Scotland Deanery
Quality Management Visit Report

Date of visit	22nd June 2023	Level(s)	FY, CT & GPST
Type of visit	Triggered	Hospital	Dykebar Hospital
Specialty(s)	Core Psychiatry	Board	Greater Glasgow & Clyde

Visit panel	
Dr Alastair Campbell	Visit Chair - Associate Postgraduate Dean – Quality
Dr Laura Sutherland	Training Programme Director
Dr Sophie Johnston	Trainee Associate
Mr Bill Rogerson	Lay Representative
Mrs Natalie Bain	Quality Improvement Manager
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	1 x FY2, 1 x GPST and 9 x CT	

Feedback session: Managers in attendance	Chief Executive		DME	x	ADME	x	Medical Director		Other	x

Date report approved by Lead Visitor	14th July 2023

1. Principal issues arising from pre-visit review:

The Mental Health Quality team at Scotland Deanery triggered a visit in view of survey data relating to Core Psychiatry at Dykebar Hospital, NHS Greater Glasgow & Clyde. The visit team plan to investigate the red flags at Core CPT level in the 2022 National Training Survey for rota design and induction, as well as pink flags in relation to adequate experience, educational supervision and overall satisfaction. The Scottish Training Survey also highlighted red flags in GPST trainee data for educational environment. There were two negative free text comment at CT level was submitted in the STS 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.

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.

Departmental Presentation: The panel would also like to thank Dr Shilpa Shivaprasad for her very detailed presentation and the team for the work that went into it. The presentation provided an overview of the organisation and ethos of the department overall. The presentation detailed the areas of good practice, as well as the challenges faced by the department as highlighted by the NTS survey results. It was also noted that there has been significant changes to the on-call rota, with trainees now rotating within 3 sites in South Glasgow.

2.1 Induction (R1.13):

Trainers: The trainers reported that induction is going through continuous change and evolution due to the merger of the 3-site rota, however the trainers have created working links with the other sites to ensure a smooth induction to the sites. The trainers have developed a comprehensive hybrid model for induction that is well attended by staff from all 3 sites. The trainers recognise that further changes are required for ward specific inductions, but they are responsive to the feedback they receive around induction. The trainers note that induction is not a one-off event and the department are looking at innovative ways of making information available in a timely way, such as the MyPsych app and a

detailed handbook. Induction covers practical information with sessions on prescribing, on-call scenario and well as Electroconvulsive therapy (ECT) paperwork. The trainers note that there is a separate induction held for FY2's as they are protected from cross-site working. Induction is also recorded for trainees who are unable to attend for any reason and there are handouts provided to ensure they have all the relevant information. The trainers acknowledge that there is a lot of information provided at induction. Therefore, when they initially meet with the trainees, they ensure that they have grasped all the essential information or if they need anything clarified. The trainers also state that trainees are made aware that they can spend time with the Intensive Home Treatment Team (IHTT) and many trainees have taken this opportunity and found it useful.

Trainees: The trainers report that they received induction to the hospital and commented that the venue was good, as they were able to meet the leads of the site as well as having a guided tour. However, it would have been useful to have a more in-depth tour of the wards as well as the peripheral sites of Dykebar Hospital. The trainees reported that not all the relevant information about on-call was given but it was understood that due to the volume of information that this would have been too much to give in one session. The trainees did note they were aware of the MyPsych app but would also prefer this information in a lower tech format, such as PDF's. The trainees noted that induction to the specific departments could be variable, and some trainees reported not being given an induction to all clinical areas they cover whilst on call outside the main induction site, as well as no induction to personal alarms. It was noted that was not the case for all department inductions, as others were well structured and relevant information was given.

