

CONTENTS

| Foreword | З |
|------------------------------|---|
| The Training Year in Numbers | Z |

THE TRAINING YEAR 2019/2020

| Foundation | 5 |
|--|----|
| General Practice, Public Health, Occupational Health | 14 |
| Emergency Medicine, Anaesthetics & Intensive Care Medicine | 27 |
| Diagnostic Specialties | 34 |
| Medicine | 40 |

| Mental Health | 51 |
|---|----|
| Obstetrics, Gynaecology and Paediatrics | 59 |
| Surgery | 68 |
| Enhanced Monitoring | 77 |
| Working with Partners | 81 |
| Quality Workstream Progress and Development | 86 |
| Spreading Good Practice | 91 |
| The Way Forward | 93 |



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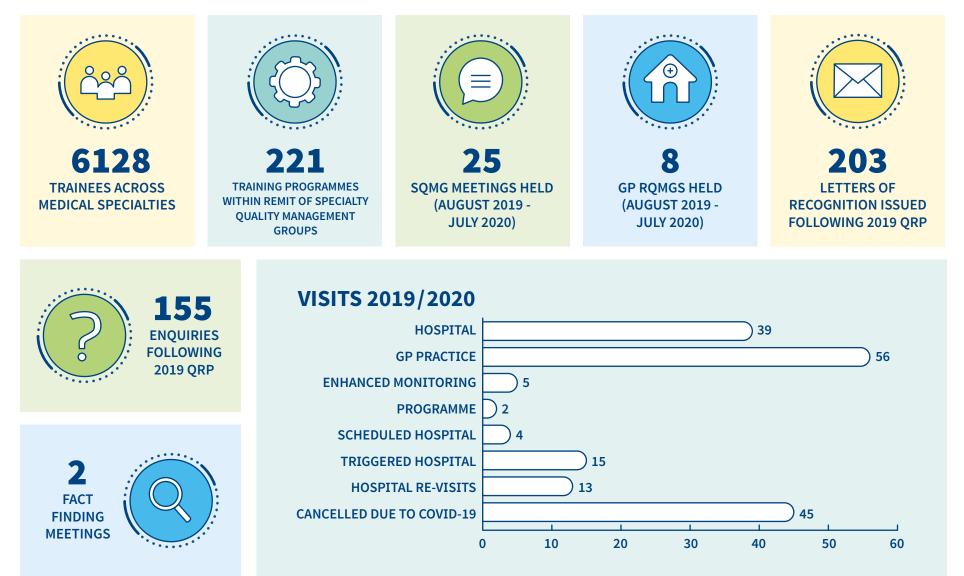
FOREWORD

COVID-19 has impacted profoundly on the NHS in Scotland and, not surprisingly, this has also been an unprecedented training year for the Scotland Deanery; the impact on all of our work and on the professional lives of trainee doctors and trainers in Scotland has been profound. Over the course of the COVID-19 crisis we have worked closely with organisations across the UK including the General Medical Council, the other Statutory Education Bodies, the Medical Royal Colleges, Universities and our NHS Boards to mitigate the impact on training and enable progression, while supporting service.

In response to the crisis, and to free up vital clinical time for patient services, since mid-March 2020 we have paused much of our planned quality management activity with postponement of quality management visits to hospitals and GP practices. However, before this, much quality management activity had been undertaken, including gathering feedback from doctors in training via the Scottish Training Survey, and we are able to report on that activity. I trust this will be informative for you and provide you with a reasonable degree of assurance around our decisions, findings and interventions. We have continued to revise our processes including how we analyse and present our quality management data, the content of the Director of Medical Education (DME) and Training Programme Director (TPD) reports and have engaged with the GMC's new Quality Assurance processes through completion of their novel Self-Assessment Questionnaire, and we are now setting out plans to safely restart our quality management activities, using technology to enable new ways of conducting virtual quality management visits. We have also developed a new survey to examine the impact of the COVID-19 crisis on our trainees to inform the Deanery's learning around how we have supported trainees during this unprecedented time.

Much has been asked of Scotland's trainees and trainers, both personally and professionally over recent months and we must be watchful for any harm caused, working hard to offset any erosion in quality of training or experience as training resumes. Thankfully, as we hope you will see from this annual report, we have a strong and established quality management system, supported by very experienced staff, that will take us through this difficult period, and I am confident that we will continue to drive improvements in specialty training across Scotland despite the disruption caused by COVID-19.

THE TRAINING YEAR IN NUMBERS



PROFESSOR CLARE MCKENZIE Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

FOUNDATION

MEMBERSHIP OF THE FOUNDATION QUALITY MANAGEMENT GROUP (FQMG)

Lead Dean Director

• Professor Clare McKenzie

Associate Deans (Quality)

- Dr Geraldine Brennan
- Dr Fiona Drimmie

Associate Deans (Regional)

- Dr Fiona Cameron
- Dr Duncan Henderson
- Dr Joy Miller
- Dr Caroline Whitton

Consortium Leads

- Dr Edgar Brincat
- Dr Alastair Milne
- Dr Brian Neilly
- Mr Yatin Patel
- Dr Joe Sarvesvaran

Foundation School Manager

• Ms Christine Rea

Trainee Associates

- Dr Joanne Jenkins
- Dr Sophie Johnston
- Dr Patrick Hughes

Quality Improvement Manager

• Mrs Jennifer Duncan

Lay Rep

• Mr David Ramsay

Quality Improvement Administrator

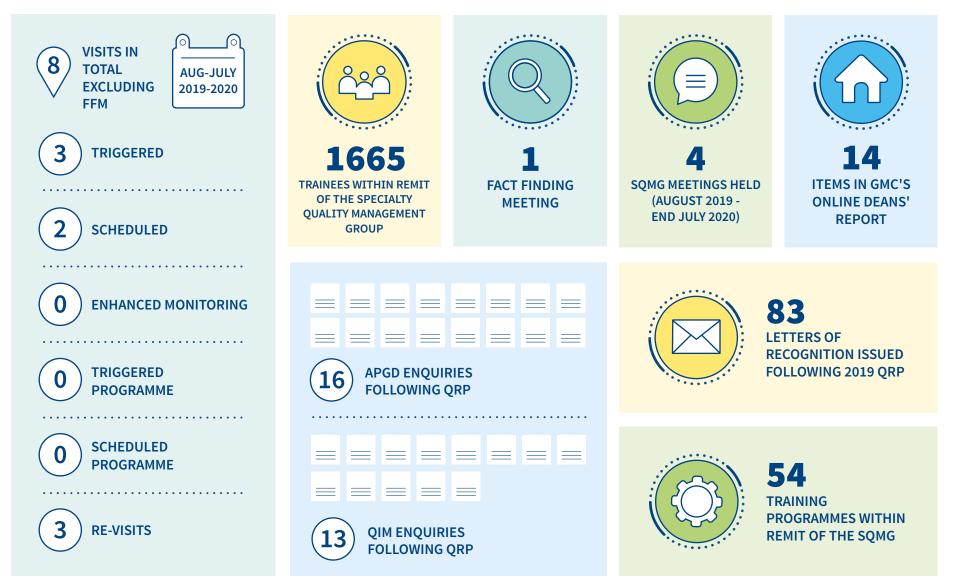
• Mrs Gaynor Macfarlane

Chair of Specialty Training Board

• Dr Duncan Henderson



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|----------------|
| 83 | 0 | 16 | 0 | 13 | All resolved |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 📾 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------|---|-----------------------------------|--------------|-----------------|--|
| NHS LOTHIAN | St John's Hospital | Medicine | Re-visit | 24/09/2019 | 10 visit requirements 2 good Practice items Re-visit required |
| NHS FIFE | Victoria Hospital | Medicine | Re-visit | 20/11/2019 | 8 visit requirements 2 good practice items Re-visit required |
| NHS LOTHIAN | Royal Infirmary of Edinburgh At Little France | Trauma and Orthopaedic Surgery | Re-visit | 25/11/2019 | 3 visit requirements 2 good practice items Re-visit highly likely |

| 合 BOARD | ♥ SITE | ● SPECIALTY | VISIT TYPE | 📾 DATE OF VISIT | ⊙ OUTCOME OF VISIT |
|-------------------------------------|--|-----------------------------------|------------|-----------------|--|
| NHS GREATER GLASGOW AND CLYDE | Royal Alexandra Hospital | General Surgery | Triggered | 21/01/2020 | 12 visit requirements 1 good practice item No re-visit required |
| NHS GREATER GLASGOW AND CLYDE | Royal Alexandra Hospital | Trauma and Orthopaedic Surgery | Triggered | 21/01/2020 | 14 visit requirements 1 good practice item |
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | General Surgery | Scheduled | 28/01/2020 | 8 visit requirements 1 good practice item Re-visit highly likely |
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | Trauma and Orthopaedic Surgery | Scheduled | 28/01/2020 | 7 visit requirements 1 good practice item Re-visit highly likely |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Emergency Medicine | Triggered | 21/02/2020 | 3 visit requirements 1 good practice item No re-visit required |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| \land BOARD | ♥ SITE | | ● SPECIALTY LED BY | 🖋 VISIT TYPE | 🛱 DATE OF VISIT | © OUTCOME OF VISIT |
|-------------------------------------|--|-------------------|----------------------------|--------------|-----------------|--|
| NHS AYRSHIRE AND ARRAN | The Barns Medical Practice | General Practice | General Practice | Triggered | 20/08/2019 | 1 visit requirement 0 good practice items No re-visit required |
| NHS GREATER GLASGOW AND CLYDE | Beatson West of Scotland Cancer Centre | Clinical Oncology | Medicine | Triggered | 22/01/2020 | 9 visit requirements 0 good practice items Re-visit highly likely |
| NHS FIFE | Pan-Fife Visit | Psychiatry | Mental Health | Scheduled | 14/01/2020 | 3 visit requirements 1 good practice item No re-visit required |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

