Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	23rd May 2022	**Level(s)**	FY, GPST, CT & ST
Type of visit	Triggered	**Hospital**	New Craig's Hospital
Specialty(s)	General Adult Psychiatry	**Board**	NHS Highland

Visit panel	
Dr Alastair Campbell	Visit Chair – Associate Postgraduate Dean Quality
Dr Seamus McNulty	Associate Postgraduate Dean – West (Shadowing)
Dr Rekha Hegde	Training Programme Director
Dr Ian Reeves	Foundation Programme Director
Mrs Natalie Bain	Quality Improvement Manager
Mr Brian Harrison	Lay Representative
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Alastair Campbell & Dr Claire Langridge	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	7	
Trainees in attendance	CT2x4 / GPST2x2 / Core LAT1x1 / FY2 ST4 & ST6.	

Feedback session: Managers in attendance	Chief Executive		DME		Deputy DME	x	Medical Director		Other	Medical Education Manager

Date report approved by Lead Visitor	5th June 2022

1. Principal issues arising from pre-visit review:

The Deanery intend to visit the Adult Psychiatry department at New Craig's Hospital, Inverness. The visit team plan to investigate the aggregated red flags at GPST level in the 2021 GMC National Training Survey for handover and reporting systems, as well as aggregated pink flags for curriculum coverage and teamwork. At Foundation trainee level there were red flags in the 2021 national training survey for handover. The 2021 Scottish Training Survey results showed a red flag for handover at GPST and foundation level along with a further red flag for teaching at foundation level. There was also aggregated red flag for teaching at Core level in the 2021 Scottish Training survey.

The visit team will also use the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were handover and teaching.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: Trainers reported that induction is working well but is continually being refined. Induction is delivered over two days which is in addition to a skills and scenario based bootcamp. It was noted that feedback from trainees about induction was that it is a full and comprehensive induction that gave the trainees an overview and prepare them for their role in the department. The bootcamp allows trainees to feel skilled and empowered to tackle real life situations that may arise. A comprehensive handbook is also provided to the trainees with key areas highlighted at the face-to-face induction. The department had no experience with trainees beginning late into post but would ensure that the induction material was provided to them. The trainers comment that induction over the years has been challenging, but the trainees now have strong ownership of the process and it is now being delivered at an excellent standard. The trainers do feel that it would ideally be quality controlled

to ensure that there is a senior and junior delivering the process to create a continually successful induction every year.

FY/Core/GP Trainees: Trainees reported all receiving an in-depth induction to site and department. The trainees were extremely positive about the bootcamp that was conducted during induction. During the bootcamp the trainees were given emergencies scenarios that they may experience in psychiatry and they found this very useful. All trainees were positive about induction with no suggestion for improvement.

ST Trainees: Trainees reported receiving both site and hospital induction. Trainees commented that the induction to site worked well with a dedicated 2 days set aside to cover all the various aspects of the psychiatric hospital. Trainees had a positive experience with also having responsibility to deliver induction to the incoming CT trainees. It was a comprehensive experience that is complemented by an induction handbook that contains a vast amount of information. Induction is reliant on the department with trainee input to deliver it. There are sessions that are delivered by trainees along with ANP's.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Trainers reported that all grades of trainees are always released to attend their formal teaching as there are enough doctors on the rota to allow trainees to attend. The teaching attended is bleep free. There is local teaching on a Tuesday afternoon, with the regional teaching on a Wednesday based in Aberdeen.

FY/Core/GP Trainees: All trainees reported being able to attend their departmental and formal teaching. The trainees note that this teaching time is protected and bleep free. The trainees highlight that there have been occasions when the teaching has been cancelled at the last minute and have raised this as an issue with the senior team and they are working with the consultant to improve this.

ST Trainees: There is protected local teaching on a Tuesday afternoon and further higher specialty teaching on a Wednesday afternoon. The trainees can attend Balint groups and there are meetings on a Tuesday afternoon used for developmental purposes.

2.3 Study Leave (R3.12)

Trainers: The trainers report that trainees are always able to access study leave.

All Trainees: All trainees reported no issues with study leave.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: The trainers report that they allocate supervisors prior to trainees starting their posts. There is an autonomous process that is person centred to allow the Core trainees to pick their posts and the allocated supervisor for that post. This allows the trainees to have a choice about the order of the posts they wish to have and the trainers are there to advise them. The trainers have sought feedback from the previous FY & GP trainees to make sure that the trainers are allocated to the appropriate roles. The trainers all note that they have allocated time in their job plan for their roles.

