly local psychiatry teaching sessions held at St John's Hospital which all levels of staff are invited to attend an ECT simulation training programme has been developed.

This training has utilised multi professional working and has been created following a successful roll out of simulation training in the Anaesthetics department. Following a recent scheduled visit, we have suggested they create a case study for the SHARE website to share good practice.

LOOKING FORWARD

We are looking forward to a period of stability in the upcoming training year with a sense of some relief, where we will continue the five-year quality visit cycle by carrying out scheduled visits, a National Programme visit, probably to Old Age Psychiatry (to be confirmed at the QRP) as well as a revisit to Argyll and Bute in January and an Enhanced Monitoring visit to NHS Tayside later in 2018. As per our working arrangements, the Lead Dean/ Director for NHS Tayside will now be Professor McKenzie as regional PG Dean. This is the first time that Enhanced Monitoring has been triggered in Mental Health training in Scotland and there will be learning for us as a group. Other triggered visits may be recommended at the QRP and will be undertaken as appropriate.

We recognise the experience and wisdom, the local and regional intelligence, and the enthusiasm that the regional APGDs possess in the area of Training Management, and the voiced frustration that we have heard that they have felt excluded from QM processes. We have addressed this to some extent by ensuring that the regional APGD is invited to the pre-visit teleconference for each visit, including for national visits the lead APGD (each of the five national programmes has a lead APGD). We aim to build on this to ensure that Training Management and Quality Management 'silos' do not exist or persist in Mental Health training.

We aspire to engaging with the Medical Schools to carry out at least one Joint PG-UG visit within Mental Health to give us a broader picture of education and training in these specialties within Scotland.

OVERALL SATISFACTION RANKINGS

MENTAL HEALTH

	2016 NTS	2017 NTS	2018 NTS
CHILD AND ADOLESCENT PSYCHIATRY	5 th of 21	11 th of 15	5 th of 14
CORE PSYCHIATRY TRAINING		7 th of 17	4 th of 17
FORENSIC PSYCHIATRY	Equal 9 th of 14	4 th of 16	9 th of 13
GENERAL PSYCHIATRY	6 th of 20	4 th of 17	4 th of 16
MEDICAL PSYCHOTHERAPY	Equal 1 st of 3	1 st of 12	1 st of 4
OLD AGE PSYCHIATRY	7 th of 18	9 th of 16	3 rd of 15
PSYCHIATRY OF LEARNING DISABILITY	Equal 8 th of 10	7 th of 15	2 nd of 12

COMMENT FROM LDD ON RANKINGS

An analysis of the 'Overall Satisfaction' indicator in the 2018 GMC National Training Survey is instructive, especially when compared against other Deaneries/ LETBs in the UK and trended over the last three years. For Core Psychiatry Training (CPT) there is a very pleasing improvement since 2017 in that overall satisfaction for CPT in Scotland is ranked 4th of 17 in the UK; an improvement from 7th in 2017.

The rankings for Higher Psychiatry training programmes are also reassuringly positive with each of psychotherapy (1st), intellectual disability (2nd), old age psychiatry (3rd), general adult psychiatry (4th) and child and adolescent psychiatry (5th) being ranked in the top five in 2018. All show an improvement in their ranking on the previous year when compared to other deaneries/ LETBs in the UK other than general adult psychiatry which remains 4th ranked, and of particular note psychotherapy training in Scotland has ranked as highest for overall satisfaction in each of the last three years. While forensic psychiatry has not reached these giddy heights, being ranked 9th of 13, a recent visit to this national programme confirmed that the training, and the trainee experience is excellent.





DOCTOR AMJAD KHAN

Lead Dean/Director for Obstetrics,
Gynaecology and Paediatrics

THE TRAINING YEAR 2017/18

OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS

MEMBERSHIP OF THE OBSTETRICS & GYNAECOLOGY AND PAEDIATRICS QUALITY MANAGEMENT GROUP

LDD (retired 27/04/2018) – Professor David Bruce

LDD (as of 01/07/2018) – Dr Amjad Khan

APGDQ – Dr Kevin Holliday

APGDQ & APGD O&G and Paediatrics (West) – Dr Peter MacDonald

APGD O&G and Paediatrics (East) – Dr Tom Fardon

APGD Paediatrics (North) – Dr Bill McKerrow

APGD O&G (North) – Professor Peter Johnston

APGD O&G (South East) – Dr Alastair Murray

APGD Paediatrics (South East) – Dr Barbara Stewart

Trainee Associate – Dr Alastair Hurry

Lay Representative – Ms Marie Cerinus

Quality Improvement Manager – Mrs Hazel Stewart

Quality Improvement Administrator – Mrs Fiona Conville

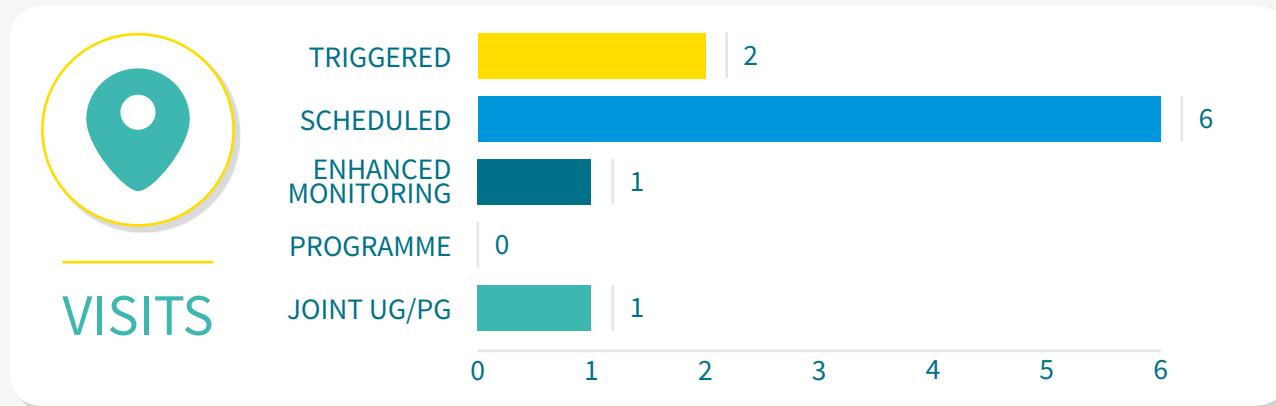
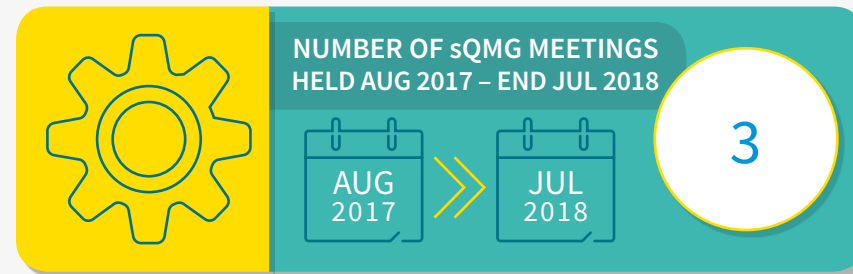
HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