- Medicine, Queen Elizabeth University Hospital
- Medicine, University Hospital Ayr
- Obstetrics and Gynaecology, Princess Royal Maternity Glasgow Royal
 Infirmary
- General Adult Psychiatry, General Adult Mental Health Services, Tayside
- General Internal Medicine and Geriatric Medicine, Inverclyde Royal
 Infirmary

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

- Trauma and Orthopaedics, University Hospital Wishaw
- General Medicine, Vale of Leven

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

Foundation

| | 2018 NTS | 2019 NTS |
|----|------------|-----------|
| F1 | 13th of 16 | 9th of 17 |
| F2 | 10th of 16 | 9th of 17 |

LDD OVERVIEW

This has been a busy year undertaking visits, where the team have focused on units where there are concerns either from the GMC triage lists or those with a lack of progress. There were many visits identified at the QRP which have been shared with the wider quality team. The team has undergone change with Jill Murray appointed to the role of Senior Quality Improvement Manager (QIM) and replaced by Jennifer Duncan. The team would want to recognise the outstanding work done by Jill during her time as Foundation QIM and are pleased at her success in being promoted. Equally we have been pleased to welcome Jennifer who has a breadth of knowledge around Foundation and quality management from her past roles.

There has been input to other teams by Associate Postgraduate Deans for Quality (APGDQ) and Manager, particularly to the development team days and recruitment of Trainee Associates.

IMPACT OF COVID-19 ON SPECIALTY

VISITS CANCELLED DUE TO COVID-19

| 🔷 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|-------------------------------------|-------------------------|--------------------|--------------|------------------------------|
| NHS GRAMPIAN | Dr Gray's Hospital | Anaesthetics | Scheduled | 16/03/2020 and 17/03/2020 |
| NHS GRAMPIAN | Dr Gray's Hospital | Emergency Medicine | Scheduled | 16/03/2020 and 17/03/2020 |
| NHS GRAMPIAN | Dr Gray's Hospital | Surgery | Scheduled | 16/03/2020 and 17/03/2020 |
| NHS GREATER GLASGOW AND CLYDE | Glasgow Royal Infirmary | Plastic Surgery | Re-visit | 12/05/2020 |
| NHS GREATER GLASGOW AND CLYDE | Glasgow Royal Infirmary | Surgery | Re-visit | 28/05/2020 |
| NHS GREATER GLASGOW AND CLYDE | Glasgow Royal Infirmary | Medicine | Re-visit | 23/06/2020 |

| 👚 BOARD | ♥ SITE | | 🖋 VISIT TYPE | 🛱 DATE OF VISIT |
|-------------------------------------|--|---|--------------|---|
| NHS FIFE | Victoria Hospital | Surgery | Scheduled | No date set – possibly September |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Trauma and Orthopaedic Surgery, General Surgery, Vascular and Urology | Triggered | No date set awaiting findings from Fact Finding Meeting |
| NHS TAYSIDE | Coldside Medical Practice | General Practice | Triggered | N/A |

The team recognise the impact on QM work as result of COVID-19 which has resulted in cancelled visits and challenges around future visits. The impact on Foundation trainees has been substantial with all April rotations cancelled and Foundation trainees being the largest cohort of doctors to be redeployed to frontline services.

There are concerns that there are real risks to training of Foundation doctors in the next 2 years which could impact their careers or careers choice. Information from the planned COVID-19 survey will be interesting and could provide insight to this.

LOOKING FORWARD

The workload for the Foundation Quality Management Group (FQMG) continues to increase with increasing amounts of data being available through surveys, visit reports and records of concern. This is occurring at a time of increasing workload for Foundation APGDs. As a result, the Foundation Quality Team have been in discussion with the quality management leads and will implement a new way of working in the second half of 2020, focusing on quality improvement and reducing the number of meetings. The FQMG, APGDQ and QIM, will provide input from Foundation at the other sQMGs and feedback to FQMG. There are good links with the Foundation STB and Foundation APGDs which will aid this process.

It is important to ensure that all sQMGs have an improved understanding of up-to-date issues relating to Foundation training. We are aware that there has been significant turnover in quality staff over past 5 years and we propose that there should be development sessions focusing on the Foundation specific curricular objectives and training. This could include: QIM meetings - specifically relating to separating "junior" trainees into the appropriate grades both at the visit and in the report; Foundation session in the agenda for 'calibration days' for visit leads.

We recognise that there are potential opportunities for the Foundation Quality Team as well as the Foundation Associate Postgraduate Deans to look at what has worked and what has not worked during redeployment and use any knowledge to improve training. This will require to be done in collaboration with DMEs as we increase our understanding of the altered clinical training environments and could be a QI project with trainee support.

Dr Drimmie has stepped down from her quality management role and the team want to record their thanks and highlight the huge amount of work, enthusiasm and passion she has put in to promoting Foundation training. She will be missed. We look forward to working with Dr Mathers who has been successfully appointed to the role of APGDQ for Foundation and will work with Dr Brennan who has increased her sessional commitment to Foundation quality management.

PROFESSOR AMJAD KHAN Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

GENERAL PRACTICE/PUBLIC HEALTH/ OCCUPATIONAL MEDICINE

MEMBERSHIP OF THE GENERAL PRACTICE/PUBLIC HEALTH/ OCCUPATIONAL HEALTH QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Amjad Khan (from April 2020)

Associate Deans (Quality)

- Dr Kenneth Lee
- Dr Nick Dunn

Assistant Directors of General Practice (Regional)

- Dr Elizabeth Barr (North)
- Dr John Nicol (North)
- Dr Nitin Gambhir (South East) until March 2020
- Dr Chris Mair (East/South East) from April 2020
- Dr Jeremy Chowings (East/South East)
- Dr Kenneth Lee (West)
- Dr Nick Dunn (West)

Foundation Representative

• Dr Fiona Cameron

Trainee Associates

- Dr Sarah Bowers Davidson (From Oct 2019)
- Dr Eleanor Davidson
- Dr Fahd Mahmood (until Feb 2020)