FY/Core/GP Trainees: Trainees reported being informed of their supervisor about a month before beginning the post. The core trainees note that they have the opportunity prior to the end of the block to choose their next placement and supervisor. The trainees meet with their supervisor on a regular basis and find the meetings useful and helpful with career planning.

ST Trainees: The trainees reported knowing who was going to be their ES a couple months before beginning their post and met every 3-4 months, agreeing a PDP and learning outcomes at the beginning of the year. The trainees highlight that the supervisors were engaged and available to meet to discuss their training. The meetings held were very useful to progression through training.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: The trainers report that it is a much richer landscape to adapt and adjust to and it is incumbent on the trainers themselves. There is no colour coded system on badges to differentiate between the grades, but the badges themselves do have the grades of the trainees displayed. The clinical supervision is clearly mapped out during induction to the trainees. There is always consultant presence at clinics so that trainees never feel that they are working beyond their level of competency. Trainees that are in the first six months of psychiatry training are expected to call the on-call

consultant when completing a joint assessment. The trainees also have their weekly allocated clinical supervision time to review cases. Trainers make their presence known at the morning handover and are looking to implement a training session with the Mental Health Assessment Unit. The trainers are aware that they need a more consistent approach with primary care services, to enquire about medical issues that arise. As there is scope for improvement with this, the trainers are in the process of setting up a project to tackle this.

FY/Core/GP Trainees: The trainees reported that they are aware of who to contact both during the day and OOH. A historical issue was raised about OOH shifts and short-term gaps not being proactively filled and there was an occasion where there was only one junior colleague on shift. The trainee felt that senior colleagues were not supportive and there was a hands-off approach in getting locums to fill the gaps. The trainees flagged this through DATIX and there have been no further issues with this.

ST Trainees: The trainees report that there is an excellent structured weekly clinical supervision meeting and the supervisors are very approachable and easy to contact. The trainees feel that they have not worked beyond their competencies and they are able to seek advice when required.

2.6 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: The trainers state that they are much more up to date with the Core and Higher curriculum but can rely on the trainees to outline the GP curriculum. The trainers try to ensure that the same supervisor is allocated to the foundation trainees for example, therefore becoming more aware of their curriculum. The trainer's comment that every effort is made to ensure that all activities are of educational value. It is noted that it can be difficult to assess the softer competencies during discussions and these can be better assessed during ward rounds.

FY/Core/GP Trainees: Trainees report no issues with getting WBA's completed or achieving their competencies. The trainees can complete assessments with various members of staff if the consultant is busy. The core trainees highlight that their posts are divided into 3-month outpatient and 3-month ward based. It was noted that the trainees suggested this to their senior colleagues and it was received well. The trainees feel that this gives them better exposure to outpatient work.

ST Trainees: Trainees report that the research component can be difficult to achieve, as there are fewer opportunities to be able to participate in research to attain that specific competencies but trainers are supportive in helping them plan how to achieve these curriculum requirements. Trainees report that they have a split of inpatient/outpatient work.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: The trainers report that they don't feel the trainees have difficulty in achieving their portfolio assessments. The trainers sometimes must be proactive to get the trainees to maintain their portfolios. The trainers have no experience benchmarking their assessments against other trainers.

FY/Core/GP Trainees: The trainees report no issues in completing assessments. The trainers are proactive in highlighting and informing the trainees of the requirements. There are no concerns with the assessments and they are fair and consistent.

ST Trainees: The trainees report that they can complete all their WBA's and they are assessed fairly and consistently. The trainees highlight that the trainers are responsive to completing these for the trainees.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Trainers: Not formally discussed

FY/Core/GP Trainees: Not formally discussed

ST Trainees: The trainees report that there are many opportunities to learn with other members of the staff. The lunch time teaching is attended by various members of staff/grades. The MDT meetings that are attended also include the community mental health teams. There are informal teaching opportunities and this has helped create good working relationships.

2.9 Adequate Experience (quality improvement) (R1.22)

Trainers: No issues highlighted

FY/Core/GP Trainees: Not formally discussed

ST Trainees: The trainees report that there is opportunity to get involved in projects, but the trainees have found there is not always enough time for them to complete the projects during their working hours. The trainees state that the trainers encourage them to participate in the projects alongside other clinicians.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers report that trainees are given formal and informal feedback. Trainers encourage trainees to use certain cases to complete work placed based assessments. The wider nursing team also provide feedback to trainees. If a concern is raised regarding a trainee, this is addressed with dignity and compassion and not raised in an open environment.

FY/Core/GP Trainees: The trainees reported that feedback is given frequently and is constructive and meaningful.

