

Scotland Deanery Quality Management Visit Summary Report



Date of visit	19 June, 27 June & 11 October 2019	Level(s)	Core
Type of visit	Programme	Hospital	Aberdeen Royal Infirmary, Raigmore Hospital, Inverness, Ninewells Hospital, Dundee and Perth Royal Infirmary. Queen Elizabeth University Hospital Glasgow, Glasgow Royal Infirmary, Royal Alexandra Hospital Paisley, Inverclyde Royal Hospital Greenock, Forth Valley Royal Hospital Larbert, Wishaw General Hospital, University Hospital Hairmyres East Kilbride, University Hospital Monklands Airdrie, Crosshouse Hospital Kilmarnock Royal Infirmary of Edinburgh, Western General Hospital, Edinburgh, St John's Hospital, Livingston, Victoria Hospital, Kirkcaldy and Borders General Hospital
Specialty(s)	Acute Common Care Stem	Board	NHS Grampian, Highland & Tayside NHS Greater Glasgow & Clyde, Forth Valley, Lanarkshire, Ayrshire & Arran NHS Lothian, Fife and Borders

Visit panels on the 3 visits	
Professor Adam Hill	Visit Lead, Postgraduate Dean South East Region & Lead Dean Director for Emergency Medicine, Anaesthetics & ICM (EMA)
Drs Cieran McKiernan & Lynn MacCallum	Associate Postgraduate Dean for EMA, West Region and TPD for acute medicine, south east region
Drs. Moray Kyle & Stephen Davidson	Trainee Associate
Mr. Stuart Holmes, Miss Antoinette Byrne & Ms Helen Raftopoulos	Lay Representatives
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Lorna McDermott & Miss Claire Rolfe	Quality Improvement Administrators
Specialty Group Information	
Specialty Group	Emergency Medicine, Anaesthetics and Intensive Care Medicine
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Mohammed Al-Haddad
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	n/a
Trainers in attendance	33 trainers
Trainees in attendance	51 trainees
Date summary report approved by Lead Visitor	17/12/19

1. Principal issues arising from pre-visit review:

Due to the lack of feedback available for smaller specialties it has been decided that a programme visit be held to the Acute Common Care Stem (ACCS) programme. The purpose of the programme visit is to meet with all trainees and trainers to review training, education and experience within the unit against the requirements of the General Medical Council's Standards for Medical Education and Training.

Visits were undertaken to the north and east regions, west region and the south east region. A summary of the discussions from all the regional visits 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.

In order to compare the ACCS programme in Scotland with the rest of the UK the exam data and annual review of competence progression (ARCP) outcomes are listed below.

United Kingdom Specialty exam data ACCS 2018

Region	Year	Number of candidates	Pass rate	National pass rate	Outcome
HEE Wessex	2018	5	85.70%	67.40%	Non outlier
HEE West Midlands	2018	42	73.60%	67.40%	Non outlier
HEE South West	2018	62	73.30%	67.40%	Non outlier
HEE London	2018	78	72.70%	67.40%	Non outlier
HEE East of England	2018	53	69.20%	67.40%	Non outlier
HEE North East	2018	35	67.70%	67.40%	Non outlier

HEE North West	2018	31	67.20%	67.40%	Non outlier
Scotland	2018	37	65.08%	67.40%	Non outlier
HEE Thames Valley	2018	12	63.20%	67.40%	Non outlier
HEE KSS	2018	37	61.20%	67.40%	Non outlier
Defence Deanery	2018	25	60.90%	67.40%	Non outlier
HEE Yorkshire and the Humber	2018	47	59.80%	67.40%	Non outlier
HEE East Midlands	2018	15	59.10%	67.40%	Non outlier
HEI Wales	2018	7	58.80%	67.40%	Non outlier

The Scotland deanery is around mid-table for exam passes and slightly below the national average of 67.4%

ARCP outcomes

Outcome 3 (extra time required) years 2010-2018

Specialty	region	Trainee N	Mean	Specialty group mean	Specialty group outcome N	Outlier
ACCS	Health Education Kent, Surrey and Sussex	68	0.00%	3.63%	2,782	Non-outlier
ACCS	NHS Education for Scotland (East Region)	16	0.00%	3.63%	2,782	Non-outlier

ACCS	NHS Education for Scotland (South-East Region)	53	0.00%	3.63%	2,782	Non-outlier
ACCS	Northern Ireland Medical and Dental Training Agency	67	1.39%	3.63%	2,782	Non-outlier
ACCS	Health Education Thames Valley	44	1.45%	3.63%	2,782	Non-outlier
ACCS	Severn Deanery part of Health Education South West from 2013	191	1.46%	3.63%	2,782	Non-outlier
ACCS	London Deanery 2013 and earlier	273	1.89%	3.63%	2,782	Non-outlier
ACCS	North Western Deanery part of Health Education North West from 2013 to 2017	94	2.58%	3.63%	2,782	Non-outlier
ACCS	Health Education North East	86	3.74%	3.63%	2,782	Non-outlier