Quality Improvement Manager

- Mrs Hazel Stewart (mat leave from Dec 2020)
- Ms Fiona Conville

Lay Rep

Mrs Penny MacGregor

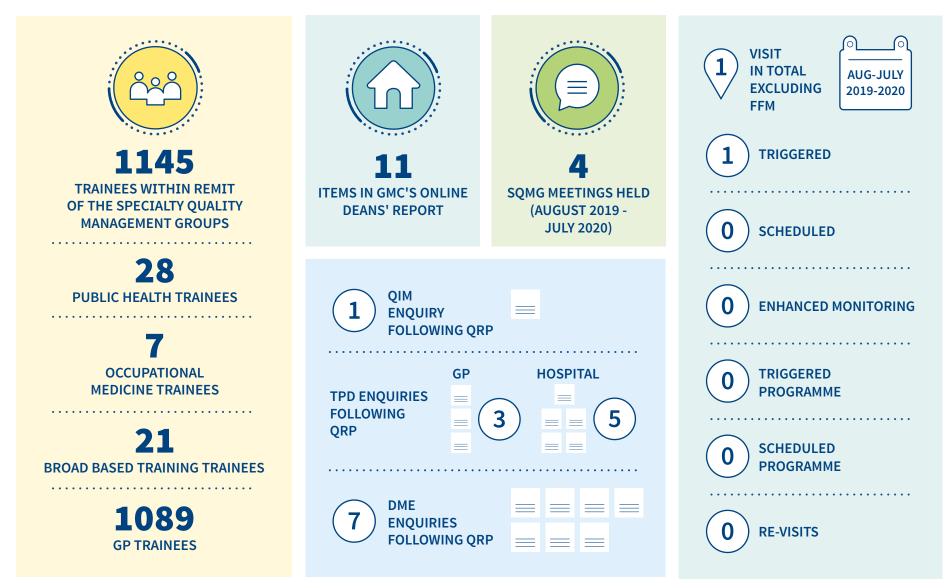
Quality Improvement Administrator

- Mrs Gayle Hunter (until Sept 2019)
- Mrs Janice Jenkins

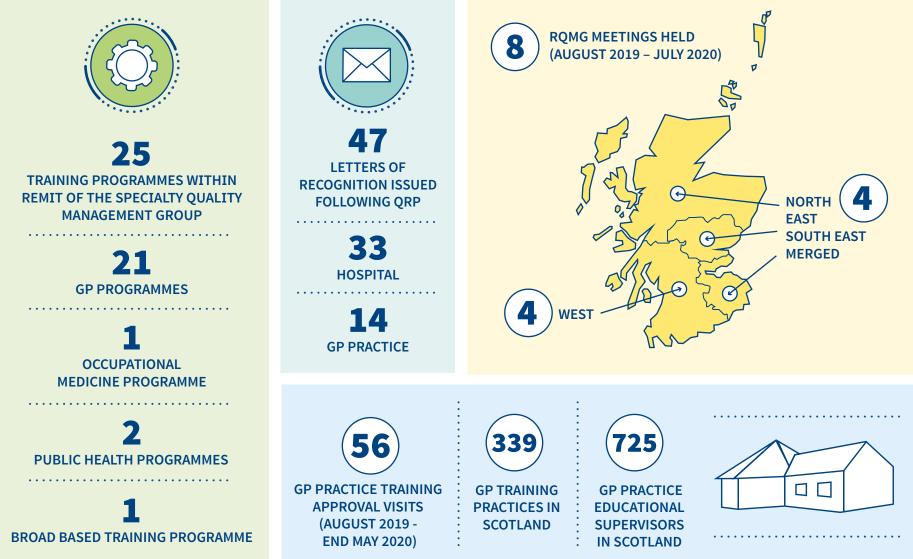
Chair of Specialty Training Board

• Dr Nitin Gmbhir

HIGHLIGHTS



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| QRP | GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|-----|--------------------------|-----------------|---------------|---------------|---------------------------------|----------------|
| GP | 33 Hospital 14 GP | 5 Hospital 3 GP | 0 | 7 | 1 | All resolved |
| РН | 0 | 0 | 0 | 0 | 0 | N/A |
| ОМ | 0 | 0 | 0 | 0 | 0 | N/A |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🖋 VISIT TYPE | 📾 DATE OF VISIT | ◎ OUTCOME OF VISIT |
|------------------|--------------------------------|-------------------------------|--------------|-----------------|--|
| NHS FORTH VALLEY | Forth Valley Royal Hospital | Obstetrics and Gynaecology | Triggered | 28/01/2020 | 2 visit requirements 4 good practice items No re-visit required |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| 💣 BOARD | ♥ SITE | | ● SPECIALTY LED BY | 🖋 VISIT TYPE | 🛗 DATE OF VISIT | O OUTCOME OF VISIT |
|-------------------------------------|------------------------------|-------------------------------|-------------------------------|--------------|-----------------|---|
| NHS FIFE | Pan-Fife Visit | All Psychiatry | Mental Health | Scheduled | 14/01/20 | 3 visit requirements 1 good practice item No re-visit required |
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | Geriatric Medicine | Medicine | Re-visit | 13/11/2019 | 13 visit requirements 0 good practice items Escalated to enhanced monitoring Re-visit required |
| NHS GREATER GLASGOW AND CLYDE | Royal Alexandra Hospital | Obstetrics and Gynaecology | Obstetrics and Gynaecology | Triggered | 11/03/20 | 3 visit requirements 5 good practice items No re-visit required |
| NHS LOTHIAN | St John's Hospital | General Internal Medicine | Foundation | Triggered | 24/09/19 | 10 visit requirements 2 good practice items Re-visit required |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

There are currently 5 sites on enhanced monitoring that provide training to GP trainees.

- General Internal Medicine, University Hospital Ayr
- General Adult Services, Mental Health, Pan-Tayside
- Obstetrics and Gynaecology, Princess Royal Maternity Hospital/ Glasgow Royal Infirmary
- General Internal Medicine, Queen Elizabeth University Hospital
- General Internal Medicine and Geriatric Medicine, Inverclyde Royal Hospital

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG REMAINS (01/08/19 TO 31/07/20) N/A

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

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

LDD OVERVIEW

The last few months have been challenging for all our health and care staff. Our GP trainees were one of the first to be redeployed from less to more acute areas. Many members of our Quality team were also redeployed for administration duties elsewhere. I thank each and every one for their hard work and dedication during this pandemic.

Professor Moya Kelly retired in March 2020 as GP Director. She has been instrumental in driving changes to our quality processes and ensuring consistency across Scotland since the formation of the single Deanery in 2014. She will be greatly missed, and we wish her well during her well-deserved retirement.

The Quality team have continued to make progress in the actions highlighted in the 2019 annual review. In particular, the GP visit SOP, requirements bank, inter-regional visits and calibration training.

Face to face practice visits were postponed as a result of COVID-19 but virtual (Desktop) approvals continued for some of our practices and educational supervisors. The pandemic has encouraged us to look at our processes to ensure that they are fit for purpose in the 'new world' including Technology-assisted visits.

Finally, we are also working with our Foundation colleagues to ensure that the FY2 experience in GP is of high quality and to this end a joint guidance document is being prepared for distribution to all Foundation trainers reflecting the expectations during the 4 month attachment.



GENERAL PRACTICE

The focus of our action plan for this year was to continue to improve the consistency of our quality management processes and further engage with out of hours services.

Priority Areas identified were:

1. Develop an SOP for practice visits - Achieved

- 2. Establish a requirements bank for GP Educational Supervisors (ES) and Practice approvals including what should be submitted to evidence requirements – **Achieved with ongoing development**
- 3. To establish inter-regional visiting to GP practices Plans were in place to start this in spring 2020 but visits were cancelled due to the COVID-19 situation. It was also agreed that triggered visits would have panel member representation form out with the region.
- 4. To arrange a calibration meeting with other GP visitors through the development team **Delayed due to COVID-19**
- 5. A new suite of Work Place Based Assessments will be introduced in August 2020. This will significantly alter those undertaken in secondary care for GP Trainees. Advance planning on how this will be communicated to Trainers in secondary care will require consideration – Signposting to information on Royal College of General Practitioners (RCGP) website has taken place but more formal training engagement plans have been hampered due to COVID- 19.

- 6. Monitor effectiveness of new Scotland Deanery guidance on GPSTs' exposure to primary-secondary care interface in hospital posts through review of visit reports The guidance was presented at Taskforce to Improve the Quality of Medical Education (TIQME) with supporting resources and was well received. Follow up through the hospital visiting process has again been affected by COVID-19. Plans to monitor this will be built into future QM activities.
- 7. Quality management reviews for GP Out Of Hours (OOH) took place for NHS Forth Valley and NHS Lanarkshire in west region and NHS Highland in north region. These are now undertaken on a 5-yearly cycle.

GMC Self-Assessment Questionnaire was completed for General Practice to help inform the overall Deanery SAQ. A suite of documentation was created as supporting evidence for QM activity in General Practice.

PUBLIC HEALTH

The 2019 QRP data did not highlight any major concerns. For the first time responses for both medical and non-medical trainees were available. Some responses were in the first quartile, but none were below outliers. There was good engagement with the Training Programme Director (TPD) for Public Health at QRP.

OCCUPATIONAL MEDICINE

A new TPD for Occupational Medicine was appointed. No issues were highlighted at QRP.

BROAD BASED TRAINING

This is a programme aimed at providing a broader initial clinical experience to early stage doctors enabling them to enter one of the 4 specialties at ST2 level on completion of the 2-year programme. The programme provides trainees with four 6-month posts within General Medicine, General Practice, Psychiatry and Paediatrics.

sQMG was to consider what Quality Management arrangements can be put in place for Broad Based Training. This is challenging due to the nature and size of the programme. Planned discussions on this did not take place due to COVID-19.



IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 🖀 BOARD | ♥ SITE | ● SPECIALTY | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|-------------------------------------|--|-------------------------------|--------------|-----------------|
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Obstetrics and Gynaecology | Re-visit | 06/05/2020 |
| NHS LOTHIAN | St John's Hospital | Psychiatry | Triggered | 31/03/2020 |
| NHS DUMFRIES AND GALLOWAY | Dumfries and Galloway Royal Infirmary | General Internal Medicine | Re-visit | 19/05/2020 |
| NHS TAYSIDE | Ninewells Hospital | Dermatology | Triggered | N/A |
| NHS FORTH VALLEY | Forth Valley Royal Hospital | General Internal Medicine | Re-visit | 20/03/2020 |
| NHS GRAMPIAN | Dr Gray's Hospital | General Internal Medicine | Scheduled | 16/03/2020 |

PRACTICE VISITS AND APPROVALS

At the onset of the COVID-19 pandemic, all scheduled practice site visits were cancelled. The statutory GMC requirement to formally approve GP Trainers and GP Practices still exists. Due to the format of the approval and re-approval process with alternating virtual and actual site visits, we were able to continue the essential approval process by completing virtual approvals as planned. Planned site visits were converted to virtual approvals using the self-submission documentation that had already been received and using all other intelligence available to us using a riskbased approach. TPDs undertook telephone reviews with practices where this was necessary and service workload permitted.

Practices that were due a site visit will be visited at the next approval round in 3 years or sooner if required. For the very small number of practices where we felt unable to recommend re-approval due to lack of information, the approval period has been extended by 6 months on GMC Connect and again these sites will be prioritised when visits resume.

A significant challenge was around first approvals for new training practices. Due to increasing training capacity demands, we took the pragmatic decision to proceed with these approvals following a TPD report and review of submitted documentation. New practices were approved virtually for 1 year only and will be prioritised for site visits when these resume.

New Educational Supervisor approvals, for those in existing training practices, took place as normal as full sets of evidence were available.

The decision to operate a slimmed down sQMG was also taken to enable these approvals to take place. This consisted of the APGDs for Quality and the LDD reviewing applications and requirements instead of the full sQMG. This appeared to work well.

Cancellation of the Scottish Prospective Educational Supervisors Course (SPESC) has had an impact on the throughput of new trainers as the current cohort have been unable to complete. This has not led to any immediate destabilisation but arrangements for the re-establishment of this are necessary for the existing and future cohorts.

SQMG

A catch up sQMG took place on 21st May 2020. Plans were discussed for the resumption of QM activity and how this may look going forward. There is still some uncertainty about how soon we can start to ask practices to submit documentation and when visiting will resume and what format this will take.