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

Trainers: The trainers report that there is departmental teaching held on a Thursday and this is mostly bleep free, aside from the one trainee who would carry the bleep each day and this is done on a rotational basis. Regional teaching is held on alternate Thursday's and again the only barrier to attending this would be if the trainee were holding the bleep that day. The trainers emphasise that Thursday are management /education days, and the rota is managed to ensure that most can attend their teaching on this day. The trainers report that departmental teaching is led by the training requirements and there are case presentations as well as journal clubs and assessment of teaching. There are discussions as well as formal consultant presentations and training was provided about serious adverse events (SAER). The trainers note that they are exploring ways to gather feedback on

the format and content of teaching sessions to allow them to further refine and improve the teaching programme ensuring that it meets the educational needs of the trainees .

Trainees: The trainees reported that there is fortnightly teaching held on a Thursday morning, which is internal teaching with the local services. The teaching consists of journal clubs or case-based presentations. All trainees state they can attend this, aside from when they are on-call or on leave. The local teaching is helpful to complete portfolio assessments; however, it can be variable when there is consultant engagement as it is mostly trainee led and it would benefit from more formal input from the trainers. The trainees attend their regional teaching on alternative Thursday's and are given day release to attend this. The trainees note that this is beneficial, and they feel that priority is given to their education. GPST trainees do not have the same schedule as core trainees and sometime feel that they are not receiving the same opportunities to receive formal teaching and are there to provide ward cover.

2.3 Study Leave (R3.12)

Trainers: Not formally asked, however there are no relevant issues with study leave.

Trainees: Not formally asked, however there are no relevant issues with study leave from the trainees PVQ.

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 would allocate trainees based on the requirements of those trainees that will be rotating into the department. The trainers would also look at the trainee's interests to ensure they are meeting their curriculum requirements. The trainers note that the stage of training is also crucial to ensure they are in a supported post, therefore it is guided by the needs, wants and interests, as well as the availability of the clinical supervisors. The trainers state that if a trainee has been primarily ward based, they would seek to give them outpatient experience. All trainers have time in their job plans and feel supported in their roles, which are also considered during their appraisal. The trainers note that there has been great support for those that are new to educational roles and are they encouraged to attend informational and deanery meetings to create relationships within the region. There have been regular updates about NES courses and they are kept updated of

when trainer workshops are available. The trainers note that formal and informal links are instrumental in their development. The trainers state that when there are trainees with concerns, is often discussed during the ARCP process. Therefore, there is a degree of awareness before the trainees rotate into the unit.

Trainees: The trainees report that there is variation in their weekly supervision sessions with some reporting these take place and are well structured whilst some trainees described that they were not receiving the expected weekly supervision session despite effort to try and organise these. Some trainees report that they only have a meeting with their supervisor, dependant on their availability. It was noted that some trainees have raised concerns with their educational supervisor (ES) about their clinical supervisors (CS) about the ability to meet their curriculum requirements. The majority of trainees noted that they are not receiving their allocated one-hour clinical supervision meetings as there are a lack of provision for this and there are locum consultants being given the role of CS. It was noted that other trainees did not find this and have found their supervisor to be supportive throughout the post.

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 emphasise that the term SHO is not a term that is used among the staff in the department. The department have an awareness that GPST's rotate through the department, therefore it is always clear which grade the trainees are. The trainers note that trainees are aware of who to contact both during the day and out of hours (OOH). During the day, the trainees would contact the consultant attached to the patient and OOH there is an on-call system that trainees are aware of and informed about during induction. In addition to this, there is an OOH consultant contact and a registrar on-call that covers south Glasgow. At the weekends there is an on-call Teams meeting each morning to ensure that trainees are aware of what is happening on site and what requires attention. The trainers also state that contact information is sent out monthly as part of the rota information. Should the trainees be unable to reach a senior member of staff, they can contact the clinical director, who will provide any support required. The trainers comment that they are not aware of any instances when trainees have had to cope with experiences beyond their competence. However, the trainers would hope that they could discuss any issues during their supervision sessions, as well as seeking support at the time of the incident. The trainers highlight that they would support any trainee who may feel that they are out of their depth in a situation.