470

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

10



OVERVIEW

The following visits were identified at the 2017 QRP & through SQMG:

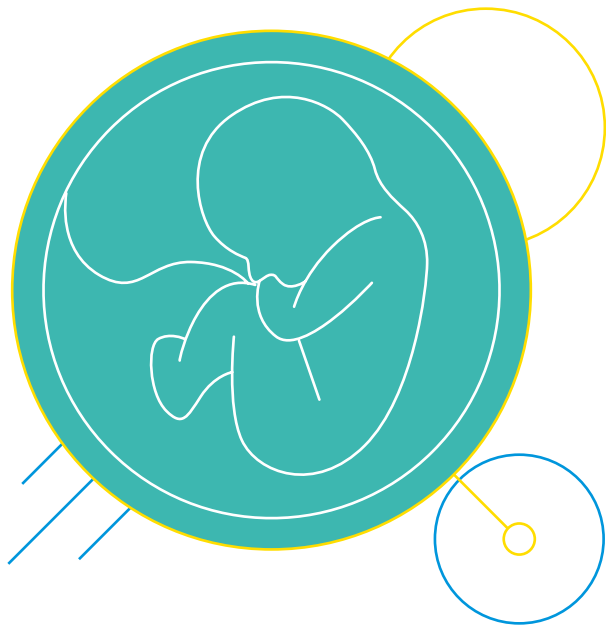
📍 SITE	⊕ SPECIALTY	VISIT TYPE	DATE OF VISIT	📌 OUTCOME OF VISIT
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Obstetrics & Gynaecology	Triggered	31/07/2018	Report Pending
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Paediatrics	Triggered	31/07/2018	Report Pending
NINEWELLS HOSPITAL	Obstetrics & Gynaecology	Triggered	13/07/2018	Report Pending
UNIVERSITY HOSPITAL CROSSHOUSE	Paediatrics	Scheduled	16/04/2018	Re-visit 5 year cycle
ABERDEEN MATERNITY HOSPITAL	Paediatrics (Neonatal Medicine)	Enhanced Monitoring Revisit	25/04/2018	Remain on EM. Revisit in 12 months
UNIVERSITY HOSPITAL WISHAW	Obstetrics & Gynaecology	Scheduled	20/06/2018	Re-visit 5 year cycle
FORTH VALLEY ROYAL HOSPITAL	Paediatrics	Triggered	01/09/2017	Action plan signed off. Revisit 5 year cycle
BORDERS GENERAL HOSPITAL	Obstetrics & Gynaecology	Scheduled	28/03/2018	Re-visit 5 year cycle
BORDERS GENERAL HOSPITAL	Paediatrics	Scheduled	28/03/2018	Re-visit 5 year cycle

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
CSRH	0	0	0	N/A
O&G	2	1	0	Complete
Paeds	0	0	0	N/A
Paediatric Cardiology	0	0	0	N/A

Sites on enhanced monitoring with medicine trainees 01/08/17 to 31/07/18

- **Paediatrics (Neonatal Medicine)**, Aberdeen Maternity Hospital remains on enhanced monitoring. Revisit occurred 25th April 2018.
- **Obstetrics & Gynaecology**, Princess Royal Maternity Unit/ Glasgow Royal Infirmary is being escalated on to enhanced monitoring following a Foundation led Triggered visit.



LDD OVERVIEW

2017-18 has been a year of significant consolidation within the Obstetrics and Gynaecology, Community Sexual and Reproductive Health and Paediatric QM Workstream.

As in previous years we held two QRPs in September 2017, one for Paediatrics and one for O&G/ CSRH. The data was well organised by QIM and well presented by APGD Q. The processes which led to outcome decisions were transparent and the outcomes themselves easily agreeable. This plan was monitored throughout the year by SQMG and adapted in the light of further information when required.

We have noted the development of additional perspectives on the quality management of training programmes this year. Freetext comments from the STS and GMC Training surveys have become more accessible to the SQMG as a result of their processing within the QM Workstream itself. We have been able to respond to evidence from HIS in relation to one of our training placements (Crosshouse Paediatric training). We have benefitted from the perspective of a Trainee Associate representative who is engaged and capable. We have good representation from Foundation Programme Directors at our SQMG. Representation of the SQMG to the STB of each specialty has improved and yields benefits to both committees.

The national GMC review took place during Autumn/Winter 2017. Paediatrics was one of the specialties selected as part of the review. There was significant input from the quality team to collate all the quality management activities for paediatrics to each of the sites which were visited.

We have updated the database of training placements with the help of TPDs, which required the deletion or amalgamation of historic training placements.

We have also observed that larger units tended to be associated with poorer trainee satisfaction. In O&G, however, a large and busy clinical placement has gained notably good feedback from trainees. This has prompted a site visit to University Hospital Wishaw, which took place on 20th June 2018 (QRP outcome of 2017).

Over the last year we have considered how we could improve the data from placements with large numbers of trainees. We had previously observed that we may not be able to identify either good practice or areas of concern within these placements.

We have had limited success in improving our insight into this problem from within our SQMG.

We have observed the concerns within one O&G placement and some concerns have been shared with Foundation Programme Workstream. As a result this unit has been recommended for Enhanced Monitoring as a result of a further placement visit, in addition to continued monitoring of data.

GOOD PRACTICE

Achieving Quality in a Small Unit

There may be challenges in delivering good quality training in small departments due to the fact that a limited caseload may restrict opportunities to address curriculum competencies. The O&G Department at Borders General Hospital is a small unit with just over 1000 births per annum. In spite of its small size this unit repeatedly gets multiple green flags in the GMC trainees' survey, it was recently recognised with an RCOG training award. At the latest Deanery visit it was clear that there is a culture that prioritises training opportunities.

How is this done?

Trainers discuss what learning outcomes each trainee requires to complete during their post. GP trainees have a personal learning plan developed at commencement of the post, OPD clinic time is built into their week and they are directed to specific clinics relevant to their learning objectives. There is parallel consulting at out-patient clinics with enough time allowed for trainees to discuss their patient management with the consultant and complete a case-based discussion (CBD) assessment. The team review patient caseloads in advance and plan for O&G ST trainees to see the same patients at outpatient clinics to provide continuity of care and learning. There is a very cohesive team structure and all trainers work regularly with the trainees allowing progression to be easily monitored. When specific procedural training opportunities arise the team will identify trainees who need access to that opportunity and ensure that they are involved. In spite of having a low caseload the department uses everything as a training experience to maximise the trainees' learning opportunities.

LOOKING FORWARD

The new Children's Hospital in Edinburgh is currently due to open in Autumn 2018. A visit to the new site will be organised 6 – 9 months following the opening of the new site. A visit was also recommended following the GMC review. We will provide our findings from this visit to the GMC via the ODR.