From a secondary care post perspective, we require to review the activity that was ongoing at the onset of the crisis and take these activities forward in an appropriate way again within acceptable parameters. These had been paused during COVID-19.

LOOKING FORWARD

Priorities going forward:

GENERAL PRACTICE

- To review and re-establish our approvals and visiting process. This may require some alteration as the COVID-19 situation hopefully improves and we will have to adopt a step-wise and pragmatic approach possibly using digital technology rather than site visits. When the situation allows, we will start requesting self-submission documentation from practices and educational supervisors and would anticipate this hopefully by September/October of this year.
- 2. To develop a plan for prioritisation of ES and practice approvals/visits focusing firstly on practices where we were unable to recommend approval due to lack of information, visiting new practices who had a first approval virtually during COVID-19 and undertaking approvals for practices where this was extended during the crisis where approval could not be undertaken. Our risk-based approach to all practice and ES approvals will continue.
- 3. To resume the development of the requirement bank for GP ES and practice approvals.
- 4. To resume plans for inter-regional visiting.

- 5. To resume plans for second visitor calibration when the situation allows.
- 6. To review the self-submission documentation to ensure this captures teaching, supervision and feedback of new ways on consulting and that trainees are adequately exposed to a wide enough range of clinical presentations for curriculum coverage.
- 7. To scope the feasibility of programme reviews in general practice and what format these could take looking firstly at gaps in our Quality Management data.
- 8. To review QM activities around secondary care posts that were paused at the onset of the COVID-19 pandemic.
- 9. Monitor effectiveness of new Scotland Deanery guidance on GPSTs exposure to primary-secondary care interface in hospital posts through review of visit reports when QM activity resumes in secondary care.
- 10. Working with the FDA to formulate plans for those on the existing SPESC cohort to complete and to look at how SPESC can be delivered going forward with social distancing still in place.

PUBLIC HEALTH

The majority, of our trainees were affected earlier and for longer than other trainees throughout the pandemic. Discussions are ongoing regarding resilience and capacity with the Faculty of Public Health calling for an increase in trainee numbers going forward. We will continue to review through our specialty Quality Management Group.

OCCUPATIONAL MEDICINE

Once a decision is taken around how visits will proceed in future, we will consider a programme visit. We will ensure the Training Programme Director for Occupational Medicine is invited to QRP.

BROAD BASED TRAINING

To formulate plans on how best to Quality Manage BBT with the likelihood of undertaking a programme visit when feasible. Initial discussions with the APGD and TPD for BBT will be required. We will ensure the TPD for BBT is invited to the QRP.



PROFESSOR ADAM HILL Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

EMERGENCY MEDICINE, ANAESTHETICS AND INTENSIVE CARE MEDICINE

MEMBERSHIP OF THE EMERGENCY MEDICINE, ANAESTHETICS AND INTENSIVE CARE MEDICINE QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Adam Hill

Associate Deans (Quality)

• Dr Mo Al-Haddad

Associate Deans (Regional)

- Dr Joy Miller (North)
- Dr Alastair Murray (South East)
- Dr Russell Duncan (East)
- Dr Cieran McKiernan (West)

Foundation Representative

• Dr Duncan Henderson

GP Representative

• Dr John Nicol

Trainee Associates

- Dr Stephen Davidson
- Dr Saurabh Borgaonkar

Quality Improvement Manager

• Miss Kelly More

Lay Rep

• Mr John Adams

Quality Improvement Administrator

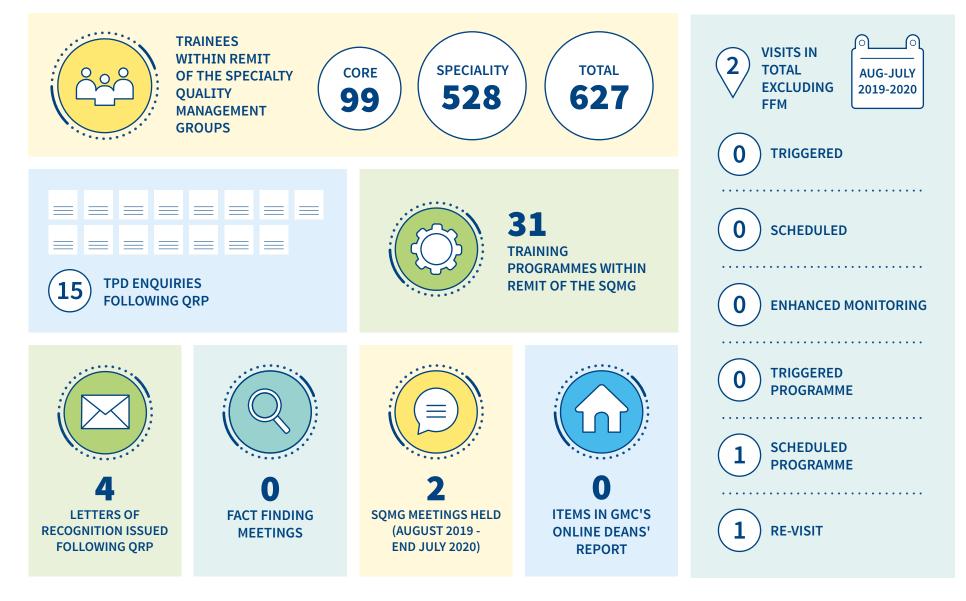
• Ms Lorna McDermott

Chair of Specialty Training Board

• Dr Neil O'Donnell



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|---|
| 4 | 15 | 0 | 0 | 0 | 14 resolved 1 response has been delayed due to COVID-19. |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT | © OUTCOME OF VISIT |
|----------------------------------|---|----------------------------------|------------------------|-----------------|---|
| NHS BORDERS, FIFE AND LOTHIAN | South East Region | Acute Common Care Stem (ACCS) | Scheduled Programme | 11/10/19 | 0 visit requirements 4 good practice items Re-visit highly unlikely |
| NHS LOTHIAN | Royal Hospital for Sick Children, Edinburgh | Emergency Medicine | Re-visit | 29/01/20 | 0 visit requirements 6 good practice items Re-visit required after the site move. |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| \land BOARD | ♥ SITE | | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT | OUTCOME OF VISIT |
|-------------------------------------|---|-----------------------|------------|--------------|-----------------|---|
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Emergency Medicine | Foundation | Triggered | 21/02/2020 | 3 visit requirements 1 good practice item No re-visit required |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) – N/A

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) – N/A

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 NTS | 2019 NTS |
|----------------------------|------------|-----------|
| ACUTE COMMON CARE STEM | 10th of 17 | 8th of 17 |
| ANAESTHETICS | 3rd of 17 | 4th of 17 |
| CORE ANAESTHETICS | 8th of 16 | 9th of 17 |
| EMERGENCY MEDICINE | 4th of 17 | 4th of 17 |
| INTENSIVE CARE MEDICINE | 4th of 13 | 6th of 13 |

LDD OVERVIEW

I am pleased to report that the 2019 Quality Review Panel (QRP) worked extremely well in terms of process and attendance. All post QRP queries issued after the meeting were responded to. We issued good practice letters to Anaesthetics in Victoria Hospital, Kirkcaldy, St John's Hospital Livingston, Ninewells Hospital, Perth Royal Infirmary and Emergency Medicine at University Hospital Crosshouse. The sQMGs are aligned with the Specialty Training Board (STB) and attendance by regional APGDs is steady. As in previous years the team continues to achieve a balance between visiting departments with possible issues and undertaking scheduled visits so that all matters (both identified and/or previously unknown) can be investigated. In addition, we have carried out all our responsibilities as per the workstream's Standard Operating Procedures, such as trainee associate appraisals, categorising STS comments and providing feedback to TPDs as necessary.

We did not identify many departments that required a visit at the QRP in 2019. We visited the Emergency Medicine department in the Royal Hospital for Sick Children in Edinburgh as there were some concerns shown in the survey data. However, these concerns were not borne out at the visit and it was clear that issues raised at a previous visit 2 years before had been taken on board and worked on. Colleagues in other specialties undertook a visit to the Emergency Medicine department in the Queen Elizabeth University Hospital. Due to COVID-19 the report has yet to be approved by the Board, but the draft report shows that the visit was positive with only a few requirements made.

The Scotland wide programme visit to Acute Common Care Stem (ACCS) concluded this training year with a visit to the south-east. As well as reports from each of the regional visits, the key points from each of the

visits were compiled into a programme wide report which also included exam pass data and annual review of competency progression (ARCP) outcomes. A summary document was also produced specifically around acute medicine for the medicine sQMG. There were no requirements made after all the regional visits and a number of good practice areas identified including bespoke ACCS inductions, teaching days and specialty training committees. As with the 2018 Scotland wide programme visit to intensive care medicine this was an extremely worthwhile piece of work to undertake as the gaps in the survey data were filled with knowledge about how the programme is actually working on the ground. I am pleased to say there are no sites on enhanced monitoring. Our sQMG is monitoring action plans from visits. An area for development will be to develop tools that we can ensure action plans from visits are delivered. An area that would be useful for all sQMGs will be to consider visit leads following up all visits with a planned meeting (face to face or virtual) with the DME and Service team to assess progress. There has been a concern about Foundation representation at our sQMG meetings. This has now been resolved at our recent MDET meeting 19/06/20 and a Foundation Quality representative (APDQ Foundation or QIM Foundation) will be at future meetings.

