**Scotland Deanery**  
**Quality Management Visit Report**

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Thursday 3 May 2018</th>
<th>Level(s)</th>
<th>FY, GP, CT and ST</th>
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<tr>
<td>Type of visit</td>
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<td>Hospital</td>
<td>Pan Tayside</td>
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**Visit panel**

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Professor Ronald MacVicar</td>
<td>Visit Lead and Postgraduate Dean</td>
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<tr>
<td>Dr Geraldine Brennan</td>
<td>Associate Postgraduate Dean for Quality</td>
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<tr>
<td>Dr Claire Langridge</td>
<td>Associate Postgraduate Dean for Quality</td>
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<tr>
<td>Dr Wai Lan Imrie</td>
<td>Training Programme Director</td>
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<tr>
<td>Dr Amjad Khan</td>
<td>Assistant Director for General Practice Education</td>
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<tr>
<td>Dr Birgit Wefers</td>
<td>Foundation Programme Director</td>
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<tr>
<td>Dr Hannah Austin</td>
<td>Trainee Associate</td>
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<tr>
<td>Ms Jill Murray</td>
<td>Quality Improvement Manager</td>
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<td>Mr David Ramsay</td>
<td>Lay Representative</td>
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**In attendance**

<table>
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<tr>
<th>Name</th>
<th>Role</th>
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<tr>
<td>Mrs Gayle Hunter</td>
<td>Quality Improvement Administrator</td>
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**Specialty Group Information**

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<tr>
<td>Lead Dean/Director</td>
<td>Professor Ronald MacVicar</td>
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<tr>
<td>Quality Lead(s)</td>
<td>Dr Geraldine Brennan and Dr Claire Langridge</td>
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<tr>
<td>Quality Improvement Manager(s)</td>
<td>Mrs Dawn Mann</td>
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**Unit/Site Information**

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**Date report approved by**

| Lead Dean Director | 30 May 2018 |

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1. **Principal issues arising from pre-visit review**

A pan-Tayside visit to General Adult Services was carried out in November 2017 with a recommendation that the Deanery revisit in 6 months. The summary from that visit is as follows.

**Previous Deanery visit summary:**

The sequence of visits to Murray Royal Hospital, Perth over the last two years suggested that the significant concerns that have been raised about training in general adult services in that environment were a signal of pan-Tayside issues, rather than being particular to Murray Royal Hospital, Perth. The only trainees in these services in Murray Royal Hospital, Perth (focussed around Morden Ward) were Foundation and GP Specialty Trainees, this being a local decision that had been made as the learning environment was not felt to be of sufficient quality for Core Training. To accept that a learning environment was too poor for psychiatric trainees but good enough for GP and Foundation trainees was a source of deep concern for the visitors. At the last visit to Murray Royal Hospital, Perth a series of recommendations were made and a signal given of the intent to undertake a pan-Tayside visit.

The subsequent visit (in November 2017) included multiple sites where general adult services are delivered and multiple programmes where trainees work in general adult services; this included trainees on the Specialty General Adult Psychiatry (GAP) programme, trainees from Core, GPST and Foundation that are placed in General Adult services and trainees that are on the out-of-hours rotas that cover General Adult services. In effect this describes all Foundation and GPSTs that are undertaking a psychiatry placement, and all Core and Specialty Psychiatry trainees in NHS Tayside.

The need for this non-standard approach and this level of scrutiny was underpinned by a cut of the 2017 GMC National Training Survey data that presented findings from all trainees in general adult placements at the time of the survey, irrespective of programme, and presented in a RAG analysis comparing Scotland’s Health Boards. The analysis shows NHS Tayside to be strikingly out of line with comparator Boards with 16 red flags, two pink flags and only two white flags.

The panel was pleased to hear during the November 2017 visit that the impact of changes to the pan-Tayside out-of-hours rota, the distribution of roles and responsibilities between ‘Dr A’ and ‘Dr B’ on the ‘junior rota’ seemed to have been generally accepted by trainees and resulted in a more equitable sharing of tasks and less requirement for travel during the shift. There was some suggestion from the Specialty Trainees that the resulting changes to their out-of-hours responsibilities (covering Liaison in Ninewells Hospital) had been imposed without consultation and inadequate communication, and we were aware that this is an area of continued dialogue.