Trainees: Trainees reported that they are able to approach the second on-call when seeking support. It was noted there are times whilst in some clinical areas where it can be difficult to contact the supervising consultant. The trainees felt that the lack of registrars at Dykebar negatively affects their training, as they feel that presence of a registrar would allow greater opportunities to learn particularly on inpatient ward, as trainees currently they always have to approach the consultant. Trainees feel that they are losing the shared learning that can be achieved from having a registrar on site. The trainees comment that consultant availability is variable on the south ward and they are not always aware who is providing cover if trainers are on annual leave. It is also noted that when trainees are trying to contact the on-call 9-5pm consultant there can be reluctance to make management decision and they can then feel a lot of responsibility for providing the care to patients. Trainees who are working out with south ward feel supported in relation to the day-to-day supervision and they are always aware of who is providing cover for consultant l leave.

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

Trainers: The trainers report that there are train the trainers sessions to ensure they are up to date with the curriculum requirements The trainers have also worked alongside the trainees to cover various portfolio activities. The trainers state that the psychiatry portfolio and the RCPsych website have changed recently. The trainers note that they have had a lot of mutual support with the TPD and APGD to support each other through the implementation of the recent changes. The trainers would also try to familiarise themselves with GP and FY portfolios to ensure they are aware of their requirements for those trainee cohorts. The trainers report that the clinical supervisor would provide the opportunity to attend clinics. The trainers would encourage trainees to attend the clinics that are running, as well as attending the ADHD clinic. It is stated that it is also trainee led and the trainers would expect the trainees to seek out relevant clinic opportunities. The trainers report that there is an administrator who can allocate trainees to a clinic and as there is a centralised rota system, this has provided the department with the opportunity to slot trainees into clinics. Trainees can be allocated clinic time 6 months in advance. The trainers state that higher specialty trainees spend time with the Intensive Home Treatment Team (IHTT) and have found this time highly beneficial to their training. It is noted that trainees can struggle to complete their addiction's case-based discussions as there is not a consultant in post at the site, however it was recently noted that a specialty grade doctor can complete these, therefore the department now have a plan in place for trainees to complete this requirement. The trainers highlight that trainees should be spending time with CPN's and OT as well

as attending the MDT meetings. Trainees are introduced to the community and duty team as well as the social work team to get an idea of what services are provided on site. The trainers feel that the trainees get the opportunity to spend time with the various teams experiences in these areas.

Trainees: The majority trainees report that outpatient clinic experience can be difficult to achieve at Dykebar due to rooms not being of an adequate size to attend with a consultant and there are no rooms for trainees to run a clinic themselves. Some trainees report that there is difficulty getting ACES and CBT for psychotherapy completed due to lack of supervision to complete assessments and ward cover. The trainees state that there is a high volume of ward work for service provision, which leaves them unable to have adequate exposure to other areas of psychiatry.

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

Trainers: The trainers report that case-based discussion and journal club presentations can be difficult to achieve, but they are now scheduled into the department teaching. It is also noted that mini-ACEs can be difficult to achieve, however the trainers direct trainees to relevant cases and hope that they are also proactive in their training to complete their curriculum requirements.

Trainees: The trainees report that there is a degree of difficulty in completing WPBA's as stated in section 2.6, and some of the feedback from these assessments have not been constructive or of high quality in aiding them in their learning and development. It was also noted that there has been an issue with completing the addictions CBDs, but that the trainers have agreed that a specialty doctor can undertake this role and complete the relevant WPBAs.

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

Trainers: Not formally asked, however trainees are exposed to a wide range of mental health teams at Dykebar hospital.

Trainees: Not formally asked.

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

Trainers: Not formally asked

Trainees: The trainees report that they require to be proactive to engage with audits and quality improvement (QI) work. They are not aware of any formal QI programme within the department or specific support for this. The trainees highlight that it is all self-directed and it would be helpful to have information about previously completed work and information on the QI priorities of the unit so that they can ensure that their involvement in this work meets the needs of the department.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers report that when the trainees undertake outpatient clinics, they are always supported by a consultant and provided with feedback. During the clinics, the trainees review and assess the clinical plans for the patients. The trainees are encouraged to contact the on-call consultant both during the day and OOH and this is reiterated during induction and through these processes receive feedback on their clinical decisions.

Trainees: Some trainees report that they are provided with excellent feedback. It is highlighted that the feedback received by trainees primarily working on inpatient wards is only received when trainees are undertaking WPBA's or attending clinics. There is limited formal feedback on their day-to-day clinical decisions for inpatients. However, there are occasions when OOH feedback has been given and this has been helpful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers report that there are trainee management meetings to gather feedback from trainees, however trainees can directly contact the clinical director if required. The clinical director would be able to address and escalate the issues where appropriate. The trainee would be involved in any communication around the issues they have raised to notify the trainee that their concern has been listened to and acted upon. The trainers state that trainees are welcome to raise concerns both formally and informally through the trainee management meetings, the chief registrar, the trainers or the clinical director. The chief registrar would formally raise concerns at the management meetings

and formal feedback would be issued following to evidence that concerns are actioned and escalated. It is also noted that there is a core trainee representative that trainees can approach to give feedback to management.

Trainees: The trainees report that there is a trainee management meeting where trainees are able to feedback to management. There was concerns on the time that is taken to action issues highlighted at these meetings. Some trainees were particularly concerned that where they have highlighted patient safety concerns that these were not addressed and they are not kept abreast of the progress on actions. The trainees have highlighted that they are unable to attend enough outpatient clinics, however, they also feel that this has not been addressed.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that there is an open-door policy and trainees are part of the wider team, the trainers note that this ethos is fostered from induction onwards. The trainees participate in on-site management meetings, that also include divisional meetings and MDT's. The trainers believe that being a small service allows the trainees to integrate well in the department. The trainers note that they expect to be called upon from trainees and hope that they are approachable and contactable to all trainees. The trainers have no awareness of any trainees being subjected to bullying or undermining behaviours. The trainers would check-in with trainees during their supervision meetings and ask if there are any concerns they wish to raise. The trainers state that trainees are encouraged to speak with their ES/CS about issues, however they are also made aware of other colleagues they can speak with should they wish to.

Trainees: The trainees report that there are varying experiences dependent on the clinical area they are based in. Some trainees feel that there is a bare minimum amount of support available. Some trainees note that the relationships with the nursing staff can be tense and create difficult working environments. It was noted that this has been raised via DATIX and highlighted to the ES.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers detailed in the department presentation that in February 2023, the sites merged rota's with 2 other sites in south Glasgow, therefore there were many anxieties around the

implemented changes. The trainers highlighted that the rota was late in being issued for the February rotation, and then further changes were made, which caused much confusion among the trainees. The trainers report that they are proactive with getting short term gaps filled on the rota. It is noted that there is a rota management meeting held weekly to discuss the gaps and create a plan to fill these. The trainers also highlight that the chief registrar gather feedback on the rota to look at area where they can improve.

Trainees: The trainees report that there has been a rota merger with other sites in south Glasgow and although best efforts were made to make the rota manageable, it was very disorganised. Some trainees who participated in the process noted that there was limited support from HR in the creation of the rota. The trainees highlight that the rota was late in being issues and was changed following trainees beginning in post. The trainees state that there are multiple short and long-term gaps that are not being filled. The trainees feel that they are under pressure to fill these gaps and there was an occasion when the trainees sought support from the BMA about that situation. The trainees state that there are rota gaps on a weekly basis and trainees are having cover on-call gaps which is meaning that they are missing clinical activities relevant to their curriculum requirements and learning opportunities. The trainees feel that the site requires more people to staff the rota adequately to enable a better learning environment.

2.14 Handover (R1.14)

Trainers: The trainers report that there a 5pm registrar to consultant handover and there is an electronic written record handover system is use. The trainers note that there has not been any incidents where any essential information has been missed at handover. The trainers did highlight that some wards are not making best use of the doctors diary, but this has been raised with the relevant personnel and will look to be resolved soon. The trainers stated that there had been hopes to create a teams-based handover system, however there is governance approval yet for this to begin. The trainer report that the weekend handover is the best handover to be used as a learning opportunity as this is attended by various members of staff and there are many opportunities to discuss management plans of patients and learn from one another.

Trainees: The trainees report that there is an electronic record of handover that is updated and trainees would contact each other to give a handover. It is noted that there is a face-to-face handover

at 9am with the on-call doctor. The trainees highlight that there is a good weekend handover structure in place with consultant input and the site would benefit from implementing a similar structure during the week.

2.15 Educational Resources (R1.19)

Trainers: The trainers report that all CT trainees are issued with their own laptop when beginning in post and there is a well-resourced library from trainees to use. The trainers also highlight that the on-call flat has recently been refurbished and now has an office space in one of the rooms. Also included as part of induction, trainees are directed to the MyPsych app that contains essential information about the sites in NHS Greater Glasgow & Clyde that trainees can access instantly. The trainers highlight that there is educational resource group that trainees attend, it is overseen by the digital team, but trainee have input into it.

Trainees: The trainees report that they have been issued with their own laptop whilst in post at Dykebar.

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 support is given to trainees as required. The trainers would direct trainees to resources relevant to their concerns, such as, counselling services and OHSAS. The trainers note that specific information is also within the induction manual.

Trainees: The trainees report that there has been support given when required, however as noted in section 2.12 some trainees feel that the bare minimum of support has been given.

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: The trainers reports that there are trainee management meeting held to discuss the quality of training within the site and trainees are able to raise any issues here. These meetings produces minutes and have an action log to track any concerns and escalations. The trainers also highlight that trainees are encouraged to speak with their ES or the clinical director to highlight any issues with the quality of their training.

Trainees: The trainees report that there are trainee management meetings they can attend and raise any issues. However, there are issues that have been raised some time ago and still not resolved to date. The trainees note there are mechanisms in place to raise any issues, however they feel they are not listened to or actioned.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers report that during the initial clinical supervisor meeting with the trainees, it is highlighted to them that they are available to talk through any concerns they may have. The trainers note that they ensure trainees are aware that they can approach any trainer at any point to raise concerns, as well as making the trainee aware of the clinical governance structure in place. The trainers state that trainees can use both formal and informal routes, as well as speak with the nursing team or contact the clinical director. It is specified there is also the formal DATIX system that trainees can submit concerns to, from these action plans can be put in please and they are also discussed at the trainee management meeting if required.

Trainees: The trainees reports that there is a universal issue with bed capacity and there are patients being cared for in the “living-rooms” that are rooms with a recliner chair. The trainees feel that there is a patient safety concern with this. The trainees note that nursing staff levels are critical in some inpatient areas and although the trainees have raised this with management, they do not feel that it has been addressed appropriately. Trainees have raised multiple concerns via datix and the action around the Datix was not sufficient with no plans being put in place to address the concern or prevent a recurrence of the same situation. The trainees feel that they have spoken with management about their safety concerns and there has not been any resolution to their concerns.

2.19 Patient safety (R1.2)

Trainers: The trainers report that there are no known concerns with patient safety in the department. The trainers did acknowledge that the clinic space is not ideal, but it is in the process of being reviewed.

Trainees: The trainees acknowledge as above in section 2.18 that there are patient safety concerns and they would not feel comfortable with a family member being admitted to the unit.

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

Trainers: The trainers report that there is a DATIX system that is widely used across NHS Greater Glasgow & Clyde. Datix's are categorised and clinical leads would discussion an action plan or would commission a serious adverse event review (SAER) or local event review. The trainers believe it is a robust system that this escalated and addresses accordingly. The trainers report that trainees would be given feedback directly from the trainer or via the trainee management meeting as the feedback system from DATIX is less than ideal. It is highlighted that more serious incidents are discussed at the incident review groups (IRG's) and this is led by the clinical governance lead. The group would assess what is required and any escalation or changes required to be implemented. The trainers note that there is board wide learning as well as local learning from adverse events. There is also a Balint group held on a Friday for trainees to present difficult cases and share their thoughts about it. The trainers highlight that trainees would not be left alone to deliver difficult information to a patient's family should have something gone wrong. The trainers would be present and support the trainees fully. The trainers note that there is a need to teach trainees about duty of candour on a day-to-day basis and make trainees aware of system review this can be discussed during their clinical supervision meetings.