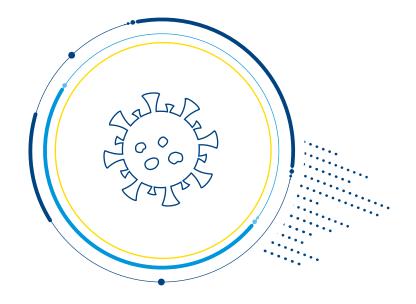
The Quality team (APGD: Mo Al-Haddad; QIM: Kelly More; QIA Lorna McDermott; TAs Stephen Davidson and Saurabh Borgaonkar and Lay Rep John Adams) should be congratulated for their excellent team effort and all their efforts have improved the training environment throughout Scotland. The QRP is an excellent example of teamwork and allows the annual assessment of all Emergency Medicine, Anaesthetics and Intensive Care Medicine training sites within Scotland. All such outputs are regularly monitored via the EMA sQMG and STB, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.

IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 🔷 BOARD | ♥ SITE | ● SPECIALTY | 🖉 VISIT TYPE | 🗎 DATE OF VISIT |
|----------------------------------|---------------------------|--------------|------------------------------------|-----------------|
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | Anaesthetics | Triggered (postponed from January) | 05/06/20 |

Many of our trainees were at the front line of the pandemic as they work in Intensive Care. Informally, we have heard that they have coped well as they were trained to deal with that intense environment. Those working in Emergency Medicine remained in their specialty. All trainees demonstrated excellent teamwork. We will be interested to see what the Scottish Training Survey and COVID-19 survey data shows about their training and experiences.



LOOKING FORWARD

We need to reboot the system in the post COVID-19 world and will need to consider how we manage our sQMG, STB, Visits and QRPs. We will explore using more virtual methods to facilitate meetings.

There is ongoing discussion at the Deanery Quality Management Group (DQMG) how best to re-boot the system and it is key that the sQMGs operate similarly. A priority for our sQMG is to prioritise which visits are needed and how we will deliver these. Information from chief residents/ trainee forums/PVQs could be pulled together as part of new ways of information gathering.

For our QRP this year, we will have detailed historical data pre-COVID-19 and will rely on local intelligence, TPD and DME reports. We may also be able to utilise the COVID-19 questionnaire for our trainees.

Once a decision is taken around how visits will proceed in future, we will arrange to visit Anaesthetics Inverclyde Royal Hospital, as planned this year.

We will also have to visit the new Royal Hospital for Sick Children in Edinburgh when it relocates to the Royal Infirmary of Edinburgh site as we will have trainees in Emergency Medicine and Anaesthetics on that site. We will wait until the departments have bedded in. Any other departments to visit will depend on visit priorities following the QRP. Currently we have no departments on enhanced monitoring, no items on the Deanery report and no major concerns on the horizon. We are proactive in managing any issues that arise.

We are fortunate in our specialties in that we are not aware of any changes to programme structures that will impact upon the delivery of training.

GOOD PRACTICE

Our Scotland wide programme review of the Acute Common Care Stem (ACCS) programme highlighted some excellent examples of good practice such as bespoke teaching and induction sessions specific to ACCS. All regions also had a specialty training committee to discuss ACCS specific issues. When writing the Scotland wide report trainees were benchmarked for the first time against trainees in other parts of the UK for exam results and annual review of competency progression (ARCP) outcomes. They performed favourably against other regions.

PROFESSOR ALAN DENISON Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

DIAGNOSTIC SPECIALTIES

MEMBERSHIP OF THE DIAGNOSTICS QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Alan Denison

Associate Deans (Quality)

• Dr Fiona Ewing

Associate Deans (Regional)

- Dr Wilma Kincaid (West),
- Dr Rhiannon Pugh (South East)
- Dr Marion Slater (North)
- Dr Tom Fardon (East)
- Dr Russell Duncan (East)

Foundation Representative

• Dr Alastair Milne

Trainee Associates

- Dr Manjit Cartlidge
- Dr Sarah Milliken

Quality Improvement Manager

• Miss Kelly More

Lay Rep

• Mr Albert Donald

Quality Improvement Administrator

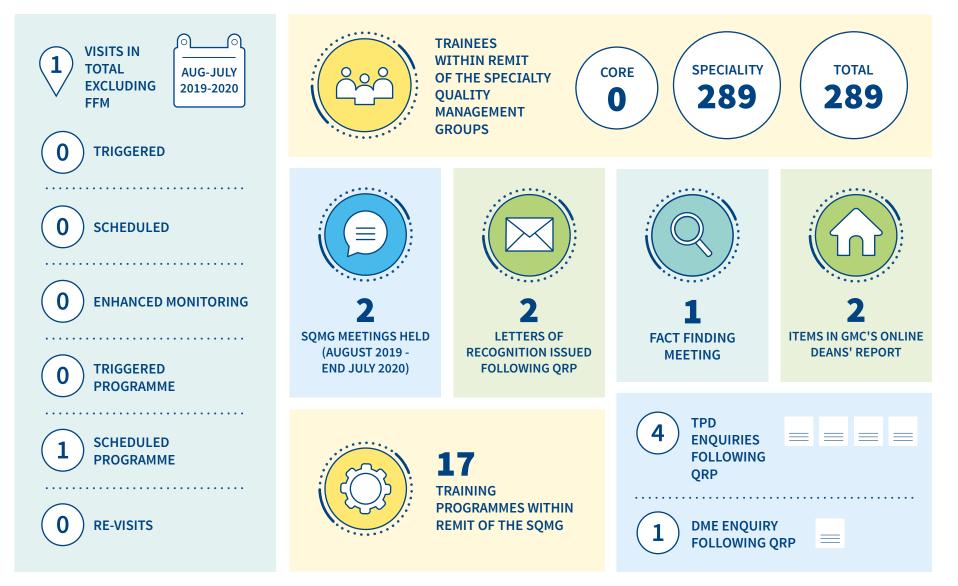
• Ms Lorna McDermott

Chair of Specialty Training Board

• Dr Peter Johnston



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|----------------|
| 2 | 4 | 0 | 1 | 0 | All resolved |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🖋 VISIT TYPE | 📾 DATE OF VISIT | OUTCOME OF VISIT |
|-------------|-----------|------------------------------|--------------|-----------------|---|
| NHS LOTHIAN | Programme | Diagnostic Neuropathology | Programme | 20/02/20 | 1 visit requirement 1 good practice item No re-visit required |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG – N/A SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) – N/A SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) – N/A

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 NTS | 2019 NTS |
|-----------------------------------|------------|------------|
| CHEMICAL PATHOLOGY | 5th of 6 | 3rd of 6 |
| CLINICAL RADIOLOGY | 3rd of 17 | 1st of 17 |
| COMBINED INFECTION TRAINING | No results | 7th of 13 |
| FORENSIC HISTOPATHOLOGY | 1st of 1 | No results |
| HISTOPATHOLOGY | 3rd of 15 | 4th of 15 |
| MEDICAL MICROBIOLOGY | 10th of 12 | 8th of 11 |
| MEDICAL VIROLOGY | 2nd of 2 | No results |

LDD OVERVIEW

This year has been dominated by COVID-19; details of the impact are summarised separately. The 2019 QRP worked well in terms of process and was well attended by all groups including the DME. All follow up queries were followed up and responded to. Good Practice letters were issued to Radiology departments in University Hospital Monklands in Airdrie and University Hospital Crosshouse in Kilmarnock. The sQMG is variably attended but updates are requested from non-attendees and all visit reports are thoroughly scrutinised to ensure that Local Education Providers' (LEPs) action plans appropriately address any requirements.

As in previous years the specialty team continues to achieve a balance between visiting departments with possible issues and undertaking scheduled visits so that all matters (both identified and/or previously unknown) can be investigated.

A programme visit to Diagnostic Neuropathology was undertaken. This was a very positive visit with only one requirement made around provision of trainee workspace.

We also undertook a fact finding meeting to combined infection trainees across Glasgow. The main issue identified at the meeting was the lack of joint working between the specialties that make up the programme; this confirmed pre-meeting intelligence. This was highlighted to the Board after the meeting and also in a previous visit report to medical microbiology. The whole specialty in the Glasgow area features as an item in the GMC Online Deans' Report. The support from the Quality Improvement Manager, APGDQ and wider team has been excellent.

IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 🖀 BOARD | ♥ SITE | ● SPECIALTY | 🖉 VISIT TYPE | 🗎 DATE OF VISIT |
|---|--------------|-------------|--------------|-----------------|
| NHS AYRSHIRE AND ARRAN | Pan-Ayrshire | Radiology | Scheduled | 14/05/20 |
| NHS LOTHIAN AND GREATER GLASGOW AND CLYDE | Programme | Virology | Programme | 09/06/20 |

COVID-19 has had a major impact on training in the Diagnostic specialties. Trainees in Virology, Combined Infection and Medical Microbiology have had direct and intensive involvement. Redeployment of significant numbers of Diagnostics trainees to support Boards' response to COVID-19 occurred in several locations. Where trainees were not redeployed, there has still been a profound educational impact. For example, the suspension of some routine activity in clinical services during the height of the COVID-19 situation led to very significant falls in throughput in Histopathology and Radiology, limiting the material available for training. As Boards now move towards a resumption of more clinical services, the backlog of postponed and cancelled diagnostic tests poses a considerable service and education challenge. Furthermore, the requirement to undertake service and training in a socially-distanced manner poses some practical challenges for many Diagnostics disciplines, on account of the physical layout in which they operate. Such space constraints are not limited to those within the Diagnostics STB remit and apply to the laboratory aspects of other specialties (e.g. Haematology, Immunology and Clinical Genetics).