The panel was also pleased to hear reports from GP and Foundation trainees that they were ‘pleasantly surprised’ by their experience based on the reports of their peers that had previously been in post, and specifically that the experience for the Foundation and GP trainees in Mordun Ward in Murray Royal Hospital, Perth had improved. This seems to represent an improving picture for these junior trainees, with impact from some of the actions that had been taken following the previous visit to Murray Royal Hospital, Perth, although there remained a need for this group of trainees to attend to an imbalance between training opportunities and tasks that add little training value.
All trainees were positive about the 1:1 interactions with their Supervisors and many contrasted this with what they described as a pervading culture within general adult psychiatry of ‘apathy’, ‘disengagement’ and ‘over-reliance on juniors’. To maintain and improve training in general adult services in NHS Tayside, the visiting panel and subsequent report of the visit made it clear that this pervading culture must be addressed as a matter of priority.

Areas that we also required to be addressed include:

- Induction. Changes to induction had been described in positive terms but induction for Higher Trainees, including to out-of-hours was lacking and this needed to be put in place.
- Supervision. Specialty trainees described out-of-hours senior supervision as patchy and this was complemented by, and at times replaced by peer support. Consistent availability and quality of out-of-hours supervision is required.
- GAP teaching programme. There were no arrangements for formal teaching for General Adult Psychiatry trainees, other than trainee-led teaching and this required to be addressed.
- Regional teaching/learning. Arrangements for GAP teaching/learning included Tuesday lunchtime sessions in both Murray Royal Hospital, Perth and Carseview Centre, Dundee that were reported as of variable quality, trainee-led and with minimal consultant input. Consultant ownership of, and involvement in, site or regional teaching should be encouraged.
- Support for undergraduate teaching. Senior support for undergraduate teaching was described by trainees as inadequate. This support required to be put in place not least because a lack of observation of teaching means it cannot be used for assessment by trainees.
- Significant incidents. There were conflicting reports about whether and how trainees are involved in significant incident reviews, and there were concerns about some perceptions of a blame culture. Clarity about process and underpinning principles were required.
- Roles and responsibilities. There was a lack of clarity of understanding, at times, of individual roles and responsibilities, including in the new out-of-hours system, junior trainees being asked to undertake inappropriate tasks by Community Mental Health Teams, and in liaison services. Clarity was required, including when to escalate and who is responsible to avoid inaction and attendant risk for patients.
- FY2 support. There was a lack of clarity within the ‘junior rota’ about levels of seniority. This rota includes FY2s, GPSTs and Core Trainees so there is a wide range of experience and competence. Mechanisms to make the grade of trainee clear should be put in place, in particular for non-medical staff. GMC standard R1.8 states that ‘Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session’. It was not clear to the FY2s when on-call who provides this on-site support and this needed to be clarified.
- Wednesdays. An unintended consequence of improving the Core Psychiatry Training experience by trainees joining the taught programme in SE Scotland had been the creation of a ‘pressure point’ on Wednesdays, which may be exacerbated by the distribution of trainees and the buddying system. Further thought needed to be given in how to manage this issue.
In taking forward these challenges we suggested that the current group of Specialty Trainees was a significant asset. They were keen to be part of the solution but felt disenfranchised. We also suggested that there was an opportunity to build on the rather patchy approach to regional/site general teaching/learning that included Tuesday lunchtime meetings and Friday CPD sessions for Consultants. There is no doubt that learning together helps build relationships and supports working together.

As at the previous visit to Murray Royal Hospital, Perth, the decision about whether to recommend an escalation of the level of scrutiny to the GMC’s Enhanced Monitoring arrangements was discussed at the November visit. However, a number of improvements had been reported by the more junior trainees and the attendance at, and engagement in the Consultant session of the visit by a large cohort of consultants (24) suggested that there was more potential for improvement than had been previously apparent. Also, this was the first visit to GAP services across Tayside and the panel decided against escalation at this point in order to provide an opportunity for improvement to take place. The visiting panel and subsequent report of the visit stated that there should be absolutely no doubt however about the level of concern about training in general adult services in NHS Tayside and a revisit was to be scheduled in six months’ time. If significant improvement had not progressed in that time recommendation of an escalation to Enhanced Monitoring should be expected.