ACCS	Health Education Yorkshire and The Humber	115	3.96%	3.63%	2,782	Non-outlier
ACCS	South West Peninsula Deanery part of Health Education South West from 2013	83	3.97%	3.63%	2,782	Non-outlier
ACCS	Mersey Deanery part of Health Education North West from 2013 to 2017	41	4.08%	3.63%	2,782	Non-outlier
ACCS	Wales Deanery	62	4.30%	3.63%	2,782	Non-outlier
ACCS	NHS Education for Scotland (West Region)	69	4.55%	3.63%	2,782	Non-outlier
ACCS	Health Education Wessex	56	4.60%	3.63%	2,782	Non-outlier
ACCS	Health Education East of England	139	5.41%	3.63%	2,782	Non-outlier
ACCS	Health Education East Midlands	128	6.82%	3.63%	2,782	Non-outlier

ACCS	Health Education West Midlands	149	7.87%	3.63%	2,782	Higher than benchmark group
ACCS	NHS Education for Scotland (North Region)	18	12.82 %	3.63%	2,782	Higher than benchmark group

Trainees in the east and south east did not appear to need much extra time whereas trainees in the north and west did perform quite as well and needed more time.

Outcome 4 (released from training) years 2010-2018

Specialty	region	Trainee N	Mean	Specialty group mean	Specialty group outcome N	Outlier
ACCS	Health Education North East	86	0.00%	0.75%	2,782	Non-outlier
ACCS	Health Education Wessex	56	0.00%	0.75%	2,782	Non-outlier
ACCS	Mersey Deanery part of Health Education North West from 2013 to 2017	41	0.00%	0.75%	2,782	Non-outlier
ACCS	NHS Education for Scotland (East Region)	16	0.00%	0.75%	2,782	Non-outlier
ACCS	NHS Education for Scotland (North Region)	18	0.00%	0.75%	2,782	Non-outlier
ACCS	NHS Education for Scotland (South-East Region)	53	0.00%	0.75%	2,782	Non-outlier

ACCS	North Western Deanery part of Health Education North West from 2013 to 2017	94	0.00%	0.75%	2,782	Non-outlier
ACCS	Northern Ireland Medical and Dental Training Agency	67	0.00%	0.75%	2,782	Non-outlier
ACCS	Severn Deanery part of Health Education South West from 2013	191	0.00%	0.75%	2,782	Non-outlier
ACCS	South West Peninsula Deanery part of Health Education South West from 2013	83	0.00%	0.75%	2,782	Non-outlier
ACCS	London Deanery 2013 and earlier	273	0.42%	0.75%	2,782	Non-outlier
ACCS	Health Education Yorkshire and The Humber	115	0.50%	0.75%	2,782	Non-outlier
ACCS	Health Education East Midlands	128	0.57%	0.75%	2,782	Non-outlier
ACCS	Health Education Kent, Surrey and Sussex	68	1.05%	0.75%	2,782	Non-outlier
ACCS	Health Education West Midlands	149	1.39%	0.75%	2,782	Non-outlier

ACCS	NHS Education for Scotland (West Region)	69	1.82%	0.75%	2,782	Non-outlier
ACCS	Wales Deanery	62	2.15%	0.75%	2,782	Non-outlier
ACCS	Health Education Thames Valley	44	2.90%	0.75%	2,782	Non-outlier
ACCS	Health Education East of England	139	3.15%	0.75%	2,782	Higher than benchmark group

Many of the regions in the Scotland deanery did not release any trainees from the programme.

2.1 Induction (R1.13):

Trainers: Trainers in nearly all regions provided a programme specific induction which covered topics such as teaching days.

Trainees: Trainees in all regions had an ACCS specific induction. Many also received a handbook which they could refer to later. Some trainees depending on their parent specialty also attended an induction in that specialty.

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

Trainers: All regions except the east offered ACCS specific teaching days. These were all mapped to the curriculum and tended to lecture based although the south east sessions also included simulation-based teaching.

Trainees: The east region trainees had no issues with not having ACCS specific teaching. They attend departmental teaching so feel that their training needs are being met. Trainees in all regions were generally happy with the teaching they received. However, those in the south east would like more dedicated teaching days. Trainees in the West in ST3 whose parent specialty was emergency medicine did not manage to attend many teaching sessions as the ACCS teaching was not aimed at them and rota challenges meant that they were not able to attend many specialty teaching sessions.

2.3 Study Leave (R3.12)

Trainers: Trainers from all regions reported that there are no issues with trainees getting study leave.

Trainees: Generally, trainees had no issues with getting study leave. However, trainees working in the children's hospital in Glasgow faced challenges as getting time off could involve a 4- or 5-way swap.

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

Trainers: Trainees tended to be allocated to the same supervisors in each department each year, the idea behind that being that they become more familiar with the curriculum.

Trainees: Despite the supervisors being the same in each department year on year there was still confusion with some staff in all regions about the various curricula requirements and checklists that need to be completed. Trainees in some regions would like an overall supervisor for the duration of their training from their parent specialty but in a pastoral rather than supervisory role.

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

Trainers: Generally, there are no issues with trainees achieving the necessary competence to be signed off at their ARCP. Some procedures are more difficult to achieve than others and steps are taken to address this. The training programme director (TPD) for acute medicine in the south east region is going to undertake some work in conjunction with trainees to decide what makes a good acute medicine block.

Trainees: Apart from a few specific procedures or exposure to some specialties which are outlined in the specific regional reports trainees feel that they get a good mix of experience.

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

Trainers: Trainers in all regions had problems with the online portfolio systems for all specialties but particularly anaesthetics.

Trainees: Trainees also had issues with the online systems. Some trainees mentioned that when working in acute medicine in some hospitals it can be difficult to get someone to supervise and sign off their assessments.

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

Trainers: n/a

Trainees: n/a

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

Trainers: n/a

Trainees: n/a

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

Trainers: n/a

Trainees: n/a

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: n/a

Trainees: n/a

2.11. Feedback from trainees (R1.5, 2.3)

Trainers: All regions had a trainee representative on the ACCS Specialty Training Committee (STC).

Trainees: Trainees fed back via their trainee representative or to the TPD.

2.12. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: n/a

Trainees: n/a

2.13. Handover (R1.14)

Trainers: n/a

Trainees: n/a

2.14. Educational Resources (R1.19)

Trainers: n/a

Trainees: n/a

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

Trainers: Staff from all regions said that the trainee's educational supervisor would be the first port of call. They were all also aware of the deanery as a support mechanism.

Trainees: All trainees said they would approach their educational supervisor or TPD. Some trainees also worked in specialties where a buddying system was in operation.

2.16 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

Trainees: n/a

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers encouraged trainees to raise any concerns that they may have.

Trainees: Trainees were aware of how to raise concerns should they have any.

2.18 Patient safety (R1.2)

Trainers: n/a

Trainees: n/a

2.19 Adverse incidents (R1.3)

Trainers: n/a

Trainees: n/a

2.20 Duty of candour (R1.4)

Trainers: n/a

Trainees: n/a

2.21 Culture & undermining (R3.3)

Trainers: Trainees in ACCS are treated the same as any other cohort of trainees. However, some trainers mentioned that they were aware of the potential of trainees feeling lost. To counteract that there are various social events and specific training days.

Trainees: They said that cultures were different in the different departments they worked in. They were aware of who to go if they had any issues with this type of behaviour.

2.22 Other

Trainers: They feel that overall the ACCS programme is a good one. However, some trainers expressed concern about the impact on the extension of training time compared to other core training programmes and the new internal medicine programmes as they are shorter in duration.

Trainees: The average score for overall satisfaction across Scotland was 7. Most trainees would recommend the programme although there is a lot of paperwork and assessments to complete.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely x
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Overall the programme appears to be performing well across Scotland. Trainees do quite well in exams and ARCPs. Their overall satisfaction score is 7 out of 10. Trainees have access to specific induction programmes, teaching and specialty training committees. There are issues across all specialties and regions with the usability of the various e-portfolio systems. This issue is compounded by the fact that not all educational supervisors understand the ACCS curriculum. The trainee experience when working in acute medicine can be variable.

Positive aspects of the visit were:

- Bespoke specific ACCS programme induction takes place in nearly all regions.
- A specific ACCS Specialty Training Committee operates in all regions.
- The average overall satisfaction score for trainees was 7 out of 10.
- Bespoke specific ACCS programme teaching days take place in nearly all regions.

Less positive aspects of the visit were:

- It was reported that not all Educational supervisors are aware of the ACCS curriculum requirements.
- Pastoral support for all trainees to oversee their overall training experience would be beneficial.
- There are e-portfolio issues that are difficult for both trainees and trainers.
- Work is needed to improve acute medicine experience for all trainee groups

4. Areas of Good Practice

Ref	Item	Action
4.1	Bespoke specific ACCS programme induction takes place in nearly all regions.	n/a
4.2	A specific ACCS Specialty Training Committee operates in all regions.	n/a
4.3	The average overall satisfaction score for trainees was 7 out of 10.	n/a
4.4	Bespoke specific ACCS programme teaching days take place in nearly all regions.	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	It was reported that not all Educational supervisors are aware of the ACCS curriculum requirements (All regions).	
5.2	Pastoral support for all trainees to oversee their overall training experience would be beneficial (All regions).	
5.3	There are e-portfolio issues that are difficult for both trainees and trainers (all regions & specialties).	
5.4	Work is needed to improve acute medicine experience for all trainee groups (All regions).	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	n/a		
6.2			
6.3			
6.4			