The suspension of screening during the pandemic may be associated with a different pattern of patient presentation in the near future, which may also impact on the casemix and learning materials available for training. Examination cancellations and postponements have added to the impact especially on more senior trainees. As Colleges await GMC approval for changes to examination formats, timing is uncertain, leading to raised anxiety. This has already led to trainees being behind projected schedules in programme timing. We will through the ARCP process seek to support ongoing progression and plan additional training time where needed. It is anticipated that the education and training impact of COVID-19 on the Diagnostics specialties will extend for a considerable period of time. While the impact of COVID-19 on trainees has been significant, it is also relevant and important to acknowledge the profound impact on trainers, who have faced many of the issues referred to above, in addition to wider service-level reconfigurations and rapid changes. They, like trainees, require support, and we will continue to work with Boards to ensure that the needs of trainers are acknowledged and addressed. We await with interest to see what the STS and COVID-19 survey data shows us about their training and experiences across all the specialties.

LOOKING FORWARD

Once a decision is taken around how visits will proceed in future, we will arrange to visit Radiology across Ayrshire and Virology as planned this year.

We have visited nearly all the specialties in all the sites across Scotland. All that remains is to visit some of the smaller District General Hospitals (DGHs) and Paediatric Perinatal Histopathology. This is a new, very small programme so has never been visited and because trainee numbers are so small we do not have sufficient meaningful data from either trainee survey.

We will also need to undertake a new site visit when the Radiology department of the Sick Children's Hospital in Edinburgh moves location. This will take place once the move is complete.

The COVID-19 crisis has generated many challenges but has also rapidly changed the way in which clinical service, education and training can be delivered. We have already seen the rapid expansion of IT systems for socially distanced education in Radiology and we will further explore and strategically plan that in this training year. We also wish to explore the wider use of simulation in Interventional Radiology.

For the larger specialties, historic quality data will remain valuable in supporting processes such as the QRP. However, the reconfiguration of services and ongoing flux within complex and interconnected training environments presents an opportunity to consider and discuss what mechanisms and processes will deliver sufficient scrutiny and will support enhancement and innovation as we move forwards into a changed healthcare system.

GOOD PRACTICE

In light of challenges to Microbiology training identified in GMC National Training Surveys, NHS Lothian Laboratory Medicine has developed a corrective partnership approach to its Microbiology specialty training that includes a series of facilitator-led workshops for its Medical Specialty Trainees, Clinical Scientist Trainees and Consultant staff. The workshops focus on the challenges highlighted in the GMC surveys with a view to outline them clearly and address with corrective actions and monitoring over time; equally, the workshops also focus on professional development with particular emphasis on the many facets of team working and the development of a successful team. The approach is supported by the NHS Lothian Medical Education Directorate, Organisational Development Team and Employee Relations as well as the Scotland Deanery with further support from the GMC.

Overall, the experience has had a very positive impact on the workplace - both in terms of support for education and training but also as regards the workplace environment and culture; however, it is recognised that any gains must be maintained over time by regular monitoring (including internal surveys) and a continuous drive for improvements. As a result of the development of the approach, it may now be emulated across NHS Lothian Laboratory Medicine's other Specialties on an ongoing basis.

PROFESSOR ALASTAIR MCLELLAN Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

MEDICINE

MEMBERSHIP OF THE MEDICINE QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Alastair McLellan

Associate Deans (Quality)

- Dr Reem Al-Soufi
- Dr Stephen Glen
- Dr Alan McKenzie

Associate Deans (Regional)

- Dr Marion Slater (North)
- Dr Graham Leese (East)
- Dr Clive Goddard (South East)
- Dr David Marshall (West)

GP Representative

• Dr Kenneth Lee

Trainee Associates

- Dr Tim Jagelman
- Dr Euan Harris

- Dr Jessie Sohal Burnside
- Dr Ailie Grzybek
- Dr Sarah Murray
- Dr Gary Rodgers
- Dr Rob O'Donnell

Quality Improvement Manager

- Mr Alex McCulloch
- Mrs Heather Stronach

Lay Rep

• Mr Neil Logue

Quality Improvement Administrator

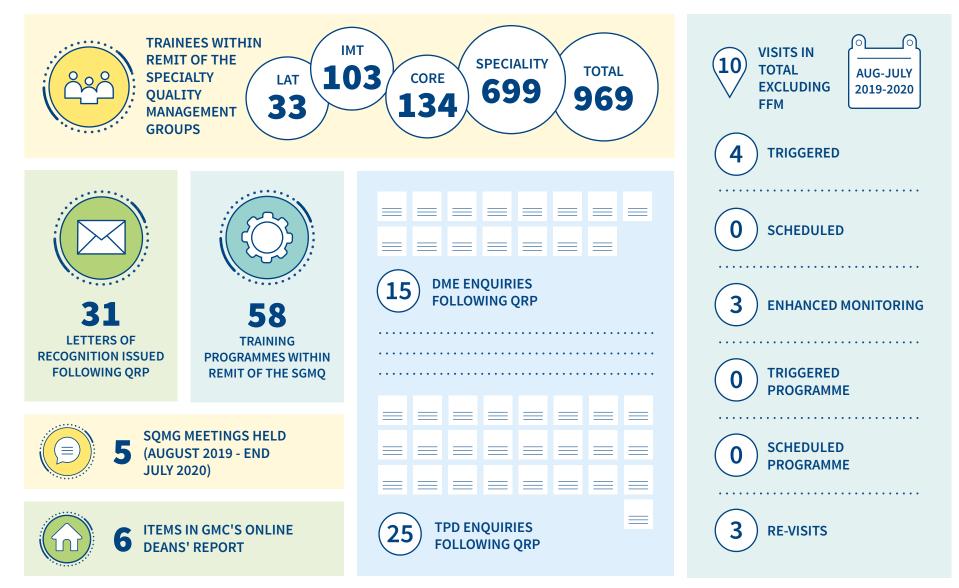
- Miss Patriche McGuire
- Miss Claire Rolfe

Chair of Specialty Training Board

• Dr David Marshall



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|--------------------------|
| 31 | 25 | 0 | 14 | 0 | 37 resolved 2 ongoing |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🛩 VISIT TYPE | 📾 DATE OF VISIT | OUTCOME OF VISIT |
|-------------------------------------|-----------------------------|------------------------------|------------------------|-----------------|---|
| NHS GRAMPIAN | Aberdeen Royal Infirmary | Cardiology | Re-visit | 09/10/2019 | 6 visit requirements 0 good practice items Re-visit highly likely |
| NHS GREATER GLASGOW AND CLYDE | Vale of Level Hospital | General Internal Medicine | Enhanced Monitoring | 22/10/2019 | 6 visit requirements 0 good practice items De-escalated from enhanced monitoring |
| NHS AYRSHIRE AND ARRAN | University Hospital Ayr | General Internal Medicine | Enhanced Monitoring | 06/11/2019 | 5 visit requirements 2 good practice items Re-visit required |

| 🖀 BOARD | ♥ SITE | | 🛩 VISIT TYPE | 🛱 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------------------------------|--|--|------------------------|-----------------|--|
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | General Internal Medicine and Geriatric Medicine | Re-visit | 13/11/2019 | 13 visit requirements 0 good practice items Escalated to enhanced monitoring Re-visit required |
| NHS AYRSHIRE AND ARRAN | University Hospital Crosshouse | General Internal Medicine | Re-visit | 27/11/2019 | 10 visit requirements 1 good practice item Re-visit required |
| NHS GREATER GLASGOW AND CLYDE | Beatson West of Scotland Cancer Centre | Clinical Oncology | Triggered | 22/01/2020 | 9 visit requirements 0 good practice items Re-visit highly likely |
| NHS LANARKSHIRE | University Hospital Hairmyres | General Internal Medicine | Triggered | 28/01/2020 | 8 visit requirements 1 good practice item Re-visit highly likely |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | General Internal Medicine | Enhanced Monitoring | 04/02/2020 | 10 visit requirements 0 good practice items Re-visit required |

| 🗳 BOARD | ♥ SITE | | 🖉 VISIT TYPE | | ⊘ OUTCOME OF VISIT |
|-------------------------------------|-----------------------------|--|--------------|------------|--|
| NHS GREATER GLASGOW AND CLYDE | Glasgow Royal Infirmary | Gastroenterology | Triggered | 12/02/2020 | 5 visit requirements 1 good practice item Re-visit highly likely |
| NHS GREATER GLASGOW AND CLYDE | Royal Alexandra Hospital | General Internal Medicine and Geriatric Medicine | Triggered | 11/03/2020 | 12 visit requirements 0 good practice items Re-visit required |



VISITS CANCELLED DUE TO SITE/BOARD BEING UNABLE TO ACCOMMODATE:

| 🖀 BOARD | ♥ SITE | | VISIT TYPE | 🗎 DATE OF VISIT | © OUTCOME OF VISIT |
|--------------|-----------------------|----------|------------|-----------------|----------------------------------|
| NHS SHETLAND | Gilbert Bain Hospital | Medicine | Scheduled | 26/05/20 | Board unable to accommodate date |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| 🖀 BOARD | ♥ SITE | | ● SPECIALTY LED BY | 🖉 VISIT TYPE | 🛱 DATE OF VISIT | ○ OUTCOME OF VISIT |
|--------------|-----------------------|----------|----------------------------|--------------|-----------------|--|
| NHS GRAMPIAN | Dr Gray's Hospital | Medicine | Foundation | Scheduled | 16/03/20 | Cancelled due to COVID-19 |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

- Queen Elizabeth University Hospital General Internal Medicine
- University Hospital Ayr General Internal Medicine
- Inverclyde Royal Hospital General Internal Medicine and Geriatric Medicine

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

• Vale of Leven Hospital – General Internal Medicine - (case de-escalated in February 2020)

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 UK RANKING | 2019 UK RANKING |
|-------------------------------------|-----------------|-----------------|
| ACUTE INTERNAL MEDICINE | 3rd of 16 | 5th of 17 |
| CARDIOLOGY | 13th of 17 | 10th of 16 |
| CORE MEDICAL TRAINING | 2nd of 17 | Equal 1st of 17 |
| DERMATOLOGY | 10th of 15 | 3rd of 15 |
| ENDOCRINOLOGY AND DIABETES MELLITUS | 2nd of 16 | 3rd of 16 |
| GASTROENTEROLOGY | 3rd of 16 | 6th of 16 |
| GENITO-URINARY MEDICINE | 4th of 13 | 6th of 11 |
| GERIATRIC MEDICINE | 3rd of 16 | 7th of 16 |
| HAEMATOLOGY | 2nd of 15 | 6th of 15 |
| INFECTIOUS DISEASES | 3rd of 10 | 9th of 10 |
| MEDICAL ONCOLOGY | 6th of 14 | 7th of 14 |
| NEUROLOGY | 8th of 15 | 3rd of 15 |
| PALLIATIVE MEDICINE | 2nd of 14 | 13th of 14 |

| | 2018 UK RANKING | 2019 UK RANKING |
|-------------------------|-----------------|-----------------|
| REHABILITATION MEDICINE | 4th of 7 | 4th of 6 |
| RENAL MEDICINE | 9th of 16 | 3rd of 16 |
| RESPIRATORY MEDICINE | 15th of 17 | 12th of 17 |
| RHEUMATOLOGY | 9th of 16 | 10th of 16 |

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

LDD OVERVIEW

This year the MQMG has delivered 10 quality management visits to medicine training environments – which is about half that of 2018-2019 (n=19) and similar to 2017-2018 (n=11) when the visit workload was lightened to take into account the visits undertaken by the GMC in their 2017 National Review of training in Scotland. Our visit cycle this year was paused in mid-March due to the impact of COVID-19 because our immediate focus was to ensure that NHS boards were equipped with the staff and resources they required to respond to the COVID-19 pandemic effectively. We cancelled 8 quality management visits to medicine training environments that had been arranged (see table), because of COVID-19.

The 2019 QRP worked well in terms of process and was well attended by all groups including the DME. All follow up queries were acted upon and responded to.

There are 3 medical training environments on GMC enhanced monitoring. The Vale of Leven District General Hospital was deescalated from enhanced monitoring in part because of the disestablishment of its GP training posts in medicine but partly also because the visit in October 2019 found improvements in the learning environment for the Foundation trainees who rotate there. University Hospital Ayr-Medicine (NHS Ayrshire and Arran), remains on 'enhanced monitoring with conditions' (progress was made to address 2 of the conditions, with 2 remaining in place). Queen Elizabeth University Hospital – Medicine (NHS Greater Glasgow and Clyde) remains on 'enhanced monitoring' and is showing some evidence of improvements in the training environment but with yet more work to be done to address safety concerns in the Initial Assessment Unit (IAU). We commend the engagement of NHS Greater Glasgow and Clyde in seeking solutions. General Internal Medicine and Geriatric Medicine at the Inverclyde Royal Hospital have been escalated to the GMC's enhanced monitoring process following a visit in November 2019.

This was the 4th quality management visit to this site since 2016; despite this support from the Deanery there were found to be persisting concerns about the quality and safety of this training environment that necessitated escalation to enhanced monitoring. Development of the action plan has unfortunately been delayed because of COVID-19.

Our experience of enhanced monitoring as applied to medicine training environments is extremely positive; it is encouraging to see the transformation and improvements in medical training at enhanced monitoring sites that can be achieved with the additional support in place through the enhanced monitoring process.

Medicine would like to welcome Dr Tom Fardon in the role of APGD-Medicine for East Region from August 2020, and Mr Neil Logue who was newly appointed to the lay representative role in medicine in September 2019. We wish to thank our former APGD-Medicine for East Region, Dr Graham Leese, for his valuable contribution to training in medicine and to the improvement in the quality of training that is provided in medicine in Scotland and Mr Archie Glen who had provided lay representation for medicine for 3 consecutive years.

We also extend our warm thanks to Dr Stephen Glen who will be stepping down from the APGD-Quality role at the end of August. Dr Glen has stepped down from being a major contributor to the work of the MQMG and of the DQMG. Dr Glen will continue to support the work of the MQMG in his role as APGD for IM stage 1 training.



IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 😤 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|-------------------------------------|--|---------------------------|----------------------|-----------------|
| NHS FORTH VALLEY | Forth Valley Royal Hospital | General Internal Medicine | Re-visit | 20/03/20 |
| NHS FIFE | Victoria Hospital | Cardiology | Fact Finding Meeting | 07/04/20 |
| NHS LOTHIAN | Royal Infirmary of Edinburgh | Cardiology | Triggered | 28/04/20 |
| NHS GREATER GLASGOW AND CLYDE | Gartnavel General Hospital | All Medicine Trainees | Fact Finding Meeting | 06/05/20 |
| NHS DUMFRIES AND GALLOWAY | Dumfries and Galloway Royal Infirmary | General Internal Medicine | Re-visit | 19/05/20 |
| NHS TAYSIDE | Ninewells Hospital | Medical Oncology | Triggered | 31/03/20 |
| NHS TAYSIDE | Ninewells Hospital | Neurology | Triggered | 02/06/20 |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Respiratory Medicine | Triggered | 17/06/20 |

LOOKING FORWARD

This has been a challenging year for Health Boards and the Deanery alike. The COVID-19 pandemic prevented ~40% of our planned quality management visit activity; but the impact of this pandemic on the medical workforce is significant not only for our doctors in training and the consultant body, but for all clinical and non-clinical staff supporting the frontline. Many of our Deanery's sessional APGDs and TPDs were redeployed fully to service during this time. We are extremely grateful for their contributions to supporting service during the pandemic but we are grateful to our APGDs, TPDs and our Trainee Associates for their engagement as we embark on recovery planning. Our immediate priority is to finish off those aspects of work that were stalled – to ensure we can publish final visit reports and have agreed action plans in place to address the requirements that have been set in our visit reports. With service remaining significantly disrupted it is unlikely that we will be able to undertake conventional quality management visits to sites during the remainder of 2020 and our priority is to support DQMG as it considers new ways of effecting quality management – including perhaps 'virtual visits' enabled by technology; any move to 'virtual visits' will require redesign of visit panels, of timetables, of question sets – and indeed of all aspects of how we do what we do. We are keen to continue to develop programme visits – and the revision of the programme visit question sets has continued despite the disruption of COVID-19; we anticipate that how we do programme visits is also likely to change as we explore what is feasible through 'virtual visits'. COVID-19 has brought enormous challenges but also opportunities and we are keen to avail ourselves of this opportunity to revise our approaches to quality management, and we trust to improve on how we do what we do.





PROFESSOR CLARE MCKENZIE Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

MENTAL HEALTH

MEMBERSHIP OF THE MENTAL HEALTH QUALITY MANAGEMENT GROUP

Lead Dean Director

- Professor Amjad Khan until 31/03/20
- Professor Clare McKenzie from 01/04/20

Associate Deans (Quality)

- Dr Claire Langridge
- Dr Alastair Campbell

Associate Deans (Regional)

- Dr Tom Fardon (East)
- Dr Daniel Bennett (North)
- Dr Rhiannon Pugh (South East)
- Dr Seamus McNulty (West)

Foundation Representative

• Dr James Neilly

GP Representative

• Dr Kenneth Lee until 11/19 then Dr Nick Dunn

Trainee Associates

- Dr Jack Kirby
- Dr David MacPherson
- Dr Kristofer Holte

Quality Improvement Manager

Mrs Dawn Mann

Lay Rep

• Mr Len Scott until 09/19 then Mr John Dearden

Quality Improvement Administrator

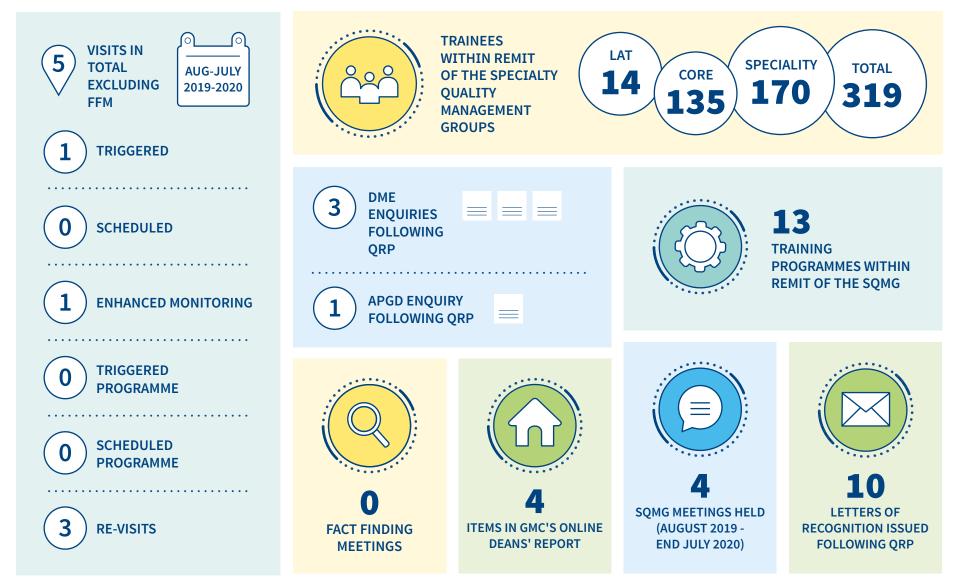
• Mrs Susan Muir

Chair of Specialty Training Board

• Dr Seamus McNulty



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|----------------|
| 10 | 0 | 1 | 3 | 0 | All resolved |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | 🖋 VISIT TYPE | 📾 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|--------------|----------------------------|---------------------------|---------------------------------|-----------------|---|
| NHS GRAMPIAN | Royal Cornhill Hospital | All Psychiatry | Re-visit | 13/11/19 | 4 visit requirements 0 good practice items Re-visit highly unlikely |
| NHS TAYSIDE | Pan-Tayside | General Adult Services | Enhanced Monitoring Re-visit | 09/10/19 | 13 visit requirements 0 good practice items Re-visit required |