ST Trainees: The trainees report that they receive feedback, if on-call it will be discussed with the duty consultant. During the day, the trainees can speak with their CS during the clinical supervision time allocated. There is plenty of opportunity for informal and formal feedback, which is constructive and useful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers highlight that there is a junior doctor forum held monthly to raise any issues. There is also a trainee representative at the General Adult Psychiatry and Consultant forum that allows feedback up and down the chain.

FY/Core/GP Trainees: Trainees report that they can raise concerns via the junior doctor forum. Trainees can raise concerns to seniors and feel that any issues raised are listened to and escalated appropriately. An example was highlighted around the unfair allocations of on-call shifts. The consultant took this on board and made changes. The trainees highlighted that this will be embedded over the next 6 months.

ST Trainees: The trainees feel comfortable to be able to give feedback either to the CS, the clinical director, or other members of the management team. The trainees can attend the junior doctor forum.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that any alert to potential concerns raised is dealt with in a sensitive manner in line with the unit policies. The department has also held training days for Active Bystander and Civility saves lives. The trainers highlight that the trainees are aware of how to report any concerns, either via their educational/clinical supervisor or through the GMC. The trainers also note that the international medical graduate trainees have mentors that they can use as a separate route.

FY/Core/GP Trainees: Trainees are well supported and feel comfortable raising any concerns.

ST Trainees: The trainees report that the culture is very supportive, the clinical team are approachable and friendly. There is a lot of close team working, and in the past, there was probably a divide between the core and higher trainees, but there has been work done to break down those barriers. There are no issues with bullying or undermining behaviour. The trainees would feel comfortable raising any concerns either with the clinical supervisor or the appropriate person

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: No issues identified

FY/Core/GP Trainees: The trainees report that there are no current long term gaps in the rota. Staffing levels are usually good during the day, but there have been historical issues with allocation of the on-call shifts. It was also noted that when gaps did arise in the rotas, that the trainees were left to fill these gaps themselves. The trainees felt strongly about this and submitted many datix's to bring this to the attention of their senior colleagues. Once this concern was raised it was escalated and a SOP was created and it has significantly improved with consultant involvement and oversight of the rota.

ST Trainees: The trainees report that they are allocated as part of the consultant rota and have input into the rota issued. If gaps arise the trainees would try to accommodate and act up or down to cover

the gaps. They commented that historically when there had been gaps on the junior doctor rota there had been a huge willingness amongst the consultants to act down and cover these.

2.14 Handover (R1.14)

Trainers: The trainers report that handover is safe and appropriate. There is consultant presence at the morning handover. There is a book in the junior doctor room that allows the junior doctor to know who the on-call consultant is.

FY/Core/GP Trainees: Trainees report that handover is good with consultant presence in the morning beginning at 9am. In the past there was no formal handover in place and the trainees formed and designed the current handover process. Consultant presence at the weekend is variable, however there is ongoing discussion to ensure that the on-call consultant is present at least one of the handovers. The trainees feel that the handover is used as a learning opportunity.

ST Trainees: The trainees report that there is a handover in the morning with consultant presence. The trainees also highlight that there is a meeting held a 10am which has a representative from the departments around the site to discuss patients and hospital issues.

2.15 Educational Resources (R1.19)

Trainers: The trainers highlight that there is a seminar room that has suitable IT facilities, which are all VC and Microsoft teams enabled. There is an extensive library available to the trainees. It is noted that a bigger and safer learning space has been created for trainees to be together to meet and train. There are individual terminals available to trainees to be able to attend online teaching.

FY/Core/GP Trainees: The trainees report that the educational resources at the site are very good. There is good access to a library, learning areas, along with adequate number of computers available.

ST Trainees: Trainees report that there are adequate facilities available to trainees, although it can be noted that clinic facilities can be limited for offering appointments. There are ample library and online resources.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: The trainers report that there is plenty of support for trainees. The trainees have individual supervision, pastoral support and access to occupational health if required. The trainees also have access to wellbeing resources through the Royal College of Psychiatrists. There are currently trainees who work less than full time and the department feel that there is adequate support and adjustments made to ensure that the trainee's exposure to training is of a good standard.

FY/Core/GP Trainees: The trainees report that they have no concerns around the support for the trainees on site.

ST Trainees: The trainees are aware of who to contact if support is required, depending on the need. It is also highlighted that trainees are aware of accommodation to training when returning form maternity or those who wish to work less than full time.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: n/a

FY/Core/GP Trainees: The trainees reported that if any concerns require to be raised, they take them to their clinical supervisor, educational supervisor or the core training programme director, who is very supportive. The trainees would also take along any concerns to the junior doctor forum.

ST Trainees: The trainees report that if they have any concerns that they would initially go locally to their clinical supervisor, or their training programme director. The trainees are aware of being able to raise concerns through the GMC's national training survey. The trainees state that there is the opportunity to raise any issues through the higher teaching days. The trainees hold an informal meeting to note any concerns that require to be raised formally.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers report that there are developed protocols in place to maintain safety, the trainees also have access to plenty of training (violence and aggression training). The trainers

operate a door open policy to allow a safe forum to raise concerns. When trainees do raise concerns, the department escalate when appropriate and learn as team from issues raised.

FY/Core/GP Trainees: Trainees report that they can raise concerns immediately with their CS. They also don't see their outpatients without their consultant being present.

ST Trainees: Trainees would use Datix system or escalate to senior management but have no patient safety concerns. The trainees highlight that there can patient safety concerns due them not being able to be admitted because of bed space.

2.19 Patient safety (R1.2)

Trainers: n/a

FY/Core/GP Trainees: The trainees report that they have no concerns regarding patient safety or any boarding patients in the hospital. The trainees highlight that there are systems in place to ensure that patients are cared for. The trainees note that there are safety huddles with side rounds twice a day to maintain the safety of all patients.

ST Trainees: The trainees reported that they had concerns around some aspects of the service to patients that were withdrawn during covid, for example the gym. These resources have not been reinstated and this can have a significant impact on the patients. The trainees commented that every patient is seen within 24 hours of admission, with at least a weekly review, but patients are usually seen more often. There are twice daily safety huddles, hospital meetings twice daily and the Datix system to manage patient safety.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: The trainers reports that trainees are aware of how to raise concerns. The trainees use the DATIX system well and will report and present on cases. They commented that the trainees would be

well supported if involved in an adverse incident. There is a good peer support network in the department and they would come together if there is a concern regarding a colleague.

FY/Core/GP Trainees: The trainees report that there have not been too many incidents and when any incident has arisen there has been relatively quick support from the consultants. There are no regular local M&M meetings but these do happen when incidents occur. The trainees believe these meetings are more reactive than proactive, likely due to the fact on the infrequency of incidents. The trainees do note that learning from any adverse incident would be shared with the group.

ST Trainees: The trainees reports that they would discuss with their clinical supervisor in the first instance following an incident. The trainees explain that an adverse incident meeting would take place and feedback would be given. The trainees also note that they would be supported by their clinical supervisor throughout.

2.21 Other

Trainers: n/a

FY/GP/Core Trainees: The overall satisfaction score was between 5 and 9 with 7.25 being the average score.

ST Trainees: The overall satisfaction score was between 7 and 8 with 7.5 being the average score.

3. Summary

Is a revisit required?	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

Positive aspects of the visit.

• The site has a culture that promotes training and education. It was evident that training and education in general is part of the unit's core values. The trainers are engaged, enthusiastic and dynamic.

• The improved induction programme is highly rated amongst the trainees. The bootcamp is an innovative way of introducing the trainees to the department and it is noted as area of good practice.

• There is a wealth of teaching in the department, that is bleep free. In addition, there is evidence of trainees attending Balint groups and access to the regional teaching programme.

• Trainees commend the support received from the trainers. All receive their weekly supervision meetings and perceive them being a useful and constructive part of their training.

• Handover is a now formalised and a robust process with consultant presence. Handover is used as a learning opportunity.

Less positive aspects of the visit

• Whilst we note that induction is working well. We feel for the unit should consider having have consultant ownership to minimise the risk for the department if all trainees were to be new to New Craigs at the same time.

• Opportunities for research are limited but the panel acknowledge that the trainers are supportive in helping the trainees achieve their curriculum requirements in this area.

• It was noted that the rota has been rehabilitated over the last 18 months and we heard historical examples of reliance on trainees to manage short term rota gaps. We understand that there are recent changes that have been implemented to ensure consultant oversight of the rota. This is an improvement that requires to be sustained.

4. Areas of Good Practice

Ref	Item	Action
4.1	The introduction of the bootcamp at induction is highly rated among the trainees. The bootcamp is an innovative way to introduce the trainees to the specialty.	n/a

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	Induction	Whilst we note that induction is working well. We feel for the unit should consider having have consultant ownership to minimise the risk for the department if all trainees were to be new to New Craigs at the same time.
5.2	Rota	It was noted that the rota has been rehabilitated over the last 18 months and we heard historical examples of reliance on trainees to manage short term rota gaps. We understand that there are recent changes that have been implemented to ensure consultant oversight of the rota. This is an improvement that requires to be sustained.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	n/a		