2. Introduction

A summary of the discussions has been compiled under the headings in section 3 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.

The panel met with Trainers and Non-Medical staff as well as the following trainee groups:

Foundation Trainees
GP Trainees
Core Trainees
Specialty Trainees

The visit team also took 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.

An update was provided by the management team prior the visit.

The team advised there has been significant improvement since the visit in November 2017:

- There is improved Consultant engagement with the teaching and a Consultant meeting involving all Tayside Consultants has been arranged for 9 May 2018.
- The transformation programme for Psychiatry services across Tayside has been agreed and General Adult services for Tayside will be based in Carseview Centre, Dundee with Learning Disability moving to Murray Royal Hospital, Perth.
- Health Improvement Scotland has supported the appointment of an Associate Medical Director for one year to support a Quality Improvement agenda for Mental Health services in NHS Tayside.
- Education and training has been placed high on the agenda when discussing service redesign.
3.1 Induction (R1.13)

Trainers: Induction is a 2-day programme held across 2 sites, Carseview Centre, Dundee and Murray Royal Hospital, Perth. Induction covers the information trainees need to ensure they are prepared for their role and this is further supplemented on their arrival at their individual wards. Feedback following induction is requested and has been positive following the last induction.

Foundation and GP Trainees: Trainees all received a 2-day induction which provided information about the service. The trainees stated that they did not receive individual ward inductions nor did they receive training on the IT system MIDAS.

Core Trainees: Trainees stated that there is no induction to GAP wards when trainees rotate to a placement there. Trainees told us that they receive no induction to the outpatient work for GAP.

Specialty Trainees: Having not had to participate in an induction since the visit in November 2017 the trainees were unable to say whether any changes had been made to the process.

Non-Medical Staff: There is input into induction by the Pharmacy team and the Crisis team. Each provide information on their role and their interactions with the trainees.

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

Trainers: A new teaching programme for GAP trainees has been developed. The programme is scheduled to start on 14 May 2018 and each session is being led by a Consultant. There is now a lunchtime teaching in Murray Royal Hospital, Perth that is well attended by trainees and Consultants. The programme has not met with the same success in Carseview Centre, Dundee for logistical reasons but these have now been resolved with a permanent room for teaching secured and the site is keen to encourage participation.

Foundation and GP Trainees: There are no issues attending regional teaching for either Foundation or GP trainees. There is lunchtime teaching in Murray Royal Hospital, Perth every fortnight. A trainee and a Consultant each present and discuss a case or paper and the session is well attended. A session has been run at Carseview Centre, Dundee but it was not well attended and there have been no further sessions.

Core Trainees: Trainees are able to attend their regional teaching in Edinburgh. There is now a teaching session in Murray Royal Hospital, Perth that the trainees can attend however the same opportunity is not yet up and running in Carseview Centre, Dundee.

Specialty Trainees: A trainee has taken the lead in organising a GAP teaching programme and has contacted a number of Consultants to take sessions. The programme is scheduled to start on 14 May 2018 and all sessions have been filled. Unfortunately, the times and days of the sessions vary due to Consultant availability which has been challenging for trainees trying to secure their attendance. The trainees stated that they felt that the provision of a teaching programme is still not a priority in the department. A local general teaching programme has been organised by a trainee and these sessions are running very well in Murray Royal Hospital, Perth but not so well in Carseview Centre, Dundee. Trainees stated that all changes with teaching programmes have been trainee led. There is still little Consultant support to facilitate and maintain the GAP higher specialty teaching.
3.3 Study Leave (R3.12)

Foundation, GP and Core Trainees: There are no issues with study leave support.

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

Foundation and GP Trainees: All trainees have a named Educational Supervisor. The majority of trainees have met with their Supervisor and have regular formal and informal meetings with them. One trainee had been allocated an Educational Supervisor who was off sick and was then tasked with finding a replacement.

Core Trainees: All trainees have a named Educational Supervisor and have met with them. The trainees meet with their Supervisor for their protected one-hour supervision.

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

Trainees: The number of locum Consultants can make it challenging for trainees as often it is the locums that are based on the wards and they have no role in their job plan for training. The FY1 trainees would benefit from exposure to a number of the specialties within the service as they are limited to more of a shadowing role in the units.

Foundation and GP Trainees: FY2 and GP trainees perform the majority of the ward jobs, for example, taking bloods and ECGs and stated that they have little opportunity to gain competencies related to psychiatry. GP trainees attend community clinics twice a week. FY1 trainees stated they felt like medical students on the ward 90% of the time as they are limited in their role to an observational, supernumerary status. The FY1 trainees felt that a 4-month placement in one specialty is too long and the placement could be better if they rotated round some specialties.

Core Trainees: Trainees working on the GAP wards told us that they find it challenging to achieve their competencies due to the heavy workload. The trainees attend 2 clinics, 2 ward rounds, cover the inpatient ward and have on call requirements each week which they suggested leaves little time for other activities. The trainees stated they leave their non-clinical competency completion until a 6-month placement in a specialty that is less demanding.

Non-Medical Staff: The Pharmacy team in particular provide support, training and feedback with prescribing issues.

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

Trainees: Changes have been made to the undergraduate teaching programme to ensure there is Consultant presence at each session to help trainees have their teaching assessment completed.

Foundation and GP Trainees: No issues were raised regarding completion of assessments.

Core Trainees: It can be challenging for the trainees to complete their long case psychotherapy assessment but they have now been assigned a Supervisor in order to help achieve this.

Non-Medical Staff: Both the Pharmacy team and the Crisis team work closely with the trainees and complete assessments when asked, particularly MSFs.
3.7 Adequate Experience (multi-professional learning) (R1.17)

**Foundation and GP Trainees:** There are a number of clinical meeting across each of the units that are multi-disciplinary but they are not designed as learning opportunities.

**Non-Medical Staff:** The teaching programme is open to all staff and Pharmacists attend in Murray Royal Hospital, Perth. There are MDT meetings on all ward areas as well as complex case discussions that trainees can attend.

3.8 Adequate Experience (other) (R1.22)

**Foundation and GP Trainees:** There are opportunities to complete audit or quality improvement projects however none of the trainees are undertaking one in this placement.

**Core Trainees:** The trainees stated there is no time in a General Adult placement to undertake additional activities.

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

**Trainers:** There have been no concerns raised by the trainees regarding out of hours supervision since the last visit. There are safety huddles over the weekend involving the whole on-call team. A draft roles and responsibilities document has been shared with the trainees which clarifies on-site clinical support for FY2 trainees.

**Foundation and GP Trainees:** Clinical supervision is always available and the trainees always know who to contact if they need assistance.

**Core Trainees:** Trainees told us that Clinical Supervision is not always available, particularly in outpatient clinics. There is not always an opportunity to discuss a patient with a Consultant before ending the consultation. It is not always clear who is providing supervision if the named Consultant is on annual leave. The trainees described occasions when patients have been added to the junior doctors’ clinic to cover a Consultant’s sick leave and where there has been no handover or notes provided. The trainees also told us that there are patients who remain on the junior doctors out-patient clinic list in the Community and see a new junior doctor every time they come to clinic and never progress to see a Consultant.

**Specialty Trainees:** There have been no issues with out of hours supervision since the last visit in November 2017.

**Non-Medical Staff:** The trainee rota details the grade of trainee and experienced team members know the limitations of each grade of trainee. The team were unaware of the colour coded ID badge system that is used in many other sites within NHS Scotland.

3.10 Feedback to trainees (R1.15, 3.13)

**Trainers:** There is an item on the Consultant meeting agenda in both Perth and Dundee where trainees are discussed and if feedback to a trainee is required it is done by their Educational Supervisor.

**Foundation and GP Trainees:** Trainees receive good constructive feedback when working on the wards. It can be difficult in some units as often there are only locum Consultants in post and the experience can be varied.
Specialty Trainees: Trainees told us that the Consultant group does not converse with the trainees in a constructive way. Any feedback on a trainee was described as being given directly to their Educational Supervisor who passes it on rather than the Consultant speaking directly to the trainee.