| 🖀 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 📾 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------------------------------|-----------------------------|----------------|--------------|-----------------|---|
| NHS FIFE | Pan-Fife | All Psychiatry | Re-visit | 14/01/20 | 3 visit requirements 1 good practice item No re-visit required |
| NHS HIGHLAND | Argyll and Bute Hospital | All Psychiatry | Re-visit | 30/01/20 | 1 visit requirement 1 good practice item Re-visit highly unlikely |
| NHS GREATER GLASGOW AND CLYDE | Dykebar Hospital | All Psychiatry | Triggered | 16/01/20 | 4 visit requirements 1 good practice item Re-visit highly unlikely |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| 會 BOARD | ♥ SITE | | ● SPECIALTY LED BY | VISIT TYPE | 🛱 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------|-----------------------|------------|----------------------------|------------|-----------------|--|
| NHS LOTHIAN | St John's Hospital | Psychiatry | General Practice | Triggered | 31/03/20 | Cancelled due to COVID-19 |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

• Tayside was placed on enhanced monitoring following a re-visit in May 2018, with a focus on General Adult Psychiatry. The first EM visit took place 23.01.19 with a re-visit in October 19.

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

N/A

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 NTS | 2019 NTS |
|--------------------------------------|-----------|----------------|
| CHILD AND ADOLESCENT PSYCHIATRY | 5th of 14 | 5th of 15 |
| CORE PSYCHIATRY TRAINING | 4th of 17 | 11th of 17 |
| FORENSIC PSYCHIATRY | 9th of 13 | 8th of 14 |
| GENERAL PSYCHIATRY | 4th of 16 | 6th of 17 |
| MEDICAL PSYCHOTHERAPY | 1st of 4 | Equal 2nd of 5 |
| OLD AGE PSYCHIATRY | 3rd of 15 | 6th of 14 |
| PSYCHIATRY OF LEARNING DISABILITY | 2nd of 12 | 5th of 10 |

LDD OVERVIEW

Mental Health sQMG would like to thank Prof. Amjad Khan for his leadership and wish him success in his new role as Director of Postgraduate General Practice Education. We welcomed Prof. Clare McKenzie as our new Lead Dean Director on 1st April 2020.

Several visits were identified at the 2019 QRP including re-visits to Royal Cornhill Hospital, Pan Fife Psychiatry and Argyll and Bute Hospital. These visits were carried out between November and February and we were pleased with the work the departments had undertaken towards the requirements set at previous visits and would hope these sites could all return to the standard quality cycle. The QRP also highlighted concerns at Dykebar Hospital and a triggered visit was suggested which we undertook in February 2020. We were informed that a new Educational Supervisor was in place, the panel were struck by her enthusiasm and the sQMG made comment on the number of positive changes and suggested improvements that had been implemented since her arrival to improve the trainees experience.

Mental Health Quality Management Team have been actively working towards the completion of a 5-year plan and have visited most of the larger sites where psychiatry training is provided. We were actively considering how to review the remaining number of small sites. To explore this, the team had been liaising with NHS Lothian to arrange a pan-Tayside small sites visit. Additionally, we planned to visit two of the National Programmes and had scheduled these for March and September to link the visits to national teaching days to maximise trainee attendance and minimise distribution to trainees. The restrictions implemented as a result of COVID-19, mean that these plans will need reviewed in line with the restart of Deanery QM activity. Psychiatry pan-Tayside remains under Enhanced Monitoring and was due a joint QM visit with GMC in June. NHS Tayside provided a report on progress against the action plan requirements. The formal visit was postponed due to the government advice on essential travel and social distancing. Regular updates will be requested, and a visit will be planned when restrictions allow.

IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 🕿 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|--|---------------------------|-------------------------|---------------------------------|---|
| NHS FIFE, FORTH VALLEY, GRAMPIAN, LOTHIAN AND TAYSIDE | Programme | Intellectual Disability | Scheduled Programme | 25/03/20 |
| NHS GREATER GLASGOW AND CLYDE | Inverclyde Royal Hospital | All Psychiatry | Scheduled | 23/04/20 Originally scheduled for 05/12/20 which was postponed on request. |
| NHS LOTHIAN | Lothian Small Sites | All Psychiatry | Scheduled | 18/05/20 |
| NHS TAYSIDE | Pan Tayside | General Adult Services | Enhanced Monitoring re-visit | 18/06/20 |
| NHS GRAMPIAN, GREATER GLASGOW AND CLYDE, LOTHIAN AND TAYSIDE | Programme | Medical Psychotherapy | Scheduled Programme | 09/09/20 |

While mental health specialties were not directly involved in the initial increase in workload resulting from COVID-19, there have been consequences to training secondary to altered work practices and deployment of junior trainees to frontline medical specialties. These included: change in out-patient work to telephone and video consultations, remote trainee supervision, deployment of psychiatry trainees to manage in-patient psychiatry services which included

COVID-19 patients, formal teaching being suspended and the cancellation of examinations. For individual trainees there has been a change to more flexibility and working from home which applied to both those who are shielding and those who are not. We anticipate that COVID-19 effects may become more prevalent in mental health specialties with increased referrals for mental health illness.

LOOKING FORWARD

At this stage it is difficult to be certain about the detail of future services, however, it is likely that more remote consulting will increase with a greater need for training in this skill and a review of how performance is assessed. It is expected that more teaching will move online, and this is being developed for CASC preparation currently.

Mental health specialties are currently involved in overseeing trainee progress at ARCPs with normal panel membership with the exception of external representation. Looking forward there are several areas that the quality management team would like to develop in collaboration with the specialty education leads through the sQMG and the STB.

- The value of Wellbeing and Mental Health for NHS Staff including trainees has been significantly brought to the fore during the COVID-19 crisis. Mental Health quality management visits have highlighted the value of the weekly "supervision hour" in supporting trainees. This is of particular benefit to Foundation trainees who do not have access to this in other specialties. This 1 to 1 with a supervisor would be of benefit not just to trainees but also to trainers as a process of support, reflection and mutual learning. This is something that could be championed in other specialties for Foundation Trainees.
- The team regularly identify issues in survey data and visit information in relation to handover. It is acknowledged that the nature of clinical handover in psychiatry is different, overall the process appears to be less formalised and developed than other specialties. However robust handover which is recorded is an important part of all modern clinical

practice and these differences need to be explored with the specialists on the STB. This area of work is a potential QI opportunity for a trainee representative.

• It is felt that there is a greater opportunity to improve the sharing of good practice, the team will consider how to collate this and disseminate information within mental health specialties and if appropriate other specialties. This will include working with the STB to promote known good practice items and sharing good practice items identified from visits and data including NTS freetext comments, STS freetext comments and the research paper which analyses these.

The team are keen to be involved in piloting any new proposals for Quality Management in terms of modified focus groups (potentially in Inverclyde) or remote QM visits (potentially a national programme).

GOOD PRACTICE

Observations from a Mental Health Quality Management visit to Dykebar Hospital:

The role of the consultant with responsibility for postgraduate education within a department is crucial. The appointment of a new individual to this role resulted in a positive change within a unit ensuring that education was a core value of the department. The post holder had genuine enthusiasm for the role, had innovative ideas and strived to improve training. There was evidence of listening to the experiences of all doctors in training and tailoring training to the needs of each individual doctor. Based on these conversations the educational lead actively tried to change and improve aspects of training where there were problems but also celebrated the success of aspects that were working well.

PROFESSOR ALAN DENISON

Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

OBSTETRICS AND GYNAECOLOGY/PAEDIATRICS

MEMBERSHIP OF THE OBSTETRICS AND GYNAECOLOGY AND PAEDIATRIC QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Alan Denison

Associate Deans (Quality)

- Dr Peter MacDonald
- Dr Alastair Campbell

Associate Deans (Regional)

- Dr Barbara Stewart- APGD Paediatrics (South East)
- Dr Chris Lilley APGD O&G/Paeds (West)
- Dr Alastair Murray APGD O&G (South East)
- Professor Peter Johnston APGD O&G/ Paeds (North) – Until December 2019
- Dr Mandy Hunter APGD O&G/Paeds (North) – