

THE SCOTLAND DEANERY

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ANNUAL QUALITY REPORT | 2019



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PROFESSOR STEWART IRVINE

Medical Director & Deputy Chief Executive

FOREWORD

Welcome to the 2019 Scotland Deanery Annual Quality Report in which we give a round-up of our Quality Management and Improvement activities over the course of the 2018-19 training year.

The report yet again reveals the extent our Deanery staff and colleagues in Health Boards go to, to continually monitor and improve the standard of medical education and training in Scotland. The level of joint working is quite striking and I am pleased to see many more good practice recognition letters across all specialties. A reminder that Scotland continues to provide excellent medical education and training.

Our pan Scotland Quality Management approach is now well established and the in-depth knowledge we have built-up around each specialty is reflected in the reports provided by each specialty grouping. In each case we provide a summary of what has happened and been actioned, where we found good practice and what are the main issues for consideration in the coming year.

Importantly, we reflect our work around sites included within the GMC's Enhanced Monitoring process and report on an overall reduction in Enhanced Monitoring sites from 9 to 7. Clear evidence that partners are working collaboratively to bring about sustained improvement.

Improving what we do within the Deanery is also important and working with doctors in training to make our process better is key to making sure doctors in training in Scotland have real influence over how training is delivered. The report highlights our commitment to working with our Trainee Associates and Clinical Leadership Fellows to make this happen.

I trust you will gain great insight from the 2019 report and like myself be reassured that the Deanery is working, collaboratively and productively with Health Board partners to make sure Scotland's doctors in training continue to receive excellent training.



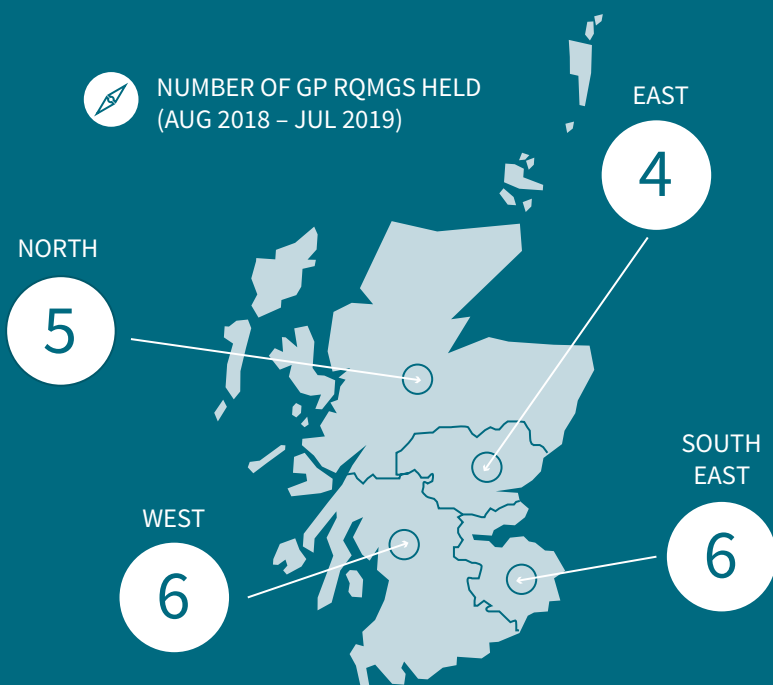
THE TRAINING YEAR IN NUMBERS



5679

TRAINEES WITHIN
REMIT OF THE SQMG

SQMGs HELD (AUG 2018 – JUL 2019)

LETTERS OF RECOGNITION
ISSUED FOLLOWING QRPFACT FINDING
MEETINGS94 ENQUIRIES
FOLLOWING QRP

227

TRAINING
PROGRAMMES
WITHIN REMIT OF
THE SQMG81 HOSPITAL
VISITS86 GP PRACTICE
VISITS

JOINT UG / PG VISITS

2

ENHANCED MONITORING
HOSPITAL VISITS

7



PROGRAMME VISITS

11



SCHEDULED HOSPITAL VISITS

28

TRIGGERED
HOSPITAL
VISITS

20

HOSPITAL
REVISITS

13



PROFESSOR CLARE MCKENZIE

Lead Dean / Director for Foundation

THE TRAINING YEAR 2018 / 2019



FOUNDATION

MEMBERSHIP OF THE FOUNDATION QUALITY MANAGEMENT GROUP (FQMG)

Lead Dean Director – Professor Clare McKenzie

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

Associate Deans (Regional) – Dr Fiona Cameron, Dr Duncan Henderson, Dr Joy Miller and Dr Caroline Whitton

Consortium Leads – Dr Edgar Brincat, Dr Alastair Milne, Dr Brian Neilly, Mr Yatin Patel and Dr Joe Sarvesvaran

Trainee Associates – Dr Patrick Hughes and Dr Christopher McDermott

Quality Improvement Manager – Ms Jill Murray

Lay Rep – Mr David Ramsay

Quality Improvement Administrator – Mrs Gaynor MacFarlane



HIGHLIGHTS



13 TOTAL VISITS



JOINT UG / PG VISITS

0



ENHANCED MONITORING HOSPITAL VISITS

1



PROGRAMME VISITS

0



SCHEDULED HOSPITAL VISITS

5

TRIGGERED HOSPITAL VISITS

5

HOSPITAL REVISITS

2



1632

TRAINEES WITHIN REMIT OF THE SQMG



SQMGs HELD (AUG 2018 – JUL 2019)



LETTERS OF RECOGNITION ISSUED FOLLOWING QRP



54

TRAINING PROGRAMMES WITHIN REMIT OF THE SQMG



FACT FINDING MEETING



7

QIM ENQUIRIES FOLLOWING QRP



0

DME ENQUIRIES FOLLOWING QRP



7

APGD ENQUIRIES FOLLOWING QRP

OVERVIEW

VISITS UNDERTAKEN IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	🔧 VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
CAITHNESS HOSPITAL	Whole Site	Enhanced Monitoring (EM)	29/10/2018	De-escalated from EM
UNIVERSITY HOSPITAL AYR	General Surgery	Triggered	06/11/2018	Improvements had been made. Continue to monitor.
UNIVERSITY HOSPITAL AYR	Emergency Medicine	Triggered	06/11/2018	Very positive visit. No further action.
NETHERGATE MEDICAL PRACTICE	General Practice	Scheduled	26/11/2018	Very positive visit. No further action.
ROYAL INFIRMARY EDINBURGH	Trauma & Orthopaedics	Revisit	30/11/2018	A number of changes had been made within the department. A revisit is required.
ROYAL VICTORIA HOSPITAL	Medicine for the Elderly	Scheduled	11/02/2019	Positive visit. No further action.
PERTH ROYAL INFIRMARY	General Surgery	Scheduled	19/02/2019	Very positive visit. No further action.
NINEWELLS HOSPITAL	Trauma and Orthopaedics	Revisit	15/03/2019	Improvements had been made. No further action.
VICTORIA HOSPITAL (FIFE)	General Medicine	Triggered	22/03/2019	Serious concerns. Revisit required.

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
UNIVERSITY HOSPITAL CROSSHOUSE	Obstetrics and Gynaecology	Fact Finding Meeting (FFM)	26/03/2019	No visit required.
GLASGOW ROYAL INFIRMARY	General Medicine	Triggered	14/05/2019	Revisit recommended
ST JOHN'S HOSPITAL, LIVINGSTON	ENT	Scheduled	30/05/2019	Positive Visit. No further action
GLASGOW ROYAL INFIRMARY	General Surgery	Triggered	21/06/2019	Serious concerns. Revisit required.
DRS CHEUNG, AL-AGILLY & MORGAN	General Practice	Scheduled	23/07/2019	Report not available at time of review.

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
NINEWELLS HOSPITAL & PERTH ROYAL INFIRMARY	Emergency Medicine	Scheduled	22/05/2019	Report not available at time of review.

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QUALITY REVIEW PANEL:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
FOUNDATION	0	7	0	7	Complete

SITES ON ENHANCED MONITORING WITH RELEVANT TRAINEES 01/08/2018 – 31/07/2019

- Obstetrics and Gynaecology, Princess Royal Maternity Hospital / Glasgow Royal Infirmary
- General Adult Psychiatry, NHS Tayside
- General Medicine, University Hospital Ayr
- General Medicine, Queen Elizabeth University Hospital
- Trauma and Orthopaedics, University Hospital Wishaw
- General Medicine, Vale of Leven

OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
FOUNDATION YEAR ONE	9th of 16	13th of 16	9th of 17
FOUNDATION YEAR TWO	15th of 16	10th of 16	9th of 17

LDD COMMENT ON OVERALL SATISFACTION

The Scottish Foundation School and Foundation Quality Management team work hard to improve the training our Foundation doctors receive. All the Foundation programme directors and educational supervisors are to be commended for their ongoing efforts which have resulted in the School improving in the rankings. Many departments proactively support the training and development of these young doctors. We recognise there is more to be done and our focus will be to increase awareness of good practice as well as continuing to promote the Foundation programme in Scotland.

LDD OVERVIEW

The Foundation Quality Management Team (FQMG) have worked well this year and should be commended for their dedication to the agenda of improving the quality of training for Foundation doctors. There continues to be good attendance at Foundation Quality Management Group meetings from the regional Foundation Associate Postgraduate Deans (APGDs) who provide soft intelligence regarding the training issues on the ground. Together the team reviews and interprets a significant amounts of survey data as well as reviewing all visit reports and DME action plans for sites where Foundation doctors are training.

Over the last year we have amended the emphasis during the FQMG meetings towards increasing the amount of time spent discussing the DME action plans received by FQMG and other SQMGs in relation to Foundation specific actions. Through the Quality Improvement Manager (QIM) network, we have raised our concerns if the actions are not considered adequate from a Foundation training perspective, recognising that Foundation has specific and unique issues. FQMG feel this has the potential to ensure greater emphasis on foundation training within specialty training departments.

The regional Foundation APGDs and the APGDs for Quality believe that Foundation representation on visit panels is extremely valuable. At both 2018 and 2019 Foundation Programme Director (FPD) Away Days, promotion of attendance has been highlighted as a way of increasing FPDs' understanding of the quality management processes as well as offering the opportunity to learn and subsequently influence the training that they oversee. This also provides a means to ensure that the needs of Foundation trainees within specialty-led visits receive equal attention. In 2017-18, 49% of visit panels included FPD representation and in 2018-19 this had increased to 63% of visits. The FQMG will continue to promote FPD attendance during the forthcoming visit cycle.

The FQMG is keen to identify and promote good practice to aid trainers improve the training environments. Dr Fiona Drimmie, Associate Postgraduate Dean-Quality (APGD-Q), has worked with other APGD-Qs and DME representatives reviewing the data in relation to Trauma and Orthopaedics. The output of this work was highlighted through a workshop at the 2019 Scottish Medical Education Conference. Working together, the quality team and the specialty leads, continue to investigate and support training environments to the benefit of Foundation doctors.

GOOD PRACTICE

The Foundation Quality team would like to highlight the following areas of good practice that have come to light during Foundation-led visits over the past year:

- Trauma and Orthopaedic Surgery at Ninewells Hospital, Dundee have introduced a mentoring system for FY1 trainees. The FY1 trainees are paired with a Specialty trainee and their rota aligned so that they undertake the on-call duty with their mentor.
- General Surgery at Perth Royal Infirmary and Plastic Surgery, St John's Hospital, Edinburgh have both built time into their rota for Foundation trainees to attend theatre.
- General Surgery at University Hospital Ayr has included 2 learning days a month in the Foundation trainees' rota. The trainees themselves can decide how to spend these days either on the ward, in theatre or in clinic.

LOOKING FORWARD

As mentioned previously engagement of the Foundation Programme Directors (FPDs) has greatly improved and our next step is to encourage FPDs to assist with improved attendance of Foundation trainees at visits. We would also like to see an increase in the presence of Trainee Associate representatives on our visits.

Going forward, one of our first activities will be to test out the feasibility of undertaking a Foundation programme visit and plans are already underway to do this as a virtual exercise. Beyond that, the team will look to prioritise their activities in an effort to balance the number of triggered visits they undertake against scheduled visits. A major ambition is to proactively collect data on good practice and we plan to have this as a standing item on our FQMG agenda. We will also encourage the sharing of good practice, not only across Foundation training departments but across other specialties, as envisaged with the TIQME TOG group, however finding the time to progress this is challenging.

We believe that the Foundation team continue to provide worthwhile contributions to the work of the wider Quality workstream via their involvement with Deanery Quality Management Group (DQMG), the Development Group, the Improvement Group and other ad-hoc meetings. The team will continue to manage their time effectively to ensure the Foundation workstream continues to contribute to other Specialty workstreams by carrying out their considerable visit portfolio as well as reviewing and providing feedback on DME action plans.





PROFESSOR MOYA KELLY

Lead Dean / Director for General Practice

THE TRAINING YEAR 2018 / 2019



GENERAL PRACTICE, PUBLIC HEALTH, OCCUPATIONAL HEALTH

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

Lead Dean Director – Professor Moya Kelly

Associate Deans (Quality) – Dr Kenneth Lee, Dr Amjad Khan (part year), Dr Nick Dunn (from Jan 2019)

Associate Deans (Regional) – Dr Elizabeth Barr (North), Dr John Nicol (North), Dr Gordon McLeay (East), Dr Amjad Khan (South East, part year), Dr Nitin Gambhir (South East, from November 2018), Dr Kenneth Lee (West)

Trainee Associates – Dr Fahd Mahmood, Dr Eleanor Davidson

Quality Improvement Manager – Mrs Hazel Stewart

Lay Rep – Mrs Penelope MacGregor

Quality Improvement Administrator – Mrs Janice Jenkins, Mrs Gayle Hunter, Mr Bryan Ewington, Ms Lorna McDermott



HIGHLIGHTS



1096 TRAINEES WITHIN
REMIT OF THE SQMG



30 PUBLIC HEALTH
TRAINEES



1060 GP TRAINEES



6 OCCUPATIONAL
MEDICINE TRAINEES



21 BROAD BASED
TRAINING TRAINEES



20 TRAINING PROGRAMMES
WITHIN REMIT OF THE SQMG



1 PUBLIC HEALTH PROGRAMME



18 GP PROGRAMMES



1 OCCUPATIONAL MEDICINE
PROGRAMME



1 BROAD BASED TRAINING
PROGRAMME

86

GP PRACTICE
VISITS IN TOTAL



JOINT UG / PG VISITS

0



ENHANCED MONITORING
HOSPITAL VISITS

0



PROGRAMME VISITS

0



SCHEDULED HOSPITAL VISITS

1



HOSPITAL REVISITS

2



SQMGS HELD (AUG 2018 – JUL 2019)



FACT FINDING MEETING



342 GP TRAINING PRACTICES
IN SCOTLAND

703 GP PRACTICE EDUCATIONAL
SUPERVISORS IN SCOTLAND

HIGHLIGHTS

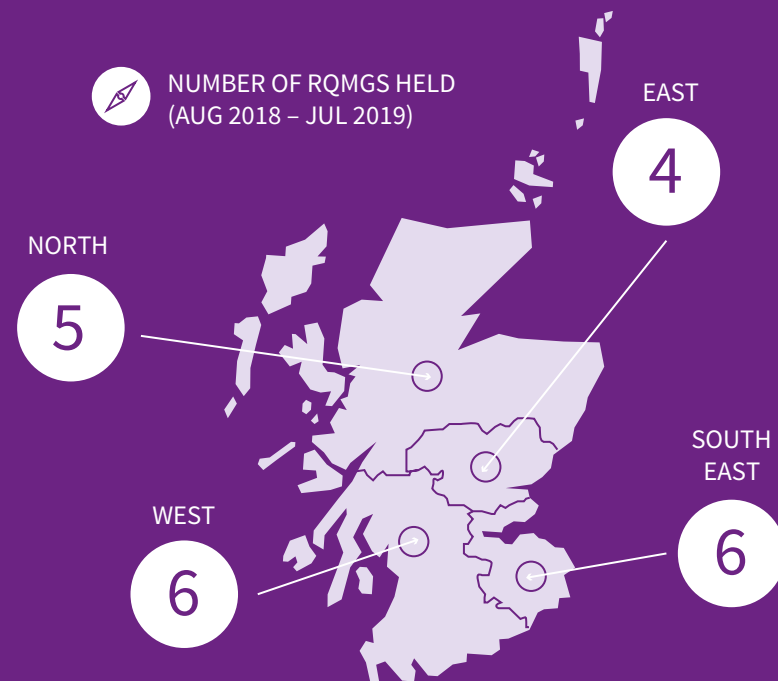
REGIONAL BREAKDOWN OF PRACTICE & EDUCATIONAL SUPERVISOR (RE)ACCREDITATIONS BETWEEN 01/08/2018 – 30/05/2019

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	0 (4)*	14 (15)	0 (0)	6 (0)	2 (7)	0 (0)
NORTH	1 (13)	30 (32)	1 (5)	12 (6)	3 (10)	1 (0)
SOUTH EAST	12 (21)	51 (41)	1 (4)	23 (19)	2 (5)	3 (1)
WEST	9 (10)	115 (69)	3 (0)	35 (22)	19 (11)	1 (0)
TOTAL	22 (48)	210 (157)	5 (9)	76 (55)	26 (33)	5 (1)

*THE FIGURES SHOWN IN BRACKETS SHOW THE PREVIOUS YEAR'S DATA FROM 01/08/2017-30/05/2018



NUMBER OF RQMGS HELD
(AUG 2018 – JUL 2019)



9 TPD ENQUIRIES FOLLOWING QRP

5 QIM ENQUIRIES FOLLOWING QRP

9 DME ENQUIRIES FOLLOWING QRP



52



40 HOSPITAL



12 GP PRACTICE

LETTERS OF RECOGNITION ISSUED FOLLOWING QRP



OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
BORDERS GENERAL HOSPITAL	General Medicine	Revisit	16/01/2019	5 Year Cycle
RAIGMORE HOSPITAL	General Medicine	Revisit	22/05/2019	5 Year cycle
NEW CRAIGS HOSPITAL	Mental Health	Scheduled	18/10/2018	Minor concerns

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
LYNEBANK HOSPITAL	Psychiatry	Triggered	20/11/2018	Revisit
QUEEN MARGARET HOSPITAL	Psychiatry	Triggered	20/11/2018	Revisit
STRATHEDEN HOSPITAL	Psychiatry	Triggered	20/11/2018	Revisit
WHYTEMANS BRAE HOSPITAL	Psychiatry	Triggered	20/11/2018	Revisit
ROYAL CORNHILL HOSPITAL	Psychiatry	Triggered	07/11/2018	Revisit
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Obstetrics & Gynaecology	Triggered	03/05/2019	Revisit
ROYAL ALEXANDRA HOSPITAL	General Medicine	Triggered	26/11/2018	Revisit
ABERDEEN MATERNITY HOSPITAL	Obstetrics & Gynaecology	Revisit	22/11/2018	Revisit

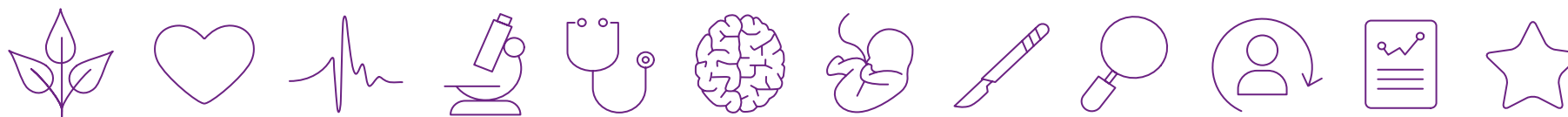
THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
GP	9	11	2	Complete
PH	0	1	3	Complete
OM	0	0	0	Complete

SITES ON ENHANCED MONITORING WITH RELEVANT TRAINEES 01/08/2018 TO 31/07/2019

THERE ARE CURRENTLY 4 SITES ON ENHANCED MONITORING THAT PROVIDE TRAINING TO GP TRAINEES.

- Obstetrics and Gynaecology, Princess Royal Maternity Hospital / Glasgow Royal Infirmary
- General Adult Psychiatry, NHS Tayside
- General Medicine, University Hospital Ayr
- General Medicine, Queen Elizabeth University Hospital



OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
GENERAL PRACTICE – IN SECONDARY CARE	7th of 17	Equal 11th out of 16	4th of 16
GENERAL PRACTICE – IN A GP PRACTICE	3rd of 17	4th out of 17	3rd of 17
OCCUPATIONAL MEDICINE (NATIONAL PROGRAMME)	9th of 14	9th out of 9	7th of 9
PUBLIC HEALTH (NATIONAL PROGRAMME)	6th of 16	N / A	8th of 13

LDD COMMENT ON OVERALL SATISFACTION SCORES

Scotland consistently ranks highly for overall satisfaction for GP Training in GP practice posts and it is gratifying to see that this has been maintained this year with a slight improvement in our ranking from 4th to 3rd. This is testament to the hard work, skill and dedication of our GP Educational Supervisors (ESs) and the Deanery. GP Training satisfaction in secondary care has improved from 11th to 4th. A clear focus on GPST experience in hospital posts is embedded in our Quality Management processes which appears to be having a positive effect on trainee experience. We continue our efforts in this area by promoting appropriate clinical experience for GP Trainees and continue to work with secondary care GP Training Champions to drive this forward.

Overall satisfaction in Public Health training has been roughly maintained but due to the nature of data collection we are unable to include the views of non-medical trainees. The slight improvement in Occupational Medicine training is welcome and we continue to engage actively with the newly appointed Training Programme Director and training providers to explore ways of further enhancing the training experience.

LDD OVERVIEW

REVIEW OF THE PRIORITY AREAS IDENTIFIED IN 2018 / 2019 ANNUAL REVIEW

General Practice

1. Each SQMG to have a list of forthcoming visits in secondary care and who will be representing general practice on these visits. *This has not taken place yet. Assistant Directors now have access to the visit tracker database and will share dates of all planned visits with the wider team once QRPs have concluded.*
2. To establish inter-regional visiting to GP practices. *This has yet to be established due to changes in Deanery staffing, however, this is still a priority for us and will be rolled out over the next 12 months.*
3. To arrange a calibration day for lead visitors to General Practice. *Achieved. A workstream leads' day was held in March 2019. Those who were able to participate found it a useful process with key areas identified for action. Future calibration days will be organised through the Development team.*
4. To arrange a calibration meeting with other GP visitors. *Not achieved. This is still planned and will build on the output from the Lead GP Visitor Calibration day.*
5. To establish a feedback mechanism from the practices about the visit and the visiting team. *A pilot scheme has recently commenced through the improvement team. It has been agreed that the APGDQs will review the feedback after 6 months to see if there are any common themes and areas for improvement.*
6. To revise our SOP for management of 'amber' Scottish Prospective Educational Supervisor Course (SPESC) applicants to include the conversion process from 'amber' to 'green'. *This has been completed and a process is now in place.*
7. To develop a menu of acceptable E&D training for GP Educational Supervisors – advice to be taken from Kristie Long. *Achieved.*
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. *KL attended a Quality of Training meeting with RCGP and the issues regarding GP Trainer GMC survey feedback were discussed with further representation to 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. *The visit report templates continue to be updated with minor changes and this will be incorporated in the templates from the start of the new training year.*
10. To further develop and refine our list of requirements and recommendations in collaboration with lead visitors. *Work has recently begun through the improvement team to determine common themes for a bank of requirements for GP Practice reports which will sit in parallel with the hospital visiting requirement bank.*

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. ***Retaining paperwork has been updated to reflect this. A separate section has been created on practice visit report forms to specifically add comment on retaining quality management.***
12. To develop a plan for quality issues arising from the GMC action plan – namely:
 - a. trainee safety - ***achieved. A section of the practice application now includes a question regarding trainee safety as does GP Out Of Hours (OOH) Quality management documentation. A question has been added to the STS OOH survey.***
 - b. promotion of GP Champions - ***This continues to be promoted at hospital visits with some progress. SQMG would like to discuss the best way to further progress this, perhaps through TIQME.***

OTHER ACTIVITIES THAT HAVE BEEN UNDERTAKEN IN 2018-2019

Visit and virtual reaccréditation reports have been further refined to separate out information relevant to Foundation training and retaining. This includes updating the forms to acknowledge the practices are not ‘approved’ for foundation but that they have been reviewed and GMC standards met. An agreed process has been created with FQMG on appropriate information sharing as regards quality of Foundation training in GP practices including follow up of action plans resulting from visit requirements.

As part of our preparation for agreeing an SOP for practice visits, a pilot phase has been undertaken within the West region to develop a visit panel pack. This has provided more streamlined communications with the visit panel and also enabled the administrator to more easily track the submitted paperwork.

Following an update to the Dean’s report (DR) of actions taken, a number of the recommendations and requirements from the GMC GP thematic review have been achieved and the DR items closed off.

A brief guidance document has been developed to highlight to secondary care the type of training opportunities that would be most appropriate for GP trainees to meet their curriculum and competency requirements within their hospital posts. This is due for final agreement with DQMG in June 2019 with the aim of sharing this with all DMEs before the new training year begins.

GOOD PRACTICE

We have been working closely with the Foundation QMG to streamline Quality Management of Foundation and GP Training when co-located on the same site. Good communication systems have been developed with appropriate information sharing.

Over the past 3 years The Deanery has been developing hospital posts that are more relevant to the changing needs of General Practice. In particular, community facing Medicine for the Elderly posts have been established in Inverness, Ayrshire and Lanarkshire. These posts which have received excellent trainee evaluation, help to equip trainees with the skills required for managing medical problems of the growing elderly population dovetailing with the Scottish Government's 2020 Vision for Health and Social Care for the provision of high quality health care for people in their homes or in homely settings.

As part of our Quality visiting to General Practice training environments, we have encountered some innovative approaches to post induction including a treasure hunt for trainees to find out about health provision in a practice area and using art and culture as part of community orientation.

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. Develop an SOP for practice visits.
2. Establish a requirement bank for GP ES and Practice approvals including what should be submitted to evidence requirements.
3. To establish inter-regional visiting to GP practices.
4. To arrange a calibration meeting with other GP visitors through the development team.
5. A new suite of Work Placed Based Assessments will be introduced in August 2020. This will significantly alter those undertaken in secondary care for GP Trainees. Advance planning on how this will be communicated to Trainers in secondary care will require consideration.
6. Our SQMG needs to consider what quality management arrangements can be put in place for Broad Based Training (BBT). This will be challenging due to the nature of the programme.
7. Monitor effectiveness of new Scotland Deanery guidance on GPSTs exposure to primary-secondary care interface in hospital posts through review of visit reports.

PUBLIC HEALTH

A new Training Programme Director, Dr Catherine Johnman started in post on 1st October 2018. The QRP data did not highlight any major concerns although due to changes with the survey in 2018, we were not able to view the responses from the non-medical public health trainees.

OCCUPATIONAL MEDICINE

A new Training Programme Director, Dr Dravendranath Reeto, started in post on 1st August 2018. It was not felt that a programme revisit was required, however a fact-finding meeting to Lothian is being arranged as there continues to be a couple of indicators which remain less positive.

BROADBASED TRAINING

This is a new programme aimed at providing a broader initial clinical experience to young doctors enabling them to enter one of the 4 specialties at ST2 level on completion of the 2-year programme. The programme provides trainees with four 6-month posts within General Medicine, General Practice, General Psychiatry and Paediatrics. A new TPD, Dr Wendy Leeper has been appointed.





PROFESSOR ADAM HILL

Lead Dean / Director for Anaesthetics, Intensive Care Medicine and Emergency Medicine

THE TRAINING YEAR 2018 / 2019



ANAESTHETICS, INTENSIVE CARE MEDICINE, EMERGENCY MEDICINE

MEMBERSHIP OF THE EMA QUALITY MANAGEMENT GROUP

Lead Dean Director – Professor Ronald MacVicar until 15/03/2019 then Professor Adam Hill

Associate Deans (Quality) – Dr Mo Al-Haddad

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

Foundation Representative – Dr Duncan Henderson

Trainee Associates – Dr Moray Kyle & Dr Stephen Davidson

Quality Improvement Manager – Miss Kelly More

Lay Rep – Mr John Adams

Quality Improvement Administrator – Ms Lorna McDermott



HIGHLIGHTS



10 VISITS IN
TOTAL



JOINT UG / PG VISITS

0



ENHANCED MONITORING
HOSPITAL VISITS

0



PROGRAMME VISITS

2



SCHEDULED HOSPITAL VISITS

8



TRIGGERED HOSPITAL VISITS

0



FACT FINDING
MEETINGS



LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP



594

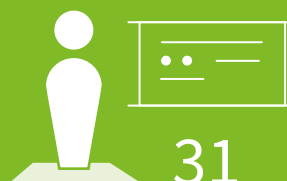
TRAINEES WITHIN REMIT
OF THE SQMG (NOT
INCLUDING FY AND GP)

0 APGD ENQUIRIES
FOLLOWING QRP

0 QIM ENQUIRIES
FOLLOWING QRP



2 DME ENQUIRIES
FOLLOWING QRP



TRAINING PROGRAMMES
WITHIN REMIT OF THE SQMG



SQMGs HELD (AUG 2018 – JUL 2019)

OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
RAIGMORE HOSPITAL, INVERNESS	Anaesthetics	Scheduled	13/11/2018	Good visit, no requirements
ABERDEEN ROYAL INFIRMARY	Anaesthetics	Scheduled	5/12/2018	Good visit, no requirements
GLASGOW ROYAL INFIRMARY	Anaesthetics	Scheduled	15/01/2019	A positive visit, no major concerns
ROYAL INFIRMARY OF EDINBURGH	Anaesthetics	Scheduled	26/02/2019	Generally positive, a potential issue around pre-op accommodation was identified and followed up through a requirement. The issue was lack of suitable accommodation, patients being scattered in different locations and IT problems.
NINEWELLS HOSPITAL DUNDEE & PERTH ROYAL INFIRMARY	Anaesthetics	Scheduled	27/02/2019	Generally positive, a potential issue around out of hours work in Perth was identified as after 9PM there are few cases to work on. This will be followed up through a requirement.

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
FORTH VALLEY ROYAL HOSPITAL, LARBERT	Emergency Medicine	Scheduled	5/03/2019	A positive visit, one requirement was made about access to wi-fi.
ROYAL HOSPITAL FOR CHILDREN, GLASGOW	Anaesthetics	Scheduled	6/05/2019	Generally positive, requirements were made around rota intensity and local teaching.
NINEWELLS HOSPITAL DUNDEE & PERTH ROYAL INFIRMARY	Emergency Medicine	Scheduled (by FY)	22/05/2019	A good visit with only one requirement – for Foundation trainees - the Initial meeting with ES must occur within 1 month of trainee starting post.
NORTH & EAST REGIONS	Acute Common Care Stem	Programme	19/06/2019	A positive visit with no requirements at this stage (waiting until we see all regions and produce one programme wide report)
WEST REGION	Acute Common Care Stem	Programme	27/06/2019	A positive visit with no requirements at this stage (waiting until we see all regions and produce one programme wide report)

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

📍 SITE	⊕ SPECIALTY	🔧 VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
DUMFRIES AND GALLOWAY ROYAL INFIRMARY	Anaesthetics & Emergency Medicine	New Site	2/10/2018	Training was of a high standard and no requirements were made.
UNIVERSITY HOSPITAL AYR	Emergency Medicine	Foundation (GMC Triage list)	6/11/2018	It was a very positive visit, there was one requirement made around wearing colour coded badges, to aid identification of the grade of medical staff.

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
EMA	0	0	2	0	Complete

OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
ACCS	6th of 17	10th of 17	8th of 17
ANAESTHETICS	4th of 17	3rd of 17	4th of 17
CORE ANAESTHETICS	6th of 17	8th of 16	9th of 17
EMERGENCY MEDICINE	5th of 17	4th of 17	4th of 17
INTENSIVE CARE MEDICINE	7th of 16	4th of 13	6th of 13

LDD COMMENT ON OVERALL SATISFACTION

The GMC National Training Survey allows us to benchmark for Specialties throughout the UK. Overall satisfaction is a good indicator reflecting the training environment. For the Anaesthetics, Intensive Care Medicine and Emergency Medicine STB, for overall satisfaction in the 2019 GMC National Training Survey, ACCS was 8th out of 17, Anaesthetics 4th out of 17, Core Anaesthetics 9th out of 17, Emergency Medicine 4th out of 17 and Intensive Care Medicine 6th out of 13, revealing high performing training within Scotland in these specialities.

LDD OVERVIEW

I am pleased to report that the 2018 Quality Review Panel (QRP) worked extremely well in terms of process and attendance. All post QRP queries were responded to. We issued good practice letters to Anaesthetics in St John's Hospital, Livingston, Emergency Medicine at University Hospital Crosshouse and Emergency Medicine at University Hospital Hairmyres.

The sQMGs are aligned with the STB and attendance by regional APGDs has improved.

I am pleased to report that all visits that we agreed to lead were carried out ensuring that priority visits were done first. 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.

As part of our aim to visit all the Anaesthetics departments in Scotland. The team carried out visits this year to Anaesthetics in Raigmore Hospital, Inverness, Aberdeen Royal Infirmary, Glasgow Royal Infirmary, Royal Infirmary of Edinburgh, Ninewells Hospital, Perth Royal Infirmary and the Royal Hospital for Children in Glasgow. These visits were very positive with no major concerns identified.

The team also visited Emergency Medicine in Forth Valley Royal Hospital in Larbert and in Ninewells Hospital, Dundee and Perth Royal Infirmary. Colleagues in other specialties undertook a new site visit to Dumfries and Galloway Royal Infirmary and a visit to Ayr. These visits included trainees from Anaesthetics and Emergency Medicine and were also very positive.

To counteract the lack of meaningful survey data for the acute common care stem programme and following the success of last year's intensive care programme visit, we are currently undertaking a Scotland wide programme visit. This is taking place over three days in the North / East, West and South East 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 programme.

The Quality team should be congratulated for their excellent team effort and all their efforts have improved the training environment throughout Scotland. The QRP is an excellent example of teamwork and allows the annual assessment of all Anaesthetic, Emergency Medicine and Intensive Care Unit training sites within Scotland. All such outputs are regularly monitored via the sQMG and STBs, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.

GOOD PRACTICE

There is increasing awareness around the issue of burnout in the medical profession. We have been heartened to find many examples of good practice in the area of wellness and wellbeing on recent visits. Trainees in Anaesthetics in Aberdeen Royal Infirmary are welcomed with a BBQ, they operate a buddy system and have a 'go to' person for any bullying concerns. The subject of bullying is a standing item when trainees meet with their educational supervisors. They also have 'SPA' sessions which they can use for teaching, admin and portfolio work. The frequency of these sessions varies across the departments but can be adapted to suit individual teams staffing and workload levels. These sessions are greatly appreciated by the trainees and they feel that it demonstrates commitment to their training and development. Sessions like these are also available for trainees working in Emergency Medicine in Forth Valley Royal Hospital.

This is echoed in departments across the country for example in Anaesthetics in the Royal Infirmary of Edinburgh, there is a welfare mentoring programme which includes an 'anaesthetic family' where a buddy is allocated for the duration of a trainees' training. There is also a return to work / keep in touch course available for anyone who has been away for more than 3 months. In the Anaesthetics department in Ninewells Hospital in Dundee, a wellness session is delivered at induction and there is a buddy system in place too. There is a wellbeing service that is separate from training that offers trainees someone different to speak to should they need to.

The Emergency Medicine department in Ninewells appointed a 'Civility' champion and has provided an opportunity for the Multi-Disciplinary Team (MDT) to come together and share good practice at the morning 'JEDI' sessions.

Also, at the trainee associate workshop held in February, transferrable wellbeing information was shared via a presentation to trainees by a consultant in Anaesthetics from Edinburgh and a trainee from Glasgow.



LOOKING FORWARD

Once, the Royal Hospital for Sick Children in Edinburgh relocates to the Royal Infirmary of Edinburgh site we will visit the trainees in Emergency Medicine and Anaesthetics when the departments have bedded in. We have yet to visit Victoria Hospital in Kirkcaldy or St John's Hospital in Livingston for any of our specialties so depending on visit priorities following the QRP we may go there.

Currently we have no departments on enhanced monitoring, no 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.

THE TRAINING YEAR 2018 / 2019



DIAGNOSTICS

MEMBERSHIP OF THE DIAGNOSTICS QUALITY MANAGEMENT GROUP

Lead Dean Director – Professor Clare McKenzie until June 2019 then Professor Alan Denison

Associate Deans (Quality) – Dr Fiona Ewing

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

Foundation Representative – Dr Alistair Milne

Trainee Associates – Dr Scott Middleton

Quality Improvement Manager – Miss Kelly More

Lay Rep – Mr Bert Donald

Quality Improvement Administrator – Ms Lorna McDermott



PROFESSOR CLARE MCKENZIE

Lead Dean / Director for Diagnostics

PROFESSOR ALAN DENISON

Lead Dean / Director for Diagnostics



HIGHLIGHTS



251

TRAINEES WITHIN REMIT
OF THE SQMG (NOT
INCLUDING FY AND GP)



SQMGS HELD (AUG 2018 – JUL 2019)



LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP

3 VISITS IN TOTAL



2 TO DUAL SITES



JOINT UG / PG VISITS

0



ENHANCED MONITORING
HOSPITAL VISITS

0



PROGRAMME VISITS

0



SCHEDULED HOSPITAL VISITS
(1 TO DUAL SITE)

1



TRIGGERED HOSPITAL VISITS
(1 TO DUAL SITE)

2



FACT FINDING
MEETINGS



16

TRAINING PROGRAMMES
WITHIN REMIT OF THE SQMG

0 QIM ENQUIRIES FOLLOWING QRP



6 DME ENQUIRIES FOLLOWING QRP

0 APGD ENQUIRIES FOLLOWING QRP

OVERVIEW

VISITS UNDETAKEN IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📄 OUTCOME OF VISIT
NINEWELLS HOSPITAL, DUNDEE	Histopathology	Triggered	01/11/2018	A surprisingly positive visit with one requirement made around formal teaching.
QUEEN ELIZABETH UNIVERSITY HOSPITAL AND GLASGOW ROYAL INFIRMARY	Medical Microbiology	Triggered	29/01/2019 (postponed from December at department request)	The issues from previous visits have been largely resolved but issues around CIT remain.
ROYAL INFIRMARY OF EDINBURGH & WESTERN GENERAL HOSPITAL, EDINBURGH	Radiology	Scheduled	24/04/2019	A positive visit with some requirements around workstations, departmental teaching and tightening up of the on call list.



THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
DIAGNOSTICS	0	0	6	0	Complete

OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
CHEMICAL PATHOLOGY (ALL SCOTLAND)	6th of 15	5th of 6	3rd of 6
CLINICAL RADIOLOGY	5th of 17	3rd of 17	1st of 17
FORENSIC HISTOPATHOLOGY	Equal 1st of 2	1st of 1	N / A
HISTOPATHOLOGY	2nd of 15	3rd of 15	4th of 15
MEDICAL MICROBIOLOGY	2nd of 2	10th of 12	8th of 11
MEDICAL VIROLOGY	N / A	2nd of 2	8th of 11

LDD COMMENT ON OVERALL SATISFACTION SCORES

The specialties of the Diagnostics Specialty Training Board take pride in training the consultants of the future. Radiology training in Scotland is highly regarded and the Quality Management Team have seen this first hand on the quality management visits. We have found evidence of innovation to ensure that trainees receive the best training and the team have tried to share this through the STB meetings. It is pleasing to see a number of the other specialties maintain or improve their rankings. This comes about through the dedicated efforts of Training Programme Directors and Educational Supervisors working with Service Leads. There are challenges in delivering certain programmes due to vacancies both at consultant and trainee level, however there is a commitment from trainers to maximise trainees' experience.

LDD OVERVIEW

The 2018 QRP worked well in terms of process and was well attended by all groups including the DME. All follow up queries were acted upon and responded to. Good Practice letters were issued to Radiology departments in Monklands Hospital Airdrie, Ninewells Hospital Dundee and the Royal Hospital for Sick Children in Edinburgh as well as the Forensic Histopathology team in Edinburgh and the Histopathology department in the Western General Hospital in Edinburgh.

The sQMG is variably attended but updates are requested from non-attendees and all visit reports are thoroughly scrutinised to ensure that Director of Medical Education 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.

The Deanery Team visited the Histopathology department in Dundee and found that the team were moving forward from the issues that affected the department in recent years. Educational supervision was said to be particularly good and the only concern the visit panel had was around the regularity of formal teaching.

Diagnostics welcome Professor Alan Dennison as Lead Dean Director as of June 2019 and thank Clare McKenzie for her leadership of the Diagnostics Specialty Management Group.

GOOD PRACTICE

The radiology departments in South East Scotland, hosted by NHS Lothian are demonstrating innovation when it comes to providing a comprehensive training experience. In order to ensure that trainees are well prepared for working on call a thorough document has been produced, this document is updated annually by the lead trainee.

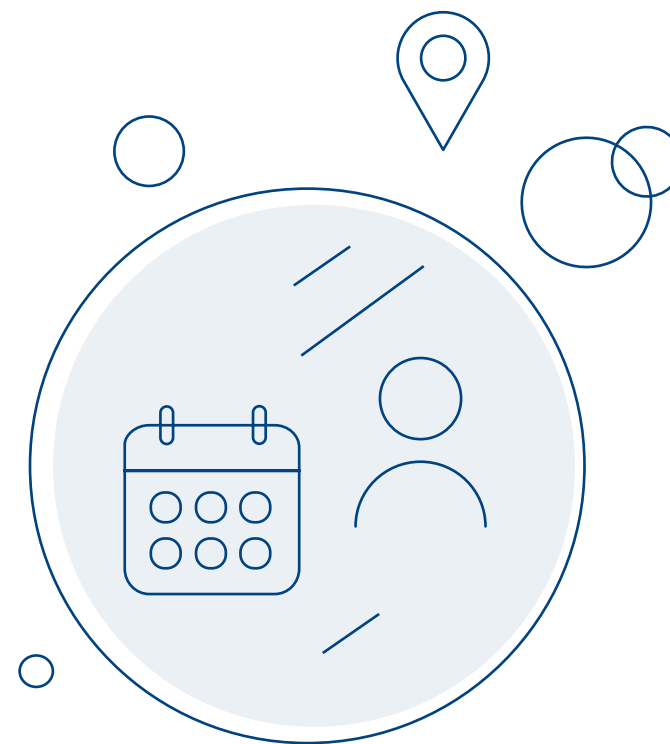
Trainees are assessed on their competence to deal with a traumatic situation and are given anaphylaxis training, so they are able to cope with a wider variety of presentations. Simulation training is used for ultrasound scans and Radcad has been developed by a local consultant which uses image sources for further types of simulation training.

LOOKING FORWARD

We have visited nearly all the specialties in all the sites across Scotland. The remaining units have small numbers of trainees and consideration will be given as to the best way to undertake visits to these sites. All that remains is to visit some of the smaller District General Hospitals with a handful of trainees such as Radiology in University Hospital Wishaw and St John's Hospital in Livingston and Histopathology in University Hospital Monklands in Airdrie. In these hospitals the trainee numbers are very small, and the rotations vary throughout the year so consideration will need to be given as to how these visits might take place.

We plan to undertake a new site visit when the Radiology department of the Royal Hospital for Sick Children in Edinburgh moves. Also, depending on trainee numbers we may undertake programme visits to Virology, Diagnostic Neuropathology and Paediatrics Perinatal Histopathology, the latter 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.

There has been an increase in training numbers in Radiology and although this is positive there are also potential risks as the trainees will be very junior and 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.





PROFESSOR ALASTAIR MCLELLAN

Lead Dean / Director for Medical Specialties

THE TRAINING YEAR 2018 / 2019



MEDICINE

MEMBERSHIP OF THE MEDICINE QUALITY MANAGEMENT GROUP

Lead Dean Director – Professor Alastair McLellan

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

Associate Deans (Regional) – Dr David Marshall, Dr Graham Leese, Dr Marion Slater, Dr Clive Goddard

Trainee Associates – Dr Euan Harris, Dr Tim Jagelman, Dr David Miller, Dr Sarah Murray, Dr Allie Grzybek and Dr Jessie Sohal Burnside

Quality Improvement Manager(s) – Mr Alex McCulloch and Mrs Heather Stronach

Lay Rep – Mr Archie Glen

Quality Improvement Administrator – Miss Patriche McGuire, Miss Claire Rolfe



HIGHLIGHTS



19 HOSPITAL VISITS IN TOTAL



JOINT UG / PG VISITS

1



ENHANCED MONITORING HOSPITAL VISITS

2



SCHEDULED HOSPITAL VISITS

0

SCHEDULED PROGRAMME VISITS

5

TRIGGERED PROGRAMME VISITS

3

TRIGGERED HOSPITAL VISITS (INC 1 NEW SITE VISIT)

6

HOSPITAL REVISITS

3



32

✓✓✓✓✓
LETTERS OF RECOGNITION ISSUED FOLLOWING QRP



817

TRAINEES WITHIN REMIT OF THE SQMG (NOT INCLUDING FY AND GP)



58

TRAINING PROGRAMMES WITHIN REMIT OF THE SQMG



SQMGS HELD (AUG 2018 – JUL 2019)



0 QIM ENQUIRIES FOLLOWING QRP

18 DME ENQUIRIES FOLLOWING QRP

0 APGD ENQUIRIES FOLLOWING QRP



12 TPD ENQUIRIES FOLLOWING QRP

OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
NEW DUMFRIES AND GALLOWAY ROYAL INFIRMARY	General Internal Medicine	New site / Triggered	02/10/2018	Monitor through sQMG
NINEWELLS HOSPITAL	Oncology	Triggered	22/10/2018	Monitor through sQMG
ALL SITES WITHIN REGIONAL BOARDS	Gastroenterology North, East and South Scotland	Scheduled Programme	31/10/2018	Monitor through sQMG
UNIVERSITY HOSPITAL AYR	General Internal Medicine	Enhanced Monitoring revisit	02/11/2018	Revisit to take place in 2019 / 2020
ABERDEEN ROYAL INFIRMARY	Cardiology	Triggered	09/11/2018	Monitor through sQMG
INVERCLYDE ROYAL HOSPITAL	General Internal Medicine	Triggered	19/11/2018	Revisit in 2019 / 2020
ROYAL ALEXANDRA HOSPITAL	General Internal Medicine	Triggered	26/11/2018	Monitor through sQMG
ROYAL INFIRMARY OF EDINBURGH	General Internal Medicine	Triggered revisit	21/01/2019	Monitor through sQMG
UNIVERSITY HOSPITAL CROSSHOUSE	General Internal Medicine	Triggered revisit	30/01/2019	Revisit to take place in 2019 / 2020
QUEEN ELIZABETH UNIVERSITY HOSPITAL	General Internal Medicine	Enhanced Monitoring revisit	22/02/2019	Revisit to take place in 2019 / 2020

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
FORTH VALLEY ROYAL HOSPITAL	General Internal Medicine	Triggered revisit	07/03/2019	Revisit to take place in 2019 / 2020
ALL SITES WITHIN BOARD AREAS	Dermatology	Scheduled Programme	18/03/2019	No revisit required
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Cardiology	Triggered	19/03/2019	No revisit required
ALL SITES WITHIN BOARD AREA	Endocrinology and Diabetes – North and West of Scotland Programmes	Scheduled Programme	16/04/2019	No revisit required
ALL SITES WITHIN BOARD AREAS	Geriatric Medicine West of Scotland	Triggered Programme	24/04/2019	No revisit required
ALL SITES WITHIN BOARD AREAS	Geriatric Medicine North and East of Scotland	Scheduled Programme	01/05/2019	No revisit required
ALL SITES WITHIN BOARD AREAS	Respiratory Medicine West	Triggered Programme	29/05/2019	No revisit required
ALL SITES WITHIN BOARD AREAS	Geriatric Medicine South East Scotland	Scheduled Programme	31/05/2019	No revisit required
ALL SITES WITHIN BOARD AREAS	Respiratory Medicine – North / East and South East Scotland	Triggered Programme	11/06/2019	No revisit required

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

📍 SITE	⊕ SPECIALTY	🖋 VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
BORDERS GENERAL HOSPITAL	General Internal Medicine	Triggered	13/01/2019	Monitor through GP sQMG
VICTORIA HOSPITAL KIRKCALDY	General Internal Medicine	Triggered	22/01/2019	Monitor through FQMG
GLASGOW ROYAL INFIRMARY	General Internal Medicine	Triggered	14/05/2019	Revisit recommended

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
CORE	1	0	2	0	Complete
NON - GIM	8	0	2	0	Complete
GIM	3	0	14	0	Complete

SITES ON ENHANCED MONITORING WITH RELEVANT TRAINEES 01/08/2018 TO 31/07/2019

- 📍 General Medicine, University Hospital Ayr
- 📍 General Medicine, Queen Elizabeth University Hospital
- 📍 General Medicine, Vale of Leven (For FY1 Trainees)

OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
ACUTE INTERNAL MEDICINE	11th of 17	3rd of 6	5th of 17
CARDIOLOGY	6th of 17	13th of 17	10th of 16
CORE MEDICAL TRAINING	3rd of 17	2nd of 17	Equal 1st of 17
DERMATOLOGY	13th of 16	10th of 15	3rd of 15
ENDOCRINOLOGY AND DIABETES MELLITUS	6th of 17	2nd of 16	3rd of 16
GASTROENTEROLOGY	6th of 17	3rd of 16	6th of 16
GENITO-URINARY MEDICINE	6th of 16	4th of 13	6th of 11
GERIATRIC MEDICINE	11th of 16	3rd of 16	7th of 16
HAEMATOLOGY	5th of 19	2nd of 15	6th of 15
INFECTIOUS DISEASES	Equal 5th of 11	3rd of 10	9th of 10
MEDICAL ONCOLOGY	Equal 15th of 17	6th of 14	7th of 14
NEUROLOGY	Equal 1st of 16	8th of 15	3rd of 15
PALLIATIVE MEDICINE	Equal 7th of 11	2nd of 14	13th of 14
REHABILITATION MEDICINE	9th of 19	4th of 7	4th of 6
RENAL MEDICINE	15th of 19	9th of 16	3rd of 16
RESPIRATORY MEDICINE	15th of 18	15th of 17	12th of 17
RHEUMATOLOGY	15th of 19	9th of 16	10th of 16

LDD COMMENTS ON OVERALL SATISFACTION REPORT

In 2019, training programmes in medical specialties in Scotland Deanery have performed well in comparison with other UK Deaneries & HEE local offices. Scotland Deanery's Core Medical Training (CMT) is particularly noteworthy as in 2019 it is ranked 1st among 17 UK Deanery organisations for 'overall satisfaction'; it has improved its position in national rankings year-on-year since 2017. In 2 other programmes (Dermatology and Renal Medicine) there has also been year-on-year improvement since 2017, attaining 'top 3 rankings' this year. In addition to CMT, Dermatology and Renal medicine, Scotland Deanery has 'top 3 rankings' also for Endocrinology & Diabetes and for Neurology. As can be seen, for 13 of the 17 programmes in medical specialties, Scotland Deanery's ranking in 2019 is higher in comparison with the ranking in either 2017 or 2018. All of this is a reflection of the hard work of local trainers, and of the commitment to training by our Health Boards, of the oversight of programmes by our TPDs and of the efforts of those driving improvements through the Quality Management of the training in training posts in medical specialties.

LDD OVERVIEW

The training year in 2018 / 2019 has been a relatively stable year regarding Medicine sQMG personnel. Two changes to the team in the South East region have occurred, with Quality Improvement Administrator Claire Rolfe taking up the post vacated by Aisha Cameron in late 2018 and longstanding Associate Postgraduate Dean for Medicine Dr Donald Farquhar being replaced by Dr Clive Goddard. The Medicine sQMG would like to acknowledge and thank Dr Farquhar for his valuable contributions to Medicine sQMG (and to the Medicine STB) over his tenure and welcome Dr Goddard to the sQMG.

I would like to commend and acknowledge the hard work and dedication of our whole team in particular Mrs Heather Stronach and Mr Alex McCulloch, our QIMs, but also our APGD-Qs, Dr Reem Alsoufi, Dr Stephen Glen and Dr Alan McKenzie. The MQMG team works very effectively and efficiently in the face of a very heavy workload.

Medicine training environments are amongst the most challenging, bearing the brunt of the inexorable growth in service demand in the face of staffing pressures. The risk of service pressures jeopardising delivery of training are real and underpin the high prevalence of 'red flags' in the NTS & STS among posts in 'medicine'.

This year the MQMG delivered 19 quality management visits to medicine training environments – a little less than in 2016-2017 (n=26) and more than in 2017-2018 (n=11), although last year's visit workload was lightened to take into account the visits undertaken by the GMC in their 2017 National Review of training in Scotland. Our QM visits are dominated by triggered visits (including revisits) (n=9) with a further 2 visits in the content of ongoing enhanced monitoring cases.

Our triggered visits / revisits / enhanced monitoring visits have each generated between 1 and 15 requirements (median number = 8), each designed to support improvements to meet the GMC's standards for postgraduate medical education and training. The following summarises the dominant themes underpinning these requirements and their prevalence among these visits:

- Induction, noted in 9 visits (82%)
- Feedback on trainees' clinical management of patients, in 8 visits (73%)
- Patient safety concerns – 16 issues noted in 8 visits (73%)
- Adequacy of experience – 13 issues, noted in 7 visits (73%) with the dominant issue being lack of outpatient clinic experience in 6 of these.
- Access to local or regional teaching, noted in 6 visits (55%)
- Undermining of doctors in training, noted in 4 visits (36%)

By the close of this training year we anticipate completing 8 programme visits – our highest annual number of programme visits thus far. Much learning has been gained through our commitment to programme visits this year, and this will inform the further development and improvement of our programme visit SOP.

Our number of medical training environments on GMC enhanced monitoring is the lowest it has been for 3 years, at just 3 cases:

- University Hospital Ayr-Medicine (NHS Ayrshire & Arran), that remains on 'enhanced monitoring with conditions. With the imposition of additional conditions, this site is now showing real evidence of improvements and of resolution of the previously noted concerns.
- Queen Elizabeth University Hospital – Medicine (NHS Greater Glasgow & Clyde) that remains on 'enhanced monitoring' and is showing some evidence of improvements in the training environment but with more work still to be done to address safety concerns in the Initial Assessment Unit.
- Vale of Leven Hospital – Medicine (NHS Greater Glasgow & Clyde) that remains on enhanced monitoring' pending a rescheduled review visit to reassess the quality of this training environment since GP training posts were disestablished.

Our experience of enhanced monitoring as applied to medicine training environments is extremely positive; some of our most challenging sites have been turned around and continue to be turned around through this process and with the support to the Deanery's improvement works provided by the GMC.

GOOD PRACTICE

The transformation of the training environment at the Beatson West of Scotland Cancer Centre (BWSCC) has been a success story which has been sustained over the last couple of years with current cohorts of trainees generally reporting high quality clinical training and education. The BWSCC was a heavily visited site for the quality workstream and had been visited five times between 2013 and 2015 with increasing levels of concern about the training environment there. In 2014 the site was escalated to the GMC enhanced monitoring process for trainees in general (internal) medicine who rotated there as part of their clinical training. A further escalation in 2015 took place for clinical and medical oncology trainees.

Concerns around training were noted to be occurring in the context of wider concerns raised by the medical workforce around clinical care and the management team, as well as around the provision of critical care support for the BWSCC (that was affected by service reconfiguration with the opening of the QEUH). These resulted in an 'enquiry visit' by Healthcare Improvement Scotland in 2015 (that was also supported by the Deanery). The resulting combination of drivers of improvement through action plans from the Deanery's (with support of the GMC) and from Healthcare Improvement Scotland's quality management and improvement processes have supported NHS GG&C to turnaround this complex and challenging training environment.

Throughout these challenging times, the palliative care team provided invaluable clinical and educational support for the doctors in training as well as providing pastoral support for trainees who felt isolated from supervisors because of the work patterns and ward working arrangements.

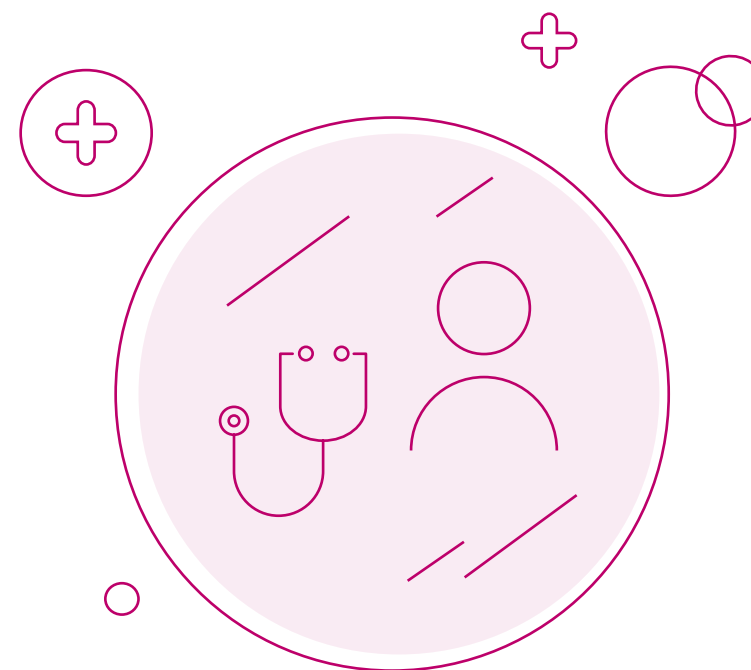
Changes in the local medical management arrangements instituted by the health board supported improvements in the culture around education and training and engagement with the trainers in the unit.

These changes were palpable at a Deanery / GMC enhanced monitoring visit in late 2015 where local educational leads and champions had been identified for the trainee cohorts, a formal weekly teaching programme had been introduced, a formal handover process at the end of the day was established and progress was noted towards resolution of the concerns around provision of critical care support. Further improvements included formal timetabling of clinic experience with trainees being released in a planned way for two weeks to gain outpatient sessions required by their curriculum. The unit recruited advanced nurse practitioners to alleviate the burden of non-educational tasks for junior doctors. A trainee forum was introduced and started to function as an effective means of communication between trainees and local clinical managers. The acute oncology assessment unit working practice was adjusted to include trainees and to build in mechanisms of educational feedback and continuity. This represented a valuable opportunity for trainees to see acutely unwell patients in a safe and effective training environment with early consultant feedback.

The complex barriers to the delivery of quality training have been addressed and the BWSCC was gradually de-escalated from the GMC's enhanced monitoring process with completed closure of the enhanced monitoring case in 2018. The challenge to ensure sustained improvements into the longer term remains.

LOOKING FORWARD

It is a privilege and pleasure to lead the MQMG – and I do so with confidence as we face, together, the ongoing challenges of quality managing complex and difficult medicine training environments. The challenges seem to get greater year on year, but so does our experience of recognising and responding to these challenges. Together we strive for fair training for all of our doctors in training and for higher quality of training where that falls short of what is expected through the GMC's standards. Our aspiration is that all doctors training in medicine training environments in Scotland have the best possible experience training to ensure the want to stay after completion of their training and provide safe and high quality care to our patients for the future.



THE TRAINING YEAR 2018 / 2019



MENTAL HEALTH



DR AMJAD KHAN

Lead Dean / Director for Mental Health

MEMBERSHIP OF THE MENTAL HEALTH QUALITY MANAGEMENT GROUP

Lead Dean Director – Dr Amjad Khan

Associate Deans (Quality) – Dr Claire Langridge, Dr Alastair Campbell

Associate Deans (Regional) – Dr Tom Fardon, Dr Daniel Bennett, Dr Rhiannon Pugh, Dr Seamus McNulty

Foundation Representative – Dr James Neilly

GP Representative – Dr Kenneth Lee

Trainee Associates – Dr Allan Green

Quality Improvement Manager – Mrs Dawn Mann

Lay Rep – Mr Les Scott

Quality Improvement Administrator – Miss Patrice McGuire, Mrs Susan Muir



HIGHLIGHTS



272

TRAINEES WITHIN REMIT
OF THE SQMG (NOT
INCLUDING FY AND GP)

0 APGD ENQUIRIES
FOLLOWING QRP

0 QIM ENQUIRIES
FOLLOWING QRP



4 DME ENQUIRIES
FOLLOWING QRP



SQMGS HELD (AUG 2018 – JUL 2019)



FACT FINDING MEETING



13 TRAINING PROGRAMMES
WITHIN REMIT OF THE SQMG



LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP

8 VISITS IN
TOTAL



JOINT UG / PG VISITS

0



ENHANCED MONITORING
HOSPITAL VISITS

1



PROGRAMME VISITS

1



SCHEDULED HOSPITAL VISITS

3

TRIGGERED
HOSPITAL
VISITS

2

HOSPITAL
REVISITS

1

OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📄 OUTCOME OF VISIT
PAN FIFE	Psychiatry	Triggered	20/11/2018	Poor attendance led to sQMG issuing 2 further DME enquiries to assist a decision regarding revisit.
ROYAL CORNHILL HOSPITAL	Psychiatry	Triggered	07/11/2018	Revisit recommended in Nov 2019
OLD AGE PROGRAMME	Old Age Psychiatry	Scheduled Programme	26/10/2018	Positive visit, minor concerns mainly in East region
PAN TAYSIDE	General Adult Psychiatry	Enhanced Monitoring	23/01/2019	Revisit required
ARGYLL & BUTE HOSPITAL LOCHGILPHEAD	Psychiatry	Re visit	30/01/2019	Positive changes
MIDPARK HOSPITAL DUMFRIES	Psychiatry	FFM	20/03/2019	Positive changes
BORDERS GENERAL HOSPITAL	Psychiatry	Scheduled	26/04/2019	Positive visit with minor concerns
FORTH VALLEY ROYAL HOSPITAL	Psychiatry	Scheduled	22/05/2019	Positive visit
THE STATE HOSPITAL	Psychiatry	Scheduled	19/06/2019	Positive visit

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📍 OUTCOME OF VISIT
NEW CRAIGS HOSPITAL	GP	Scheduled	18/10/2018	Minor concerns

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
MENTAL HEALTH			4		Complete

SITES ON ENHANCED MONITORING WITH RELEVANT TRAINEES 01/08/2018 TO 31/07/2019

📍 General Adult Psychiatry, NHS Tayside



OVERALL SATISFACTION RESULTS – MENTAL HEALTH			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
CHILD AND ADOLESCENT PSYCHIATRY	11th of 15	5th of 14	5th of 15
CORE PSYCHIATRY TRAINING	7th of 17	4th of 17	11th of 17
FORENSIC PSYCHIATRY	4th of 16	9th of 13	8th of 14
GENERAL PSYCHIATRY	4th of 17	4th of 16	6th of 17
MEDICAL PSYCHOTHERAPY	1st of 12	1st of 4	Equal 2nd of 5
OLD AGE PSYCHIATRY	9th of 16	3rd of 15	6th of 14
PSYCHIATRY OF LEARNING DISABILITY	7th of 15	2nd of 12	5th of 10

LDD COMMENTS ON OVERALL SATISFACTION

There have been many challenges for our trainees in Mental Health across Scotland. Challenges continue and others have been resolved through collaborative work with the boards. There are some highlights that can be reported, In particular, Child and Adolescent Psychiatry and Medical Psychotherapy remain highly rated across Scotland. In Core Psychiatry training, the ranking has worsened compared to the previous year and this is in part due to some challenging training environments. The team continue to work hard to improve training across Scotland in partnership with our educational supervisors, Training Programme Directors (TPDs) and Associate Post Graduate Deans (APGDs).

LDD OVERVIEW

I would like to start by thanking my predecessor, Professor Ronald MacVicar for his leadership as Lead Dean Director (LDD) for Mental health. Ronald retired in March 2019 and I am now LDD for Mental Health working with an enthusiastic and hardworking team. There have been other staffing changes also. I would like to welcome Alastair Campbell as our new APGD for Quality who will be working alongside Claire Langridge to complete the team and has replaced Geraldine Brennan. There have been multiple changes within the TPD cohort which may impact on our visit schedule partly as result of their training needs for undertaking visits.

The rankings in the table above speak for themselves. There has been major improvement in virtually all areas in our UK standing in the NTS. This is testament to the hard work and dedication of all our staff who work within Mental Health and who help to train our future Psychiatrists.

We have undertaken 8 visits and 1 Fact Finding Meeting (FFM). The vast majority of visits have been positive, and this is reflected in the 10 letters of recognition sent out to various programmes across Scotland. Our main issue has been with Adult psychiatry in Tayside and this is now on enhanced monitoring. We will work with the Health Board and GMC to continue to monitor training. Other health boards have also engaged enthusiastically with our recommendations and addressed these resulting in positive outcomes for our trainees' experience. We undertook our first Fact Finding Meeting for Psychiatry in Dumfries and Galloway. This was a success in its ability to capture the required information from the trainee cohorts. Joint postgraduate and undergraduate visits have been postponed for the time being and thus are not in our work schedule for next year.

We have created our first 5 year plan as discussed in our annual review in 2018 and this will form the basis of our ongoing work in quality management.

I look forward to a period of team stability in the coming year so that we can maintain our focus on promoting excellence in Psychiatry training within Scotland.

GOOD PRACTICE

During this year's visits we encountered several examples of good practice including:

Argyll and Bute Hospital:

- The visit panel were told that videoing conferencing equipment had been installed in wards and community resource centres. This is used to allow regular multi-disciplinary meetings which trainees attend, and it was felt are used as joint learning opportunities.

Forth Valley Royal Hospital

- The panel encountered a supportive and accessible senior team, who are responsive to trainee feedback and strive for positive change. Examples we heard include the implementation of a new escalation policy for physical health issues on mental health wards and support for phlebotomy and ECGs in response to trainee feedback.
- We were especially pleased to hear of the support for junior trainees to access appropriate learning in areas other than psychiatry to further trainees' career for example specialised audit projects and access to cross training in CAMHs for trainees with an interest in Paediatrics.

The State Hospital

- The panel noted day to day opportunities for multi professional working and learning including trainee involvement in the Multi-disciplinary Team (MDT) reflective hub group meetings and 9am MDT hub meetings.

- We encountered a focus on patient safety including the ability for any staff member within a hub to request a clinical pause where all staff will discuss the concern.
- There was an emphasis on quality improvement and the visibility of the clinical effectiveness team including trainee involvement in initiatives such as the QI café and TSH 3030.

At several sites including Forth Valley Royal Hospital and Borders Hospitals the panel encountered a supportive culture with a strong focus on training and creating a constructive learning environment.



LOOKING FORWARD

In light of recent staffing changes within the sQMG including a newly appointed trainee associate, we look forward to a period of stability in the coming year. As we look ahead to the final year of the five year quality cycle one of our main focuses will be to work towards completion of our 5 year plan. To ensure this, visits next year will include revisits to Tayside and Royal Cornhill Hospital, scheduled visits to the remaining handful of unvisited sites and 2 programme visits. To assist in the completion of our 5 year plan we will continue work to rationalise locations where trainees are based to ensure that doctors in training based in community health settings are not overlooked and included in programme visits. The mental Health sQMG work closely with our regional APGDs and rely on their local knowledge, especially as for some sites we receive limited data from surveys due to small trainee numbers. With this in mind we will focus on ensuring we receive input from all regional APGDs.

THE TRAINING YEAR 2018 / 2019



OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS

MEMBERSHIP OF THE OBSTETRICS & GYNAECOLOGY AND PAEDIATRICS QUALITY MANAGEMENT GROUP

Lead Dean Director – Dr Amjad Khan (until June 2019), Professor Alan Denison (from June 2019)

Associate Deans (Quality) – Dr Peter MacDonald, Dr Alastair Campbell

Associate Deans (Regional) – Dr Peter MacDonald, Dr Helen Freeman, Dr Tom Fardon, Professor Peter Johnston, Dr Alastair Murray, Dr Barbara Stewart

Trainee Associates – Dr Alastair Hurry

Quality Improvement Manager – Mrs Hazel Stewart

Lay Rep – Ms Margaret Stewart

Quality Improvement Administrator – Ms Fiona Conville



DR AMJAD KHAN

Lead Dean / Director for Obstetrics,
Gynaecology and Paediatrics

PROFESSOR ALAN DENISON

Lead Dean / Director for Diagnostics

HIGHLIGHTS



10 VISITS IN
TOTAL



JOINT UG / PG VISITS

0



ENHANCED MONITORING
HOSPITAL VISITS

2



PROGRAMME VISITS

0



SCHEDULED HOSPITAL VISITS

4

TRIGGERED
HOSPITAL
VISITS

3

HOSPITAL
REVISITS

1

OBSTETRICS &
GYNAECOLOGY
VISITS

5

PAEDIATRICS
VISITS

5

10



TRAINING
PROGRAMMES
WITHIN REMIT OF
THE SQMG



LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP



SQMGs HELD (AUG 2018 – JUL 2019)



432

TRAINEES WITHIN REMIT OF THE
SQMG (NOT INCLUDING FY AND GP)



6

TRAINEES WITHIN COMMUNITY SEXUAL
& REPRODUCTIVE HEALTH



191

TRAINEES WITHIN OBSTETRICS
& GYNAECOLOGY



3

TRAINEES WITHIN PAEDIATRIC
CARDIOLOGY



265

TRAINEES WITHIN PAEDIATRICS



1

TPD ENQUIRIES FOLLOWING QRP



2

DME ENQUIRIES FOLLOWING QRP

OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	🕒 OUTCOME OF VISIT
ABERDEEN MATERNITY HOSPITAL / ABERDEEN ROYAL INFIRMARY	Obstetrics & Gynaecology	Triggered	22/11/2018	Revisit
ROYAL ALEXANDRA HOSPITAL	Paediatrics (Neonatal Medicine)	Triggered	04/12/2018	Monitor through 5-year cycle
ROYAL INFIRMARY EDINBURGH	Paediatrics (Neonatal Medicine)	Scheduled	18/01/2018	Monitor through 5-year cycle
PRINCESS ROYAL MATERNITY HOSPITAL	Obstetrics & Gynaecology	Enhanced Monitoring Revisit	24/01/2019	Revisit
VICTORIA HOSPITAL, KIRKCALDY	Obstetrics & Gynaecology	Scheduled	21/02/2019	Monitor through 5-year cycle
ABERDEEN MATERNITY HOSPITAL	Paediatrics (Neonatal Medicine)	Enhanced Monitoring Revisit	24/04/2019	Revisit (possible de-escalation)
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Obstetrics & Gynaecology	Triggered	03/05/2019	Revisit
ST JOHN'S HOSPITAL	Obstetrics & Gynaecology	Scheduled	16/05/2019	Monitor through 5-year cycle
ST JOHN'S HOSPITAL	Paediatrics	Scheduled	16/05/2019	Monitor through 5-year cycle
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Paediatrics	Revisit	18/07/2019	

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 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	1	0	Complete
PAEDIATRIC CARDIOLOGY	0	0	0	N / A

SITES ON ENHANCED MONITORING WITH SPECIALTY TRAINEES
01/08/2018 TO 31/07/2019

- Paediatrics – Neonatal Medicine, Aberdeen Maternity Hospital
- Obstetrics and Gynaecology, Princess Royal Maternity Hospital / Glasgow Royal Infirmary

OVERALL SATISFACTION RESULTS

PROGRAMME TYPE	2018 UK RANKING	2019 UK RANKING	2019 NTS RANKING
COMMUNITY SEXUAL & REPRODUCTIVE HEALTH	1st out of 3	1st out of 3	1st of 3
OBSTETRICS & GYNAECOLOGY	5th out of 16	6th out of 16	8th of 16
PAEDIATRICS	9th out of 16	8th out of 16	6th of 16

LDD COMMENT ON OVERALL SATISFACTION

All our posts are highly rated in Scotland. Paediatrics is once again leading the way coming 6th out of 16 in the UK. This has been achieved by the dedication and hard work of our educational supervisors, Training Programme Directors (TPDs), Associate Postgraduate Deans (APGDs) and NES teams across Scotland.

LDD OVERVIEW

There has been a period of change during 2018-19 with the deanery staff. The LDD, Dr Amjad Khan took up his post in July 2018. Following further changes including the appointment of a new Dean in the North of Scotland, the LDD has again recently changed. We welcome the newest LDD, Professor Alan Denison who took up post in June 2019. There has also been a new Associate Postgraduate Dean – Quality (APGD-Q) appointed to the specialty group, Dr Alastair Campbell and a new APGD in the North of Scotland, Dr Helen Freeman following Dr Bill McKerrow's retiral in December 2018.

Following difficulties in obtaining external college representatives during 2017-18, we have now managed to achieve 100% external representation at our triggered and enhanced monitoring visits during 2018-19.

Due to some further staff changes within the General Practice Specialty grouping, attendance from a GP representative has been limited. Agreement of GP representation has now been achieved and it is expected that engagement with this group will see significant improvements.

GOOD PRACTICE

Through this year's quality management visit schedule, we have encountered areas of good practice, both from sites known to be performing well and those who have faced some challenges.

Royal Infirmary Edinburgh, Neonatal Medicine:

- Duty of candour is built in to the daily handover.
- Daily timetabled local teaching delivered prior to commencement of clinical work.

Princess Royal Maternity Hospital:

- Production of small laminated cards with common patient prescriptions. This is attached to the trainee's lanyard for easy access and helps to reduce the risk of prescribing errors.

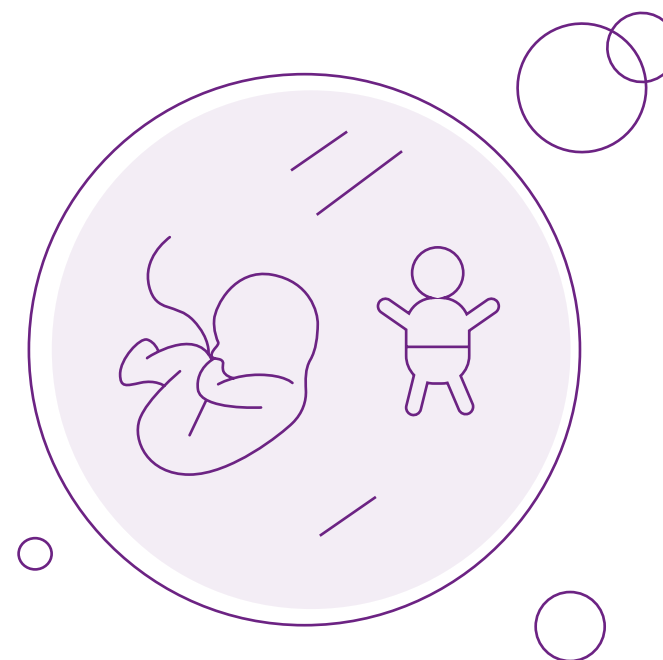
LOOKING FORWARD

During 2018-19 we have started work on capturing the experience of paediatric trainees within their Community Child Health posts. Looking forward we will aim to plan regional visits specifically to Community Child Health to ensure that trainees receive a good experience in this post and determine if there are any risks, such as working out of hours, that may have a negative impact on a trainee's experience.

The Royal College of Obstetricians & Gynaecologists is introducing a new GMC approved core curriculum in the autumn of 2019. The new curriculum consists of high-level learning outcomes with more emphasis on non-technical skills and incorporates the GMC Generic Professional Capabilities. This is supported by a new e portfolio. The transition over the next training year will be challenging for both trainees and trainers but there is a wealth of support material to help with this process and there are local curriculum and e portfolio champions who will help with the implementation. We will be mindful of these changes on quality management visits as they will impact on trainees and trainers. It would be expected that departments through the college tutor structure provided training and support for trainees and trainers.

The administrative support for all specialties is changing from regional to national in the coming months. In preparation, cross-regional Annual Review of Competence Progression (ARCPs) have been run this year and we will review the outcomes to determine what impact this will have on trainees and the consistency of their experience.

The 2019 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 remain on target to meet the 5 yearly visit cycle.





PROFESSOR ADAM HILL

Lead Dean / Director for Surgery

THE TRAINING YEAR 2018 / 2019



SURGERY

MEMBERSHIP OF THE SURGICAL QUALITY MANAGEMENT GROUP

Lead Dean Director – Professor Adam Hill

Associate Deans (Quality) – Dr Kerry Haddow, Mr Phil Walmsley and Dr Reem Al-Soufi

Associate Deans (Regional) – Dr Russell Duncan, Dr Justine Royle (until August 2019) Mr Dominique Byrne (until June 2019) Mr Bryn Jones (from June 2019) and Mr Alastair Murray

Trainee Associates – Dr Georgina Walsh, Dr Alice Rutter, Dr Aine McGovern, Dr Gillian Scott and Dr Catriona Ingram

Quality Improvement Manager – Ms Vicky Hayter / Ms Jill Murray

Lay Rep – Mr Tom Drake

Quality Improvement Administrator – Ms Fiona Conville, Mrs Gaynor MacFarlane

Chair of the Surgery STB – Mr Graham Haddock



HIGHLIGHTS



LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP



SQMGS HELD (AUG 2018 – JUL 2019)



585

TRAINEES WITHIN
REMIT OF THE SQMG
(NOT INCLUDING FY
AND GP)

0 APGD ENQUIRIES FOLLOWING QRP



5 TPD / QIM ENQUIRIES FOLLOWING QRP



7 DME ENQUIRIES FOLLOWING QRP



FACT FINDING
MEETINGS



25 TRAINING PROGRAMMES
WITHIN REMIT OF THE SQMG

13 VISITS IN
TOTAL



JOINT UG / PG VISITS

1

ENHANCED MONITORING
HOSPITAL VISITS

1

PROGRAMME VISITS

0

SCHEDULED HOSPITAL /
NEW SITE VISITS

6

TRIGGERED
HOSPITAL
VISITS

2

HOSPITAL
REVISITS

4

OVERVIEW

VISITS UNDETAKE IN 2018 – 2019

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
DUMFRIES & GALLOWAY ROYAL INFIRMARY	General Surgery	New site	02/10/2018	Very positive visit- visit as part of 5-year schedule
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Ophthalmology	New site	02/10/2018	Very positive visit- visit as part of 5-year schedule
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Otolaryngology	New site	02/10/2018	Very positive visit- visit as part of 5-year schedule
DUMFRIES & GALLOWAY ROYAL INFIRMARY	Trauma & Orthopaedic Surgery	New site	02/10/2018	Very positive visit- visit as part of 5-year schedule
ROYAL INFIRMARY EDINBURGH	Cardio-thoracic Surgery	Triggered	06/11/2018	Good visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified
QUEEN ELIZABETH UNIVERSITY HOSPITAL	Trauma & Orthopaedic Surgery	Triggered	27/11/2018	Good visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified.
RAIGMORE HOSPITAL	Trauma & Orthopaedic Surgery	Re-visit	15/01/2019	Very positive visit- visit as part of 5-year schedule

📍 SITE	⊕ SPECIALTY	✍ VISIT TYPE	📅 DATE OF VISIT	📌 OUTCOME OF VISIT
ABERDEEN ROYAL INFIRMARY	General Surgery	Revisit	20/02/2019	Significant improvements from previous visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified
ABERDEEN ROYAL INFIRMARY	Trauma & Orthopaedic Surgery	Revisit	05/03/2019	Good visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified
NINEWELLS HOSPITAL	General Surgery	EM	20/03/2019	Improvements made de-escalation of EM – continue to monitor via sQMG
FORTH VALLEY ROYAL HOSPITAL	Trauma & Orthopaedic Surgery	Revisit	27/03/2019	Significant improvements from previous visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified
ST JOHN'S HOSPITAL	Plastic Surgery	Scheduled	24/05/2019	Satisfactory visit, revisit unlikely but will be monitored by sQMG as some minor issues to be rectified
NINEWELLS HOSPITAL	Ophthalmology	Scheduled	13/06/2019	Very positive visit – visit as part of 5-year schedule

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2018 QRP:

QRP	NO OF TPD ENQUIRIES	NO OF APD ENQUIRIES	NO OF DME ENQUIRIES	NO OF QIM ENQUIRIES	ENQUIRY STATUS
GENERAL SURGERY	2	0	1	0	Complete
VASCULAR SURGERY	0	0	1	0	Complete
TRAUMA & ORTHOPAEDIC SURGERY	0	0	2	0	Complete
CORE SURGERY	2	0	2	0	Complete
OTOLARNGOLOGY	1	0	0	0	Complete
CARDIO-THORACIC SURGERY	0	0	1	0	Complete



SITES ON ENHANCED MONITORING WITH RELEVANT TRAINEES 01/08/2018 TO 31/07/2019

- General Surgery – Ninewells Hospital – de-escalated 01/05/2019
- Trauma and Orthopaedics, University Hospital Wishaw

OVERALL SATISFACTION RESULTS			
PROGRAMME TYPE	2017 UK RANKING	2018 UK RANKING	2019 UK RANKING
CARDIO-THORACIC SURGERY	12th of 15	4th of 12	8th of 12
CORE SURGICAL TRAINING	3rd of 17	4th of 17	11th of 17
GENERAL SURGERY	11th of 17	9th of 17	6th of 17
NEUROSURGERY	10th of 16	3rd of 14	10th of 14
OPHTHALMOLOGY	2nd of 17	1st of 15	3rd of 15
ORAL AND MAXILLO-FACIAL SURGERY	Equal 2nd of 16	3rd of 12	4th of 12
OTOLARYNGOLOGY	3rd of 17	10th of 16	10th of 15
PAEDIATRIC SURGERY		4th of 8	8th of 8
PLASTIC SURGERY	Equal 4th of 16	2nd of 13	7th of 13
TRAUMA AND ORTHOPAEDIC SURGERY	6th of 17	7th of 17	5th of 17
UROLOGY	4th of 16	8th of 15	6th of 15
VASCULAR SURGERY	5th of 17	9th of 14	7th of 14

LDD COMMENTS ON OVERALL SATISFACTION SCORES

The GMC National Training Survey allows us to benchmark for Specialties throughout the UK. Overall satisfaction is a good indicator reflecting the training environment.

For the Surgery STB, for overall satisfaction in the 2019 GMC National Training Survey, Cardio-Thoracic Surgery was 8th out of 12, Core Surgical Training was 11th out of 17, General Surgery was 6th out of 17, Neurosurgery was 10th out of 14, Ophthalmology was 3rd out of 15, Oral and Maxillo-Facial Surgery was 4th out of 12, Otolaryngology was 10th out of 15, Paediatric surgery was 8th out of 8, Plastic Surgery was 7th out of 13, Trauma and Orthopaedic Surgery was 5th out of 17, Urology was 6th out of 15 and Vascular Surgery was 7th out of 14. Most of these illustrate high performing training within Scotland in these specialties. For those performing less well, our Quality Teams are working with these departments to address training issues.

LDD OVERVIEW

The Improved Surgical Training Programme (IST) Pilot has been a huge success led by our STB Chair Graham Haddock and team. This pilot started in 2018 and provides trainees with 60% elective daytime training activity, have a minimum of one hour per week to receive feedback from their trainer and reflect on their work, 4 Day Boot camp in Year 1 (3 options / yr.), enhanced simulation, dedicated monthly training days including anatomy training (W / E- replicated and trainees can attend any region) organised by Training Programme Directors (TPDs), Ken Walker and specialty lead.

In addition, there is enhanced training for IST trainers- two-day boot camps + trainers increased from 0.25 SPA to 0.5 SPA. There have been 48 trainees in Scotland compared with 25 in England. There has been a successful bid to Scottish Government for funding for year 2.

The sQMG is now fully integrated with the Surgery STB and allows seamless flow of information from the Board to the sQMG and vice-versa. The QRP is an excellent forum to discuss all training sites in Scotland - this year we plan to combine the Core and Higher QRP. In 2017 we had 10 triggered and enhanced monitoring visits (4 triggered and 6 on enhanced monitoring). This year we similarly had 10 triggered and enhanced monitoring sites (8 triggered but only two on enhanced monitoring). One of these has been de-escalated from enhanced monitoring (Ninewells Hospital General Surgery). The other hospital remains on enhanced monitoring for Trauma and Orthopaedic Surgery at University Hospital Wishaw.

The Quality team should be congratulated for their excellent team effort and all their efforts have improved the training environment throughout Scotland. The QRP is an excellent example of teamwork and allows the annual assessment of all surgical training sites within Scotland. All such outputs are regularly monitored via the Surgery sQMG and STBs, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.

GOOD PRACTICE

During this year the Surgery Quality team have come across several good practice items we would wish to highlight. At Aberdeen Royal Infirmary the General Surgery unit demonstrated a robust handover system that was praised by all members of the team. The same team also use nhs.net calendar to post learning opportunities available in the department. The use of Google classroom, podcasts and Facebook teaching at General Surgery Ninewells Hospital was praised by all as excellent learning resources. The Surgery Quality team reviewed the GMC NTS green and red flag data as they believed there to be an improvement in the number of red and green flags.

Below is the findings of the review which highlight a reduction in red flags and increase in green flags.

- NTS - Reduced red flags in Core and Higher (2015-2018) by 45% and aggregated flags by 3%
- NTS - Increased Green flags in Core and Higher by 51% and aggregated flags by 97%.

The team believe that improvements in training are due to the joint working with the quality team and health boards.

LOOKING FORWARD

- QRP: We plan to merge the Core and Higher QRP to improve both effectiveness and efficiency of the process.
- sQMG: The team are planning to utilise sQMG to monitor actions from visits and enquiries, to ensure more effective monitoring.
- IST: This is a pilot project and the aims are to evaluate the IST pilot, with the aim of continuing IST long term.



THE TRAINING YEAR 2018 / 2019

ENHANCED MONITORING



STATUS OF SCOTLAND'S ENHANCED MONITORING CASES AS OF 31ST-JULY-2019 COMPARED TO 31ST-JULY-2018

BOARD	SITE	UNIT(S)	TRAINEE LEVEL(S)	DATE PLACED ON EM	31ST JULY 2018	31ST JULY 2019
NHS AYRSHIRE & ARRAN	University Hospital Ayr	Medicine	Foundation Core GPST Higher	16/11/2016	On EM with conditions: action plan in place - evidence of benefit awaited	On EM with conditions: evidence now that action plan is effecting improvement
NHS GRAMPIAN	Aberdeen Maternity Hospital	Paediatrics - Neonatal Medicine	Paediatrics - Neonatal Medicine	01/11/2016	Action plan in place - evidence of benefit awaited	Evidence that action plan is effecting improvement
NHS GREATER GLASGOW & CLYDE	Vale of Leven General Hospital	Medicine	Foundation GPST	28/01/2015	Evidence that action plan is effecting improvement	
	Queen Elizabeth University Hospital	Medicine	Foundation Core GPST Higher	17/05/2016	Action plan in place - evidence of benefit awaited	
	Princess Royal Maternity - Glasgow Royal Infirmary	Obstetrics & Gynaecology	Foundation GPST Higher	29/05/2018	Action plan in place - evidence of benefit awaited	Evidence that action plan is effecting improvement

BOARD	SITE	UNIT(S)	TRAINEE LEVEL(S)	DATE PLACED ON EM	31ST JULY 2018	31ST JULY 2019
NHS HIGHLAND	Caithness General Hospital	General Surgery & Medicine	Foundation	31/03/2015	Evidence that action plan is effecting improvement	Closed
NHS LANARKSHIRE	University Hospital Wishaw	Trauma & Orthopaedic Surgery	Foundation Core GPST Higher	17/03/2014	Evidence that action plan is effecting improvement	
NHS TAYSIDE	Ninewells Hospital	General Surgery	Foundation Core Higher	23/10/2017	Evidence that action plan is effecting improvement	Closed
	General Adult Mental Health Services	General Adult Psychiatry	Foundation Core GPST Higher	29/05/2018	Action plan in place - evidence of benefit awaited	

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 can range from a single issue in a single department to multiple issues among a grouping of multiple specialties, involving multiple departments, within a LEP or in a Health Board. Enhanced monitoring is a valued quality management tool that supports improvement in the quality of training environments. Scotland Deanery reports to Scottish Government monthly on the status of its enhanced monitoring cases and provides 3 monthly updates to the GMC that publishes details of enhanced monitoring cases on its website:

www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/enhanced-monitoring.

At the beginning of the 2018-19 training year Scotland Deanery had 9 cases on the GMC's enhanced monitoring process. Of these, 3 had been on enhanced monitoring for more than 3 years; 3 of these had been on for less than 1 year. University Hospital Ayr – Medicine was escalated from being on enhanced monitoring to 'enhanced monitoring with conditions' in February 2018 based on the persistence of concerns around quality of training and of safety within the training environment. 4 'conditions' were set that must be met in order for posts and programmes to continue to have GMC approval for training; under these 'conditions' NHS Ayrshire & Arran was required, initially, to report monthly to the Deanery and to the GMC on progress against their action plan. While no new cases have been added to the enhanced monitoring case load during 2018-2019, 2 cases (Caithness General Hospital – General Medicine & General Surgery and Ninewells Hospital - General Surgery) were de-escalated from enhanced monitoring following the demonstration of sustained improvements within these training environments. At the close of this training year there are 7 cases still on enhanced monitoring, and for 2 of these cases evidence of significant progress in addressing the numerous concerns has yet to be confirmed.





THE TRAINING YEAR 2018 / 2019

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 Directorate Executive Team of the Deanery. It is led jointly by Dr Mike Higgins (MD of Golden Jubilee National Hospital (GJNH)), 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 2018-2019 TIQME met four times and ran workshops on the following themes (and more):

- Educational governance
- Supporting trainers
- Supportive training environments
- Clinical teaching fellows - where are we now and where should we be going?
- JRCPTB quality criteria for the role of medical registrar
- Differential attainment: where are we now and where are we going?
- Enhancing undergraduate experience in a clinical setting.
- Well-being of doctors in training.

The May 2019 TIQME meeting which coincided with the Scottish Medical Education Conference was the forum for a symposium on 2019 Year of the Trainer: valuing trainers - promoting excellence.

TIQME remains one of the most potent drivers of improvement in medical education and training in Scotland; its success is a reflection of the engagement of the key stakeholders around education and training and their commitment to work together to improve the quality of training we provide.

SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (SIHCG) was set up in 2014, with the overall aim of supporting improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence. Establishing the Group was an important part of Scotland's response to a recommendation to improve intelligence sharing within and among national organisations that was made in 2013 by the Mid-Staffs Inquiry. The SIHCG now involves seven national organisations that have a Scotland-wide remit related to the improvement, audit, or scrutiny within health and care services: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education Scotland, NHS National Services Scotland and Scottish Public Services Ombudsman.

At the SIHCG these organisations share the data and intelligence they hold about healthcare and training environments across Scotland (in particular NHS boards) and consider their responses to the intelligence that is shared. NHS Education Scotland shares data and information from surveys (GMC National Training Survey, the Scottish Training Survey) and from its quality management activities.

In 2018-2019 the SIHCG considered 18 NHS Boards including 16 that are engaged in postgraduate medical education and training, that is, all 14 Territorial Health Boards, the State Hospitals Board for Scotland and the Golden Jubilee Foundation. The SIHCG's consideration of these Boards has identified recurring themes that impact on health care and training environments including 'churn' among senior leadership roles, culture, financial pressures, difficulties recruiting and training doctors (consultant vacant rate averages around 8% in Scotland) and increasing workload. In the context of these concerns it is all the more remarkable that analysis of the 2018 GMC NTS reveals that 81.4% of doctors in training in Scotland (as well as in the rest of the UK) rate the quality of experience in training posts as 'excellent' or 'good' while 89.7% of doctors in training in Scotland rate the quality of clinical supervision as 'very good' or 'good' (compared to 88.2% in the rest of UK).

WORKING WITH THE GMC

Over the course of the year the Quality team has had many positive interactions with the GMC who have provided support, direction and positive leadership around how we fulfil our role in their Quality Assurance Framework.

Quality team members have attended GMC workshops and Quality Lead Meetings to help the GMC fashion its upcoming new approach to quality assurance. Looking at how reporting mechanisms such as the online Deans Report function has been a key feature of this work and we now look forward to participating in the new arrangements.

The GMC ambition to tackle differential attainment is shared by the Deanery and we have helped out by taking part in GMC video learning resources that explain what we are doing in Scotland to tackle the issue.

Professor Adam Hill is a member of the GMC's Overarching Data Group, providing a Scottish perspective on the how data is collected and used in the NTS survey.



THE TRAINING YEAR 2018 / 2019

QUALITY WORKSTREAM PROGRESS AND DEVELOPMENT



HIGHLIGHTS



92 NTS FREETEXT
COMMENTS REVIEWED

1599 STS FREETEXT COMMENTS
RECEIVED FROM TRAINEES

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

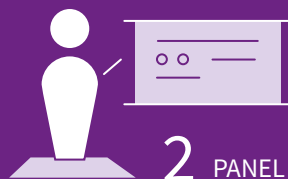


83

VISITS INCLUDED A
LAY REP ON PANEL

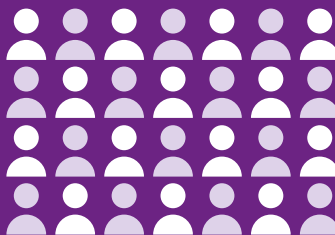
32

LAY REPS



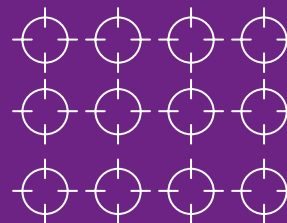
1 PANEL MEMBER AND VISIT
LEAD TRAINING DAY

2 PANEL MEMBER TRAINING DAYS



28 TRAINEE ASSOCIATES
INCLUDING

12 NEWLY
RECRUITED



CHAIR CALIBRATION DAYS



1 QUALITY WORKSTREAM
IMPROVEMENT WORKSHOP



54 VISITS SUPPORTED BY
TRAINEE ASSOCIATES



1 TRAINEE ASSOCIATE
WORKSHOP

DATA TEAM

The data team have had a busy year ensuring accurate data for our Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group. We are developing processes to ensure Quality Control processes are robust and refining how we present data for these different groups.

We utilise excellent data from both the GMC National Training Survey and Trainer Survey and the Scottish Training Survey. To facilitate trainee engagement and accuracy of the Scottish Training Survey, the group have shortened the questionnaire, removed redundant questions, and kept the survey questions all in the same format. The group have refined how we analyse free text comments, which is now fed back to the Specialty Quality Management Groups and exploring whether these comments are of added value to our existing intelligence.

We are planning to utilise the Scottish Training Survey data in greater depth. We are planning to benchmark not only within a specialty grouping but benchmarking with all trainees in Scotland. This will allow a bird's eye view of training within Scotland. Another area we are developing is that we will have longitudinal data from the Scottish Training Survey, to allow us to assess progress and trends over time.

We are planning to refine the Quality Review Panel scoring aid, to aid panels in decision making. In addition, we will now have data on both ARCP outcomes and College Examination data, that we will explore at a programme level. Overall a very productive year from the Data Team.

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, a QIA and a trainee associate. Meetings are held bi-monthly.

The responsibilities of the team are:

- Training for all QM visit panel members.
- Training for all QM visit panel 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, in the past year the team arranged the following events:

- Lay rep day on 16 August 2018 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 days on 21 September 2018 and 22 March 2019 which included 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 chair training day on 22 March 2019 run in parallel with panel members training. Targeting the specific skills needed for chairing visits.
- Visit calibration day on 7 December 2018 – this event covered scenarios around panel etiquette, what has changed in the last year and handling challenging panel members during the visit.
- Trainee associate workshop 19 February 2019. A chance for TAs to meet and discuss issues around the role and a session discussing wellbeing and mentoring.
- Trainee associate recruitment 3 May 2019. 12 new trainee associates appointed.
- Plain English writing workshop for new QIMs and QIAs held on 8 October 2018.

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

IMPROVEMENT TEAM

The improvement team has had a busy agenda during the last year with notable developments including:

- Development of web pages to help explain what happens during a Deanery visit, particularly from a trainee perspective. These pages will include short video clips recorded to show some of the important aspects of the visit process.
- Implementation of a bank of requirements to improve consistency when writing visit reports. An initial review of published reports showed that Directors of Medical Education and other stakeholders received reports with a wide variety of text describing common requirements with little in the way of standardisation. The new requirements bank includes a system to refine existing text and the facility to add new requirements in a short time frame as required by the report timeline. The improvement group members have been able to respond quickly to requests for adjustment or addition of requirements with a rapid turnaround after online discussion.
- Recording videos to help training programme directors understand their role within Quality Management.
- Redesigning the question sets used in visits to incorporate information obtained from the pre-visit questionnaires where available and to improve the quality of questioning in certain areas, particularly around educational governance and patient safety. The pre-visit questionnaire has been reworked and both sets now include questions that map to areas included in the Professional Compliance Analysis Tool (PCAT).
- Revamping of processes supporting programme visits including a new question set tailored to support the needs of programme visits.
- A feedback process for GP practices who undergo accreditation visits to gather feedback from the visited on their experience of the visit process.
- Scoping work to consider a bank of requirements specific to GP practice visits.

DEMYSTIFYING THE DEANERY QUALITY MANAGEMENT VISIT – DR EUAN HARRIS

During the last year, whilst undertaking the Scottish Clinical Leadership Fellowship Programme hosted by the NHS Education for Scotland Quality Workstream, I have been working closely with the Quality Management Improvement Group. Recognising that there remains some uncertainty and misperception surrounding the purpose of Quality Management Visits, which can cause a degree of apprehension amongst trainees when they are invited to attend, the Quality Management Improvement Group have been exploring ways to better engage with trainees and trainers. This has involved ensuring participants have a more detailed understanding of the visit process, as well as greater awareness of how data and intelligence is collected and used. Most significantly, the Group wanted to stress that the purpose of Quality Management Visits was communicated to trainees, namely, to provide a supportive and confidential environment for them to discuss their experience of medical education and training.

To help address this a new dedicated Quality Management Visit section within the Trainee Information webpages on the Scotland Deanery website was developed, with the aim of outlining to trainees what to expect on a visit if asked to attend. The content describes the timeline of a Quality Management Visit, explaining what happens before, during and after a visit. It highlights several key elements including the Pre-Visit Teleconference, the importance placed on the Pre-Visit Questionnaire, the structure of the Question Sets, how the visit report is written and where to access the report subsequently. A further aspect orientates trainees to the visit panel, explaining the individual roles and responsibilities of those taking part, as well as detailing why and how sites are selected to be visited.



To compliment this information in May 2019 a contingent of burgeoning thespians made up of trainees, trainers and many of the NHS Education for Scotland Quality Team came together to film a series of short instructive videos documenting a mock Quality Management Visit. Whilst the Royal Shakespeare Company can count themselves safe, through the course of filming a variety of scenarios we definitely discovered some hidden talents! We trust the videos accurately illustrate so many of the stories that panels often hear from trainees and trainers when conducting visits and provide an honest account of the visit process. A special message of thanks needs to go to the NHS Education for Scotland Digital Team who kindly (and patiently) helped film throughout the day.



The unifying theme throughout all of the material is a desire to stress the opportunity Quality Management visits present for trainees to engage constructively in influencing and developing their own training, by highlighting what is working well, and what could be improved. We also wish to recognise the need to assist and support trainers in continuing to provide high quality, excellent training.

The Quality Management Improvement Group hope that the new webpages, and notably some outstanding acting talent, offers an entertaining insight into the Quality Management visit process, and reflects the commitment of NHS Education for Scotland in promoting an understanding and supportive environment in which the challenges faced by trainees and trainers can be discussed, as well as offering a means to share best practice, and ultimately advance postgraduate medical education and training in Scotland.

Euan Harris

Scottish Clinical Leadership Fellow 2018-2019 (hosted by the Quality Workstream, NHS Education for Scotland) & Quality Management Trainee Associate

For further information please find the link to the Quality Management Trainee Information webpages here:

www.scotlanddeanery.nhs.scot/trainee-information/quality-management-visits/



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