Our LDD retired at the end of April 2018. We welcome Dr Amjad Khan who was appointed as LDD on 1st July 2018.

We must address difficulties in obtaining external specialty representatives for visits to placements. This has been a particular problem in O&G which has led to successive postponements of a Triggered visit (Ninewells.) The perspective of Specialty representatives is that the travel required by external panellists contributes to this difficulty. We will continue to engage with the colleges to highlight the important perspective an external panellist can bring to visits. Attendance from General Practice at the Specialty Quality Management Group has not been achieved. However there has been some staff changes, which may be a contributing factor. We will discuss this with the GP team to re-engage attendance at these meetings.

With confirmation of the training sites for community child health placements, we will look to determine a strategy for incorporating quality management visits of these sites.

The 2018 QRP in September will result in prioritisation of visits and these will include those held over from the current year. We will continue to monitor our visit prioritisation and at present are on target to meet the 5-yearly visit cycle.

OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS

	2016 NTS	2017 NTS	2018 NTS
COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH	--	1 st of 12	1 st of 3
OBSTETRICS AND GYNAECOLOGY	5 th of 20	10 th of 17	5 th of 16
PAEDIATRICS	5 th of 20	9 th of 16	9 th of 16

Overall satisfaction with training in Obstetrics and Gynaecology has hugely improved since the 2017 report, the specialty gaining 5 places in the 2018 NTS results. For Paediatrics, the position has remained similar to the 2017 position in the NTS rankings. Both these specialties are very popular in Scotland and satisfaction is high. This is due to the continued hard work of the teams both within the deanery and the local education providers who strive to provide the best training experience.

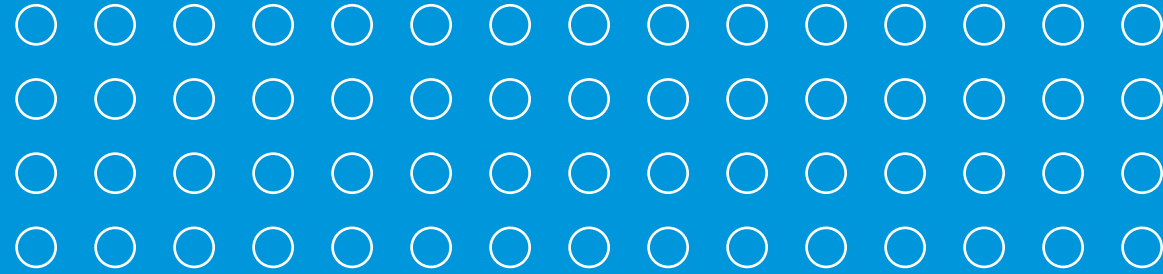


THE TRAINING YEAR 2017/18



BILL REID
Lead Dean/Director for Surgical Specialties
Retired August 2018

SURGERY



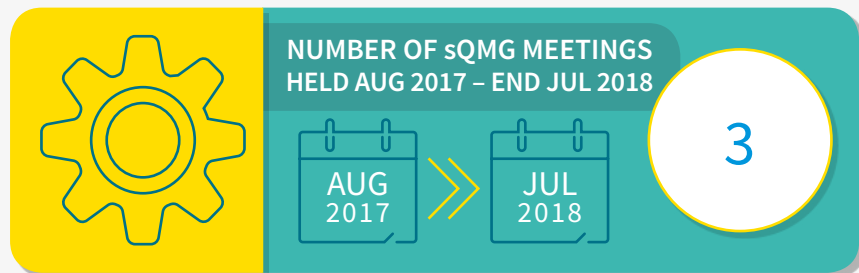
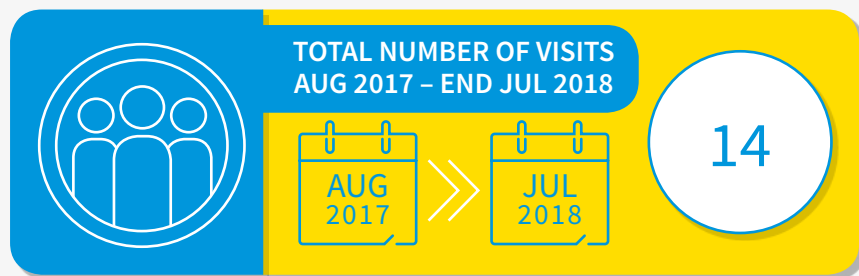
HIGHLIGHTS

NUMBER OF TRAINEES WITHIN REMIT OF THE sQMG

604

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF THE sQMG

25



OVERVIEW

The following visits were identified at the 2017 QRP:

📍 SITE	⊕ SPECIALTY	VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Neurosurgery	Immediate Triggered	22/11/17	Good visit with a revisit unlikely but will continue to be monitored by sQMG as noted concerns regarding culture and behaviour although progress has been made.
ABERDEEN ROYAL INFIRMARY	Plastic Surgery	Triggered	19/12/17	Good visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified.
UNIVERSITY HOSPITAL MONKLANDS	Oral Maxillofacial Surgery	Fact Finding	16/01/18	-
ABERDEEN ROYAL INFIRMARY	General Surgery	EM	20/02/18	Improvements made de-escalation of EM – continue to monitor via sQMG
CROSSHOUSE, MONKLANDS, ARI, ST JOHNS'S, FORTH VALLEY, QEUH	Oral & Maxillofacial Surgery	Programme	20/02/18	A positive visit with some concerns to be monitored via sQMG
FORTH VALLEY ROYAL HOSPITAL	Trauma & Orthopaedic Surgery	Re-visit	13/03/18	Re-visit required in 6 months with possibility of EM
NINEWELLS HOSPITAL	General Surgery	EM	16/03/18	Re-visit required as EM
ROYAL HOSPITAL FOR CHILDREN GLASGOW/ROYAL HOSPITAL FOR CHILDREN EDINBURGH	Paediatric Surgery	Programme	04/05/18	Very positive visit – revisit as part of 5-year schedule
UNIVERSITY HOSPITAL HAIRMYRES	General Surgery	EM	23/05/18	Improvements made de-escalation of EM continue to monitor via sQMG
UNIVERSITY HOSPITAL HAIRMYRES	Trauma & Orthopaedic Surgery	EM	23/05/18	Improvements made de-escalation of EM continue to monitor via sQMG
UNIVERSITY HOSPITAL MONKLANDS	General Surgery	EM	13/06/18	Improvements made de-escalation of EM continue to monitor via sQMG
GLASGOW ROYAL INFIRMARY	Urology	Scheduled	28/06/18	Very positive visit – revisit as part of 5-year schedule
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Urology	Scheduled	28/06/18	Very positive visit – revisit as part of 5-year schedule
UNIVERSITY HOSPITAL WISHAW	Trauma & Orthopaedic Surgery	EM	02/07/18	Improvements have been made however no Foundation trainees at visit therefore full de-escalated cannot happen at the moment but some grades may be de-escalated tbc