3.11 Feedback from trainees (R1.5, 2.3)

Trainers: There are trainee representatives on the Specialty Training Committee and trainees are also able to feedback separately to their TPDs or anyone they feel comfortable talking to.

Foundation and GP Trainees: Trainees reported that there are no formal mechanisms for trainees to feedback but a number of Educational Supervisors will ask the trainees for informal feedback during their 1:1 meetings.

Core Trainees: There is a junior doctor representative but trainees reported that there is no regular meeting with management for the representative to feed into.

Specialty Trainees: Trainees reported that there is no mechanism for trainees to feedback to the Consultant group. If an issue arises the trainees meet as a group and then request a meeting.

3.12 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: We were told that there has been a change to Out of Hours responsibilities particularly for the Specialty Trainees which has impacted on their workload. Discussions are still ongoing regarding a draft roles and responsibilities document which may slightly alter Out of Hours responsibilities again. The changes involve FY2 and GP doing their on-call in Murray Royal Hospital, Perth only, with Core Trainees covering the rest of Tayside from the Carseview Centre, Dundee and Specialty Trainees taking on the Liaison role at Ninewells Hospital, as well as the ‘second-on-call’ role to supervise the core trainees.

Foundation and GP Trainees: The Foundation trainees reported that they did not receive their rota until they were in post. The GP trainee is based only in Murray Royal Hospital, Perth which is good for continuity and getting to know the team on the ward and the patients. Out of hours for both FY2 and GP trainees is only in Murray Royal Hospital, Perth. Following on-call overnight the trainees have the afternoon off but if they have a busy night they are supported to take the full day off. The FY2 and GP trainees do not cover a Friday night in Murray Royal Hospital, Perth, this is covered by a Specialty trainee. FY1 trainees work 9am-5pm in their placement and their Out of Hours commitment is part of the Ninewells Hospital or Perth Royal Infirmary’s Hospital at Night team.

Specialty Trainees: There has been a change to the trainees’ Out of Hours commitment which has increased their workload and responsibilities. The trainees are now required to cover Liaison Psychiatry at Ninewells Hospital to reduce the workload of the Core Trainees. Discussions are also underway regarding the call-out time as trainees have been told this has changed to one hour for them but remains 2 hours for Consultants.

Non-Medical Staff: The team were not aware of any issues but did state that rotas can be challenging and the on-call very busy.
3.13 Handover (R1.14)

**Foundation and GP Trainees:** Trainees reported that there is no formal handover process. In the morning an email is sent to everyone updating them of the overnight situation. Day to evening handover is decided by the day team. If the team want to handover they contact the on-call trainee at 5pm who then hands over to the trainee overnight at 9pm. All handovers are FY2 and Core trainee led.

**Core Trainees:** We were told that handovers are mostly done by group email due to the spread of trainees across multiple sites. The email group is organised by the trainees with no administrative support and is sent to all trainees on the rota whether they have been on call or not. They are trainee led and it is left to the trainee on the ward to decide whether to handover or not. Trainees reported that they will frequently be called to wards for jobs they were unaware of.

**Non-Medical Staff:** Handovers are carried out by the trainees with no input from non-medical team members.

3.14 Educational Resources (R1.19)

**Foundation and GP Trainees:** No issues were reported.

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

**Foundation and GP Trainees:** The trainees meet regularly with their Supervisor and always feel supported.

**Core Trainees:** The trainees stated they did not believe they would be supported if they had personal issues or concerns about their training. A trainee reported that they had raised an issue regarding their training but no action was taken until the trainee escalated the issue to the Associate Postgraduate Dean.

**Non-Medical Staff:** Support is always available and any concerns would be raised with a Consultant.

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

**Foundation and GP Trainees:** Trainees were unaware who is responsible for the educational governance of their training.

3.17 Raising concerns (R1.1, 2.7)

**Foundation and GP Trainees:** Any concerns would be raised with the trainees’ Educational Supervisor, the Charge Nurse or through Datix.

**Core Trainees:** Trainees told us that when concerns are raised they are immediately deflected back to them to resolve, particularly with the suggestion to complete an audit. The trainees told us that it was not a safe environment to raise a concern, and if they did have concerns they would have to think seriously before raising them.

**Non-Medical Staff:** The team are aware of the escalation process for raising concerns and would have no hesitation in doing so.
3.18 Patient safety (R1.2)

Core Trainees: Resources are stretched with Consultants on long term sick and a lack of Community Nurses but the trainees talk amongst themselves to ensure patient safety.

Non-Medical Staff: The team stated the environment is safe patients.

3.19 Adverse incidents (R1.3)

Trainers: The Datix system is used to record incidents and everyone is encouraged to use the system and review their role in the incident. There are also significant incident review meetings and attendance at these is encouraged.

Foundation and GP Trainees: Trainees would use Datix to report any adverse incidents. An example was given by a trainee of raising a Datix and the action taken to resolve the concern.

Core Trainees: Trainees reported that Datix is used to record any incident but feedback is not received timeously.

Specialty Trainees: Trainees reported that the Datix system is used to report incidents, feedback is provided to the person raising the concern if appropriate, if not, feedback goes to the ward team. There are also incident review meetings and trainees will be involved if appropriate and a learning need is identified.

3.20 Duty of candour (R1.4)

Trainers: Trainers felt that the department is changing from one with a blame culture to a more supportive environment but the pace of change is slow.

Core Trainees: The trainees stated that they do not feel supported and that their perception is that there is a blame culture in the department.

Specialty Trainees: Trainees stated that some Consultants are supportive but others are not and that the culture of the department is to always apportion blame.

3.21 Culture & undermining (R3.3)

Foundation and GP Trainees: No issues were reported.

Core Trainees: The trainees reported what they perceived as inappropriate behaviours directed towards them by some of their nursing colleagues when they are contacted as the trainee on-call, and described what they perceived as undermining and bullying behaviour by at least one of the Consultant staff.

Specialty Trainees: Trainees provided examples of undermining behaviours where emails had been sent by Consultants to colleagues questioning the attitude of trainees and the decisions they made when on-call, and the trainee concerned was included in the email distribution.

Non-Medical Staff: No issues were reported and if the team saw any instances of such behaviour they would raise it appropriately.
3.22 Other

**Foundation and GP Trainees:** The trainees stated the placement was better than they had expected. The trainees reported that there is limited access to personal alarms in the wards which presents a trainee safety issue particularly when covering Out of Hours. There continue to be communication issues at the Murray Royal Hospital, Perth site with limitations on mobile phone signal and pager systems.

**Specialty Trainees:** The trainees told us that they felt that there had been improvement in some areas since the last visit and that it was reassuring to see some people trying. Their perception was that many of the changes that were in the system were aspirational, rather than carried through and embedded. They welcomed the roles and responsibilities document however it was not yet finalised. They reported that there had been poor communication around roles and responsibilities with the different grades of trainees being told different things about changes to the service model across Tayside. The trainees are concerned that the improvements being made are due to the level of scrutiny the department is under and if that scrutiny goes away the improvements will not be sustained.

4. Summary

This was a non-standard visit; our visit processes are usually to places or to programmes. The sequence of visits, initially to Murray Royal Hospital, Perth over the previous two years, and then a pan-Tayside visit in November 2017 confirmed that the significant concerns about training in Murray Royal Hospital, Perth were a signal of pan-Tayside training and education issues in General Adult services, rather than being particular to Murray Royal Hospital, Perth or the General Adult Psychiatry programme. The focus of concern is the training experience for trainees (including Foundation, GP Specialty Trainees and Core Trainees) in general adult wards, general adult clinics, out-of-hours and liaison services, and those in the East of Scotland General Adult Psychiatry Higher Specialty Training programme.

At the visit to NHS Tayside in November 2017, a series of specific requirements and areas for improvement were made, but the report concluded with the following paragraph:

*As with our most recent visits to Murray Royal Hospital, Perth, we wrestled with the decision about whether to escalate the level of scrutiny to the GMC’s Enhanced Monitoring arrangements. However, we were encouraged by the improvements that have been reported by the more junior trainees and by the attendance at, and engagement in the consultant session of the visit (24 consultants). Also, this was our first visit to general psychiatry services across Tayside and we have decided against escalation at this point, in order to provide an opportunity for improvement to take place. There should be absolutely no doubt however about our level of concern about training in general adult services in Tayside and we will visit again in six months’ time. If significant improvement has not progressed in that time we will escalate to Enhanced Monitoring.*

This return visit was arranged to assess whether the required significant improvement had occurred.
The specific actions that were required following the previous visit in November 2017 are listed below with commentary on what progress has been observed. It should be emphasised that these were requirements, and the timeframe stipulated was ‘immediate’:

1. **Induction for Specialty Trainees is required, including out of hours responsibilities**

   There has been no changeover of Higher Specialty Trainees since we last visited so no chance to triangulate any improvements. There have however been changeovers of both GP trainees and Foundation Doctors who report that they had induction and that they have some suggestions for improvement.

2. **Consistent availability and quality of out-of-hours supervision for Specialty trainees is required.**

   We were pleased to hear from the Higher Specialty Trainees that there has been no problem with accessing support or supervision since our last visit.

3. **A regional teaching programme for the General Adult Psychiatry training programme must be arranged.**

   This is work in progress and a trainee-led programme is in evolution, with some cross-fertilisation with the South East Scotland programme, and the first session planned for nine days’ time. While there is merit in the trainee-led model consultant support for these sessions is required as an evident, built-in element and plans in place to ensure that continuity and sustainability are considered as trainees move on.

4. **Consultant support for undergraduate teaching must be provided.**

   We were pleased to hear that this requirement has been addressed, although we note that the main block of medical student teaching is not due to be delivered until Autumn 2018.

5. **Appropriate on-site clinical support must be available to FY2 trainees at all times as laid down by the GMC.**

   This has been an issue that, in concert with the requirement below, has proved a challenge. A solution is not yet in place in Murray Royal Hospital, Perth and would emphasise again that on-site support for Foundation Doctors is a GMC requirement. This needs to be solved as a matter of priority.

6. **Clarity of roles and responsibilities for each grade of trainee is required. This will include: the new out-of-hours system, junior trainees being asked to undertake inappropriate tasks by Community Mental Health Teams, and in liaison services.**

   There have been challenging discussions, communications and negotiations around the draft document ‘Psychiatry out of hours medical cover – roles and responsibilities’. There remain persisting concerns about the impact that the changes have had on trainees’ workload and satisfaction.
In addition, there were two areas for improvement as follows:

1. **Consultant involvement with local regional teaching/learning meetings is required.**

   There is a successful programme is in place in Murray Royal Hospital, Perth and encourage continued development of this in Carseview Centre, Dundee. As we stated in our report in November “There is no doubt that learning together helps build relationships and supports working together”.

2. **Clarity regarding significant incidents and how these are dealt with to be provided to the trainees.**

   Induction now has elements that provide the necessary clarity.

In some of these actions there are moves in the desired direction, however, there are persisting, and serious concerns, both related to specific elements of the training process and to the educational environment.

With respect to the specifics, the uncompleted actions listed above are required to be given full attention. Also:

1. The Scotland Deanery has recently been visited by the GMC, who require the Deanery to work with Boards to ensure that the level of competence of trainees is evident to those that they come into contact with. Some Boards have implemented colour coded badges or lanyards and consideration should be given to adopting this practice.

2. There is a need to review the roles that the FY1s in the system have. It was not clear what value they added, or what difference their role would be to that of a medical student.

3. There is a need to review, with your trainees, the balance between valued learning and tasks that have little educational value.

4. There is a need to work with your trainees to address concerns about their safety, including the adequate provision of personal alarms.

5. When we visited in November 2017, we suggested that the Higher Specialty Trainees were an asset that could be used in an improvement journey. Our report included the following ‘In taking forward these challenges we would suggest that the current group of Specialty Trainees is a significant asset. They are keen to be part of the solution but feel disenfranchised’. They still feel disenfranchised. They have a lot of autonomy but describe little support for them as a group. We would encourage you to consider how best to engage meaningfully with this group; they have ideas and they are keen to help. Without consistent Consultant engagement with this group this is unlikely to change.

6. There is a need to address how best to tackle these issues and consider the value that a trainee forum could add.

7. We require you to review supervision of trainees that are undertaking out-patient clinics. Trainees described their uncertainty at times about who was providing supervision, difficulty accessing that supervision, and a pattern at times of repeated review of patients by a stream of trainees without Consultant review or opinion.
8. We require you to review as a matter of priority, the current system of peer-to-peer handover between the 'junior staff' that is dependent on e-mail distribution lists that is overly informal, may be insecure and is a potential corporate risk with respect to the impending implementation of the General Data Protection Regulations.

The panel’s major concerns however relate to the educational environment. This is a time of significant service and structural change in Mental Health services in NHS Tayside, but a focus on education and training must be maintained. Concerns relate to the following:

1. There remains a sense of ‘subcultures’ (described by one trainee as ‘separate cultural islands’) that trainees are exposed to within the Mental Health services in NHS Tayside, with an apparent and continuing lack of consultant engagement, and an absence of clinical leadership in some parts of the General Adult service. It is very hard indeed to see how the required cultural change can happen without improved consultant engagement and clinical leadership.

2. Trainees shared that they did not feel safe in raising concerns. They told of a culture of blame and ‘finger-pointing’.

3. Trainees stated that if they had been struggling in their training they would not feel confident that they would feel supported.

4. Trainees shared examples of undermining, both by Consultants and by the wider team.

There are persisting concerns and the unanimous view of the panel is that at this stage escalation in the degree of scrutiny on the General Adult Services in NHS Tayside to the GMC’s Enhanced Monitoring status is required, and this recommendation will be made to the GMC. The panel would emphasise that this is in an effort to support the service, and the Board in achieving the improvements that are required both in specific elements of training, and the development of a positive, supportive educational environment.

**Overall satisfaction scores:**

Foundation and GP trainees – ranging from 4-6 with an average of 5.7
Core trainees – ranging from 2-5 with an average of 4
Specialty trainees – ranging from 4-6 with an average of 5.2

<table>
<thead>
<tr>
<th>Is a revisit required?</th>
<th>Yes</th>
<th>No</th>
<th>Highly Likely</th>
<th>Highly unlikely</th>
</tr>
</thead>
</table>

5. **Areas of Good Practice**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Areas for Improvement**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Review the balance between valued learning and tasks that have little educational value.</td>
<td></td>
</tr>
</tbody>
</table>
## Requirements - Issues to be Addressed

<table>
<thead>
<tr>
<th>Ref</th>
<th>Issue</th>
<th>By when</th>
<th>Trainee cohorts in scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>A regional teaching programme for the General Adult Psychiatry training programme must be established and supported by a Consultant/Training Programme Director.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.2</td>
<td>Clarity of roles and responsibilities for each grade of trainee is required. This will include: the new out-of-hours system, junior trainees being asked to undertake inappropriate tasks by Community Mental Health Teams, and in liaison services.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.3</td>
<td>Consultant involvement with local regional teaching/learning meetings is required at both Carseview Centre, Dundee and Murray Royal Hospital, Perth.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.4</td>
<td>Appropriate on-site clinical support must be available to FY2 trainees at all times in all sites as laid down by the GMC.</td>
<td>3 Feb 2019</td>
<td>FY2</td>
</tr>
<tr>
<td>7.5</td>
<td>There is a need to reconsider the role of the FY1 trainees to ensure a valuable learning experience.</td>
<td>3 Feb 2019</td>
<td>FY1</td>
</tr>
<tr>
<td>7.6</td>
<td>The allocation of personal alarms to trainees is required to ensure their safety.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.7</td>
<td>A trainee forum should be established and supported so trainees can safely raise concerns and provide feedback.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.8</td>
<td>Clarity and availability of supervision and support for trainees at out-patient clinics is required.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.9</td>
<td>A culture of blame, fear of raising concerns and undermining must be addressed.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.10</td>
<td>The level of competence of trainees must be evident to those that they come into contact with.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.11</td>
<td>Unit induction must be available to all trainees and must include training on relevant IT systems to support their role (MIDIS).</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.12</td>
<td>Handover arrangements need to be formalised and streamlined to ensure that confidential information is shared amongst only relevant staff who need to receive it.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
<tr>
<td>7.13</td>
<td>The department must work with the Board in implementing changes to improve the educational environment for all grades of doctors in training.</td>
<td>3 Feb 2019</td>
<td>All</td>
</tr>
</tbody>
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