Trainees: The trainees report that they do not feel supported well enough when errors happened and they feel they do not receive constructive feedback from the trainers to learn from the errors.

2.21 Other

- Following on from the formal trainee session the visit lead met with the clinical director and senior management team to discuss the patient safety concerns that were highlighted by the trainees which had not been identified in the trainer session. The team described the ongoing pressures that all mental health facilities are under to provide inpatient accommodation. The senior management team described the twice daily multi-professional staffing and bed huddles which are utilised to discuss staffing capacity and enhanced observation numbers. Ward

staffing levels are risk rated using a traffic light system. If staffing levels on one ward reach red, then staff members are redeployed from other clinical areas.

- The visit lead was satisfied that following this in-depth conversation that there were no immediate patient safety concerns but that it was important that trainees within the department were aware of the processes in place to protect patient safety and the escalation pathways which exist.
- Prior to publication of the report the service has communicated that recliner chairs have been removed from the acute admission unit and are no longer in use since 20/07/2023. Patients wait in an interview room whilst a bed is being identified. A staff member is allocated and remains with the patient until a bed is identified.

3. Summary

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

Positive aspects of the visit:

- Enthusiasm of trainers to improve the educational environment and training experience.
- Formal teaching process and the development of a process to gather feedback should be commended.
- The successful implementation of a new cross site on call rota with permanent administrative support.
- Investment in educational resources, ensuring all core trainees have a laptop and the development of the MyPsych app to enhance training and induction.

Less positive aspects of the visit:

- There are significant pressures on inpatient care as a result of bed capacity and staffing issues. These cause anxieties with regard to potential patient safety issues which is of concern.
- Although work has been done on improving induction, the process to welcome and introduce trainees to their specific clinical areas requires review in order to adequately prepare them for their roles in that ward.

- The clinical experience of those working within inpatient areas is affected by a high proportion of non-educational tasks, preventing doctors in training meeting their curricular requirements and attending regular outpatient clinics.
- The frequency and quality of the clinical supervision meetings is variable and is having a significant impact on the development of core trainees.
- The new rota poses ongoing challenges and we heard the impact on the trainers and trainees. The impact of long and short-term rotas and their management puts trainees under significant pressure.
- Whilst there are processes in place for trainees to give feedback (trainee management meetings) there is a concern about the communication on actions of issues raised.

4. Areas of Good Practice

Ref	Item	Action
4.1	It is excellent to see the investment in educational resources to ensure all core trainees have a laptop, as well as the development of the MyPsych app to enhance training and induction	
4.2	The successful implementation of a new cross site on call rota with permanent administrative support is to be commended, as this was a challenging task to undertake.	

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	n/a	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be robust arrangements in place to ensure patient safety concerns relating to capacity are adequately monitored.	22nd March 2024	All trainees
6.2	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities. The induction booklet or online equivalent should be sent to all grades of trainees before commencing in post.	22nd March 2024	All trainees
6.3	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for trainees based at in-patient wards should be reduced.	22nd March 2024	All trainees
6.4	Trainees must have more effective educational access to clinic attendance. Clinic experience must be active participation (rather than merely observing) as is appropriate to the level of trainee.	22nd March 2024	CT
6.5	Rota/timetabling management must be addressed to eliminate short- and long-term gaps.	22nd March 2024	All trainees
6.6	Trainees must receive consistent weekly sessions with their appointed supervisor.	22nd March 2024	All trainees
6.7	A formal mechanism for all trainees to be able to feedback to the department has been established, however communication and action must be clearly defined.	22nd March 2024	All trainees