The following enquiries were raised at the 2017 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
General Surgery		2	1	Completed
Ophthalmology	1		1	Completed
Trauma & Orthopaedic Surgery	2			Completed
Vascular Surgery			1	Completed

Sites on enhanced monitoring with surgery trainees 01/08/17 to 31/07/18

- General Surgery, **Aberdeen Royal Infirmary**
- General Surgery, **Ninewells Hospital**
- Trauma & Orthopaedics, **University Hospital Hairmyres**
- General Surgery, **University Hospital Hairmyres**
- General Surgery, **University Hospital Monklands**
- Trauma & Orthopaedics, **University Hospital Wishaw**

LDD OVERVIEW

Last year we gave ourselves 4 main areas of focus:

- Provision of training for Core trainees and how best to support them achieve their relevant competencies.
- To work with the Surgical Specialty Training Board (STB) in delivering the Improvement of Surgical Training pilot.
- Continue to highlight the importance of surgical trainees' ability to attend their mandatory teaching.
- To consider ARCP outcomes and possibly exam results to help us identify areas of good practice across our programmes.

The first 2 areas are very much linked. We have continued to highlight areas of concern with Core trainees throughout our visit programme whilst acknowledging experiences will improve with the introduction of the Improvement of Surgical Training programme. There have been units visited where Core training has been very good and we have shared this information and discussed it in depth with the Surgical STB. Our Surgical Quality Management Group (sQMG) have been engaged and supportive in all discussions about the Improvement of Surgical Training programme and we have shared our survey data, visit reports and local intelligence at every opportunity.

Our sQMG has worked closely with the Surgical STB and individual Training Programme Directors to ensure surgical trainees' have access to their mandatory teaching programme.

The results from the visits led by the Surgical Quality team and the visit reports led by others but reviewed by our team seems to demonstrate an improvement in availability and attendance. Although we appreciate that we do not have numerical data for this, the trainees being met report good, bleep free attendance at teaching.

Once again, our team has had a busy year with visits which has limited our opportunity to progress our fourth area of interest which is to review ARCP outcomes and exam results. The Royal College of Surgeons (Edinburgh) shared their exam data with us last year and it is with regret that we have not been able to take this forward.

We are extremely pleased that a number of units have been de-escalated from the GMC Enhanced Monitoring process. We would like to take the opportunity to thank and acknowledge the hard work and engagement of these units: General Surgery at Aberdeen Royal Infirmary, General Surgery at University Hospital Monklands, General Surgery and Trauma and Orthopaedics at University Hospital Hairmyres. Although we still have some units on Enhanced Monitoring we are hopeful with the continued support of the Surgery Quality team we can continue this positive trend.

GOOD PRACTICE

During this year the Surgery Quality team have come across several good practice items we would wish to highlight. At the Royal Hospital for Sick Children in Glasgow the Paediatric Surgery unit demonstrated a robust electronic handover system that was praised by all members of the team. The same team also have a supervised consent process that was welcomed by the trainees. The Oral and Maxillofacial training programme has a What's App feedback group which is co-ordinated by a trainee representative who feeds back to their Training Programme Director and Specialty Training Committee. Finally, NHS Lanarkshire's engagement, both at Board and trainer level, with the Deanery and the GMC's Enhanced Monitoring Process has seen vast improvements in their surgical training posts with the result of a number of units being de-escalated from Enhanced Monitoring.

LOOKING FORWARD

One of our main focusses next year will be monitoring the introduction of the Improvement in Surgical Training programme. We are very much aware that our responsibilities lie with ensuring the trainees have access to the appropriate training opportunities. We will continue to work closely with our colleagues on the Surgical STB to ensure these opportunities are being gained as well as monitoring the posts through our visit process and survey data.

The Foundation Quality workstream has highlighted some concern regarding Foundation placements in Trauma and Orthopaedics as a specialty across Scotland. We are keen to support the work of the Foundation team in exploring this and discuss further with the Surgical STB.

Our final aspiration is, as mentioned above, is to review the ARCP and exam data. Our aim is to identify areas of good practice and actively engage with other units via the Surgery STB to share the information and attempt to improve Surgical training across Scotland.

We continue to believe the Surgical workstream has a lot to offer the quality management process and the team looking forward to continuing their efforts to improve training opportunities for all trainees.

OVERALL SATISFACTION RANKINGS

SURGERY

	2016 NTS	2017 NTS	2018 NTS
CARDIO-THORACIC SURGERY	Equal 7 th of 14	12 th of 15	4 th of 12
CORE SURGICAL TRAINING	15 th of 19	3 rd of 17	4 th of 17
GENERAL SURGERY	12 th of 20	11 th of 17	9 th of 17
NEUROSURGERY	Equal 9 th of 15	10 th of 16	3 rd of 14
OPHTHALMOLOGY	5 th of 20	2 nd of 17	1 st of 15
ORAL AND MAXILLO-FACIAL SURGERY	Equal 4 th of 16	Equal 2 nd of 16	3 rd of 12
OTOLARYNGOLOGY	12 th of 19	3 rd of 17	10 th of 16
PAEDIATRIC SURGERY	1 st out of 11	4 th out of 9	4 th of 8
PLASTIC SURGERY	Equal 6 th of 15	Equal 4 th of 16	2 nd of 13
TRAUMA AND ORTHOPAEDIC SURGERY	7 th of 21	6 th of 17	7 th of 17
UROLOGY	13 th of 17	4 th of 16	8 th of 15
VASCULAR SURGERY	Equal 9 th of 13	5 th of 17	9 th of 14

Scotland Deanery's rankings against UK Deaneries/LETBs/HEE offices for overall satisfaction from the 2018 GMC NTS in relation to training programmes in Surgery and surgical specialties remain very good.

It should be noted that where Scotland has more than 1 programme, a single composite score is derived for Scotland Deanery as a whole based on the overall satisfaction scores for all trainees in all (typically between 1 and 4) programmes within Scotland. An example is Orthopaedic Surgery, for which

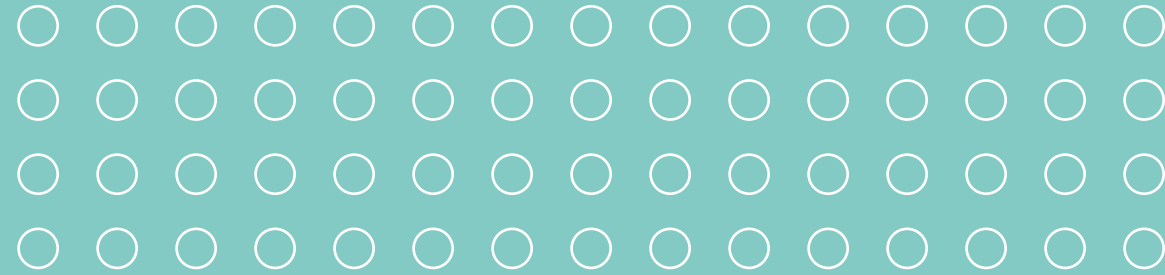
Scotland has 4 distinct CMT programmes, and for this analysis the overall satisfaction scores for all Orthopaedic CMTs in Scotland are brought together to generate an overall satisfaction score for Orthopaedic Surgery in Scotland. Of the 12 programmes for which data permit useful comparison with the rest of the UK – Scotland is in the top 3 for the UK for Ophthalmology, Plastic Surgery, Oral and Maxillo-Facial Surgery and Neurosurgery. For 4 programmes there has been year on year improvement in their rankings compared to 2016 and 2017; Core Surgical Training, Ophthalmology, Oral and Maxillo-Facial Surgery, and Plastic Surgery. For 2 further programmes there has been improvement in their rankings compared to 2017; Cardio-Thoracic Surgery, and General Surgery. These trends are remarkable in the context of the service pressures that posts in all surgical specialties are facing.

The results reflect not only the commitment and dedication of trainers 'at the frontline' supported by their DMEs, but also of our Training Programme Directors and colleagues within the Surgery Quality Management Group who are supporting Health Boards to improve the quality of training they provide. An exciting development for the year ahead is the improved surgical training pilot for core surgical training.

THE TRAINING YEAR 2017/18



ENHANCED MONITORING



SCOTLAND DEANERY'S ENHANCED MONITORING CASELOAD AT 31ST JULY 2018

BOARD	LEP	UNIT(S)	PROGRAMME(S)	TRAINEE LEVEL(S)	DATE PLACED ON EM	THEME
GREATER GLASGOW & CLYDE	Vale of Leven General Hospital	Medicine	Foundation, GP	Foundation, GPST	Jan-15	Clinical Supervision OOH & weekdays, poor access to education & rota issues.
LANARKSHIRE	University Hospital Wishaw	Trauma & Orthopaedic Surgery	T&O	Foundation, Core,	Mar-14	Patient safety, clinical supervision OOH & weekdays, poor access to education & workload.
HIGHLAND	Caithness General Hospital	General Surgery, Medicine	General Surgery, G(I)M	Foundation	Mar-15	Clinical supervision OOH, access to educational resources.
GREATER GLASGOW & CLYDE	Queen Elizabeth University Hospital	Medicine	General Medicine & Acute Medicine	Foundation, Core, GPST, Higher	May-16	Adequate experience, clinical supervision OOH, handover, workload
GRAMPIAN	Aberdeen Maternity Hospital	Neonatal Unit	Paediatrics – Neonatal Medicine	Run-through	Nov-16	Adequate experience & feedback
AYRSHIRE & ARRAN	University Hospital Ayr	Medicine	General (Internal) Medicine & Acute Medicine	Foundation, Core, GPST, Higher	Nov-16	Adequate experience, clinical supervision OOH & weekdays, feedback, handover, local teaching, overall satisfaction.
TAYSIDE	Ninewells Hospital	General Surgery	General Surgery	Foundation, Core & Higher	Oct-17	Educational governance
GREATER GLASGOW & CLYDE	Princess Royal Maternity – Glasgow Royal Infirmary	Obstetrics & Gynaecology	Obstetrics & Gynaecology	Foundation, GPST, Higher	May-18	Adequate experience, local teaching, regional teaching
TAYSIDE	General Adult Mental Health Services	General Adult Psychiatry	General Adult Psychiatry	Foundation, Core, GPST, Higher	May-18	Educational governance, supportive environment

Enhanced Monitoring is a GMC process that can be initiated either 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 improvement processes when training environments will not meet the GMC's standards for medical education and training without this intervention. 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 LEP.

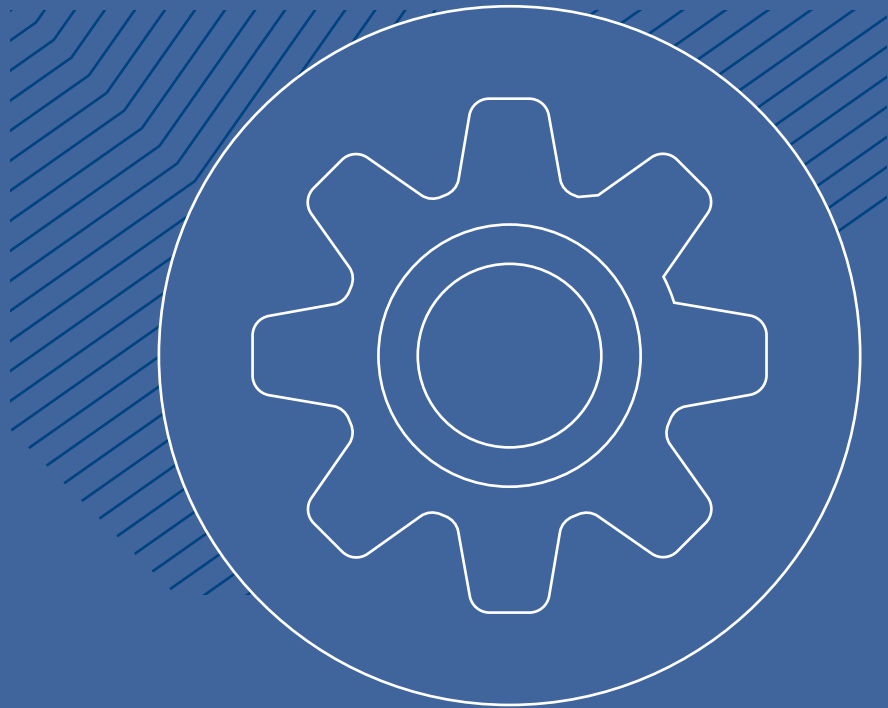
At the beginning of the 2017-18 training year Scotland Deanery had 13 cases on the GMC's enhanced monitoring process. Of these, 9 had been on enhanced monitoring for more than 2 years; 4 of these had been on for more than 3 years. At the close of this training year there are 9 cases on enhanced monitoring (table 1). Of these, 4 had been on enhanced monitoring for more than 2 years; 3 of these had been on for more than 3 years. 3 new cases (table 1) have been escalated to enhanced monitoring during this last training year.

Enhanced monitoring is a valued quality management tool that supports improvement in the quality of training environments. An example of the transformation that can occur in association with enhanced monitoring is the Beatson West of Scotland Cancer Centre (BWSCC). While enhanced monitoring was not the only driver of improvement here, local trainers, the local management team, the DME, the Health Board, the Deanery and the GMC have worked together to achieve transformation in the culture around education and training. This transformation is captured in the trends within the GMC National Training Survey data; the figure shows the trend towards improvement in the GMC survey data as reflected in the results for Core Medical Trainees. The BWSCC was de-escalated from enhanced monitoring during 2017-2018.

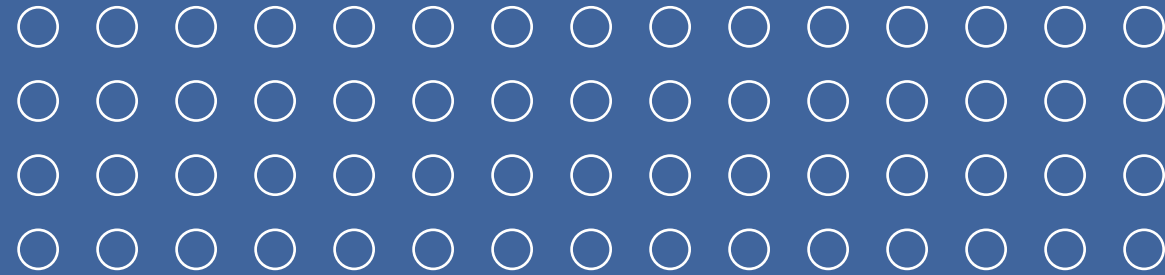
Site	Indicator	2012	2013	2014	2015	2016	2017	2018
Beatson West of Scotland Cancer Centre - G517H	Overall Satisfaction	56.67	56.80	56.00	45.60	73.33	74.67	77.33
	Clinical Supervision	76.83	71.85	88.40	76.70	88.50	83.33	93.33
	Clinical Supervision out of hours				81.15	87.92	78.75	79.17
	Reporting systems					72.00	83.33	
	Work Load	36.46	33.75	50.00	67.50	48.96	45.83	58.33
	Teamwork						83.33	80.55
	Handover	39.58	35.00	65.00	55.00	70.83	72.22	77.08
	Supportive environment				53.00	73.33	83.33	78.33
	Induction	77.50	80.00	95.00	95.00	98.33	89.58	66.67
	Adequate Experience	51.67	50.00	44.00	40.00	51.67	66.67	63.33
	Curriculum Coverage						55.56	66.66
	Educational Governance						77.78	77.78
	Educational Supervision	75.00	80.00	75.00	95.00	95.83	95.83	89.58
	Feedback	40.28	62.50	58.33	63.33	81.95	59.72	75.00
	Local Teaching	46.17	51.20	46.60	45.80	56.67	59.00	66.66
	Regional Teaching	60.88	48.69	71.92				51.11
	Study Leave	44.67	38.33	65.56	61.00	68.00		51.39
	Rota Design							41.67

Figure: The transformation of CMT training at the BWSCC is reflected in the GMC National Training Survey data.

THE TRAINING YEAR 2017/18



GMC NATIONAL REVIEW OF SCOTLAND



The regions and nations of the UK are visited by the GMC on a rotational basis, currently in a year cycle to determine if the organisations who commission, manage and deliver education and training are meeting the standards set out by the GMC in their key document *Promoting Excellence*.

In anticipation of the GMC's visit to Scotland the NES Medical Directorate embarked on a major programme of change, improvement and collaboration with partners to ensure preparedness for the review and to be able to demonstrate how standards are being met.

Principally, this involved the creation of the Scotland Deanery, bringing together Scotland's 4 established regional Deaneries into one system with consistent policies and procedures for all of Scotland. The new Scotland Deanery, combining the benefits of consistent national approaches and local understanding/communications, resulted in a flexible but strong set of arrangements deliberately focussed on trainees and the training experience in Scotland.

This is confirmed by the GMC who reported an extremely positive picture of medical education and training in Scotland, as represented in their press statement that "The standard of medical education and training in Scotland is very high..." and that "The Scotland Deanery and NES deserve great credit for the support they provide to the boards and medical schools."

Further to this, the GMC's judgement was that the Scotland Deanery was aware of what is happening across Scotland and has robust systems in place for identifying and managing concerns over safety or quality – singling out the NES digital strategy and multi-professional approach as areas of notable good practice.

In concluding their review, the GMC directed all organisations to produce action plans in response to their findings. The required action plans were to take forward areas of good practice, focus on areas found to be working well and address specific issues where they had put forward requirements and recommendations.

The Scotland Deanery was tasked with bringing together all the plans to produce a single action plan for Scotland and further to this the GMC mandated the Scotland Deanery to monitor and report Health Board progress against set recommendations and requirements.

Key points for the Scotland Deanery were listed as follows:

AREAS OF GOOD PRACTICE

- The NES digital strategy, which works across different systems and disciplines to support learners and educators.
- Inter-professional educational leadership demonstrated by the NES Executive team.

AREAS OF WORKING WELL

- The involvement of lay representatives in deanery quality management processes.
- The alignment of deanery processes across Scotland.
- Support for the training programme director role which provides an important link between doctors in training and the central deanery team.

REQUIREMENTS

- The Deanery must work with LEPs (Health Boards) to address the requirements identified at the LEP visits.
- The Deanery must take a lead in establishing a Scotland wide approach to identifying the levels of competence of learners.

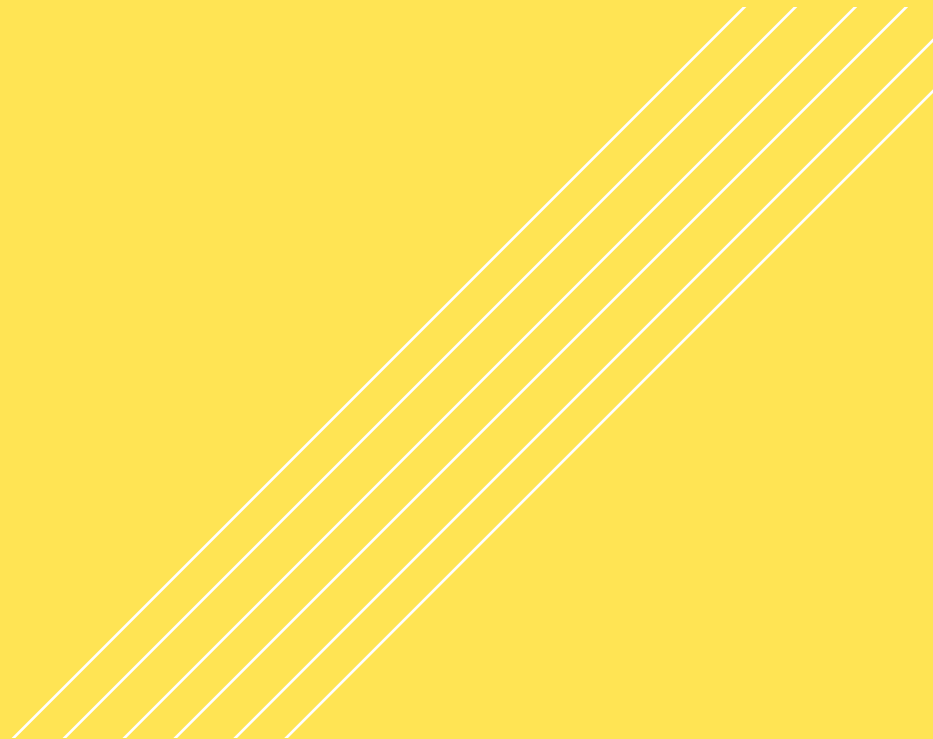
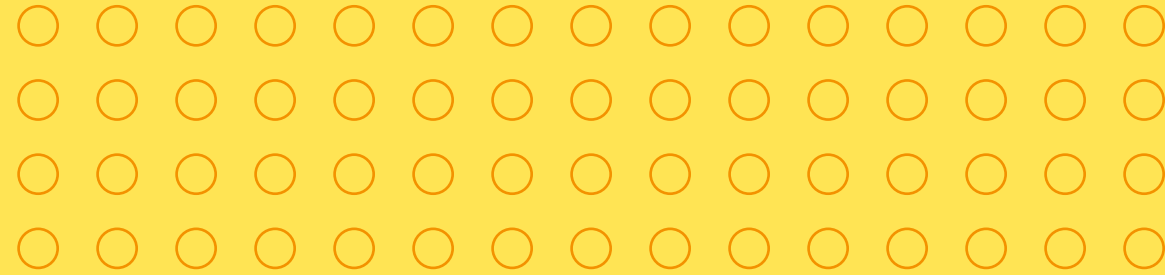
RECOMMENDATIONS

- The Deanery should work with LEPs to address the recommendations identified at the LEP visits.

THE TRAINING YEAR 2017/18



WORKING WITH PARTNERS



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 Health Boards Directorate Executive Team of the Deanery. It is led jointly by Dr Iain Wallace (MD of NHS Lanarkshire), by Dr Simon Edgar (DME of NHS Lothian) 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 2017-2018 TIQME met three times and ran workshops on the following themes (and more):

- Medical education and training in remote & rural settings.
- Involving patients and the public in the programme.
- Widening participation.
- Identifying learners' levels of competence.
- What high quality training looks like.
- Implications of the regional employer model: how will we manage a poorly performing doctor in training in future?
- Tackling differential attainment.

The April 2018 TIQME meeting that coincided with the Scottish Medical Education Conference was also the forum for the launch of the GMC National Report on Education & Training in Scotland, the overview of their findings from their national review conducted in 2017.

TIQME is amongst our most important and effective drivers of improvements around the quality of medical education and training in Scotland.

SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (SIHCG) is Scotland's forum for reviewing the performance of our Health Boards by sharing the intelligence that is held by organisations with scrutiny and monitoring responsibilities in relation to health and social care. 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. SIHCG is one of Scotland's responses to recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry.

The membership of the SIHCG expanded this year to incorporate the Scottish Public Services Ombudsman along with NHS Education Scotland (NES), Healthcare Improvement Scotland (HIS), Audit Scotland, Care Inspectorate, Mental Welfare Commission for Scotland and Public Health & Intelligence. Scotland Deanery's contribution has been to share the intelligence it holds relating to postgraduate medical education and training in Health Boards from the GMC's training surveys, from the Scottish Training Survey and from visit reports. The SIHCG is co-chaired by the Medical Directors of HIS and of NES.

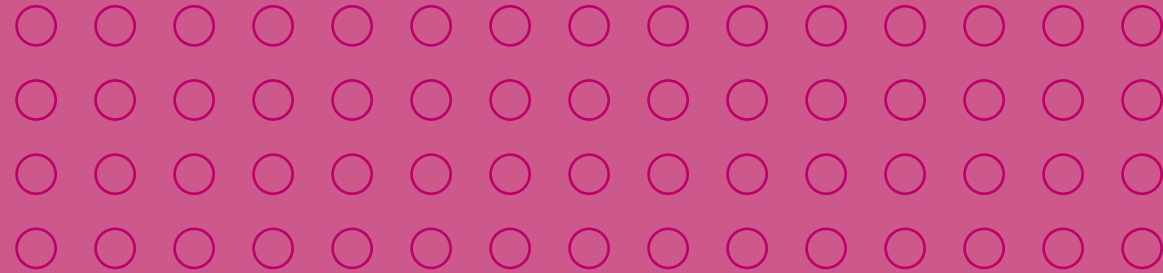
The key conclusions are fed back by the chairs of SIHCG via a report that is discussed with representatives of each Board. In 2017-2018, the third fully operational year of SIHCG, there were six meetings of the SIHCG. SIHCG publishes its own annual report (the most recent of which covers the period 2016-2017): www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/sharing_intelligence_2016-2017.aspx

It is clear from the work of the SIHCG that the quality of postgraduate medical education and training reflects Boards' performance more generally; there have been examples of concerns in the training environment reflecting wider concerns but also of being amongst the earliest signals of wider issues. The work of SIHCG has highlighted the interrelationship between educational governance and clinical governance and the importance of effective Board governance systems.

THE TRAINING YEAR 2017/18



PUBLICATION OF VISIT REPORTS



The Scotland Deanery dedicates much of our quality management resource each year to conducting Deanery visits to sites and training programmes across Scotland. This allows a panel of medics, managers, trainee associates and lay representatives to speak to trainees, trainers & non-medical staff using a structured set of questions, mapped to the GMC standards, and make an assessment about the standard of training being delivered. Following the visit, a report is written which can contain areas of good practice, areas for improvement and, if standards are not met, requirements which must be addressed. The deanery team then receives updates, often via the local Director of Medical Education, which demonstrate local improvements. These updates are monitored until the deanery team are satisfied that any requirements have been suitably addressed. The deanery recognises the importance of sharing the outcomes of our visits with those who participate in the visit, as well as making them available to trainees and trainers across Scotland and the public.

Through sharing our findings, we hope to encourage the sharing of best practice across training environments and engage all stakeholders in improving the quality of postgraduate medical education. To facilitate this open and transparent approach we will publish our final visit reports on the Scotland Deanery website. All reports of quality management visits conducted by us from the 1st April 2018 are available online at: <http://www.scotlanddeanery.nhs.scot/trainer-information/quality-management/specialty-visit-reports/>

The page provides advice on how to contact us should you have a query regarding a specific report. Reports will usually be published online within 3 months of the visit taking place. The website also contains further advice on our wider quality management activity, offers the facility for trainers and trainees to report concerns about training to us, and provides contact information for our quality management team.

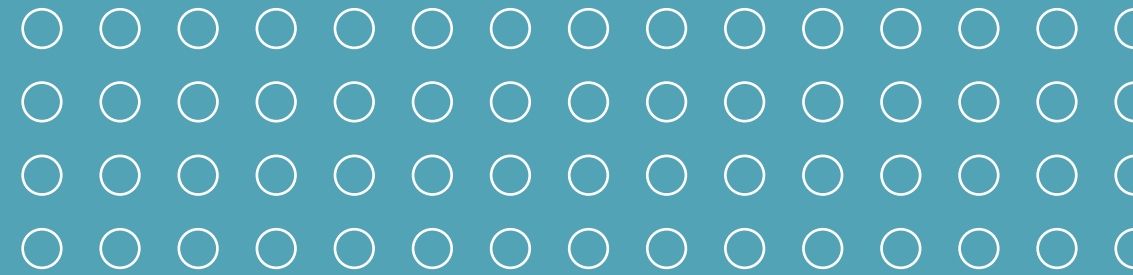
In the next few months we also plan to create pages explaining what to expect if you are going to be part of a quality management visit and providing access to our structured question set. We hope this will aid understanding of our quality management visits and provide clarity to those being visited.



THE TRAINING YEAR 2017/18



QUALITY WORKSTREAM PROGRESS AND DEVELOPMENT



HIGHLIGHTS

3 GMC ORIENTATION DAYS

1 NATIONAL COLLABORATION DAY

26 TRAINEE ASSOCIATES
INCLUDING
4 NEWLY RECRUITED

43 VISITS
SUPPORTED BY
TRAINEE ASSOCIATES

2393 STS FREETEXT COMMENTS REVIEWED

56 NTS FREETEXT COMMENTS REVIEWED

34 LAY REPS
NATIONAL LAY REP EVENT WAS HELD
IN PERTH ON 16 AUGUST 2018

7 VISIT REPORTS
PUBLISHED TO THE
WEBSITE

QUALITY WORKSTREAM PROGRESS AND DEVELOPMENT

With the GMC's national review behind us, we felt the time was right to move forward with a refresh of the quality workstream. Key to the refresh was the creation of three operational teams with defined responsibilities: the Data Team, the Improvement Team and the Development Team. A key emphasis within each team is to have less time devoted to meetings and more time delivering outputs. An overarching group, the Quality Steering Group, sets the scope and objectives for each group and monitors their progress to ensure delivery on the DQMG's strategy for each operational group.

IMPROVEMENT TEAM

The newly formed improvement team has a wide-ranging list of issues inherited from previous working groups and committees. The group has been affected by the turnover in associate postgraduate Deans (APGD) for quality but has made good progress in the following areas:

1. Visit reports are now published online (see article above) and this has been an important development for those visited. Trainees and trainers can see the output of the visit and the impact their evidence has had on the quality of education and training for those sites. The online information available to sites continues to increase, and we plan to include a guide to being visited including the question sets that panels use.
2. Improving links with training programme directors and APGDs for specialties being visited with visit notifications and invitations to share intelligence beforehand.
3. Work underway to standardise the requirements used in the visit reports with a bank of requirements available for quality improvement managers to use when formulating this section of the report.
4. Development of quality control measures for workstream processes to improve consistency and allow measurement of performance.

5. Development of a new group linking with the Directors of Medical Education to promote joint working in the development of quality improvement processes in education and training and linking with TIQME (Taskforce to Improve the Quality of Medical Education).
6. Improved engagement with training programme directors in the quality review process (QRP) and their contribution with the annual report and QRP output.
7. Development of a set of principles to guide the management of workload and timing of visits, particularly triggered visits following QRP.
8. Review of the enhanced monitoring process.
9. Development of a set of principles for fact finding meetings.
10. Inclusion of ARCP data in the QRP data packs as recommended during the GMC national review of Scotland.

DEVELOPMENT TEAM

The development team, chaired by Dr Fiona Ewing (Associate Postgraduate Dean for Quality in Diagnostic Specialties), first met in January 2018 and is an amalgamation of two previous working groups. The team is comprised of APGD(Q)s, QIMs and a QIA and meetings are held bi-monthly. A trainee associate will soon be joining the group.

The responsibilities of the team are:

- Training development – QM-QI panels – for all panel members.
- Training development – QM-QI panels – for chairs
- To run and manage annual calibration days
- Management of Trainee Associates – appointments, reviews/appraisal, development
- Management of twice yearly APGD-Q meetings
- Lay rep management and training
- Supporting development of QIMs & QIAs

In order to meet these objectives, the team have arranged the following upcoming events:

- lay rep day on 16 August covering topics such as the outcome of the 2017 Scotland wide GMC review and an interactive session on the scope & responsibility of the lay rep role.
- visit panel member training day on 21 September 2018 which will include information on the role of a panel member, how to understand the pre-visit information, asking questions on a visit and what happens after a visit.
- visit calibration day on 7 December – this event will cover scenarios around panel etiquette, what has changed in the last year and handling challenging panel members during the visit.

We are also working on arranging report writing training for newer quality improvement managers & administrators which we hope will take place this year as well as a dedicated chair panel training day and a workshop for trainee associates which will both take place early in 2019.

The team are also developing written guidance in the form of a comprehensive handbook for new appointees to the APGD(Q) role.

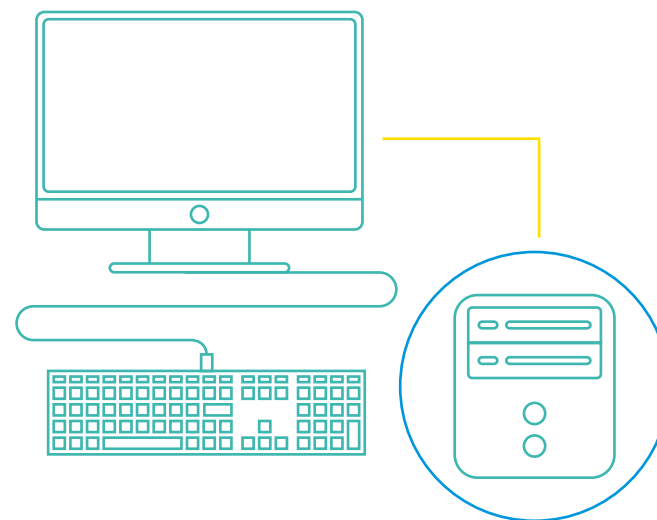
DATA TEAM

The Data Team reconfigured and had its first meeting 1st March 2018. It meets every 3 months and reports to the Quality Steering Group. The group are refining the Scottish Training Survey (STS) to facilitate trainee engagement, by reducing the number of questions and asking questions in a similar format. The group are planning to research the added value of the STS free text comments.

The plan is to align the free text comments with the SQMG's and do a quantitative assessment, to determine whether these comments are of added value to existing questions within the STS. The group have adopted how we manage potential dignity at work issues from the National Training Survey and now any free text comment/s that has potential dignity at work issues from the STS will be sent to the DME for comment.

The Data Team plan to explore the STS, NTS, free text comments from the STS and NTS and the NTS Trainer Survey and how this links with QRP output. The QRP outputs have been amended so a quantitative analysis will be more accurate for future analysis. The data team are including ARCP outcomes to the QRP document, and the data team will explore its added utility.

The data team are refining the TPD and DME reports, to facilitate engagement and more accurate reports. Future research will explore their added value to the QRP. Finally, the data team will continue to provide data for the Sharing of Intelligence Healthcare Group.





ALTERNATIVE FORMATS

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 e-mail: altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

IMAGES

Images provided courtesy of the NHSScotland Photo Library:

www.nhsscotlandphotolibrary.org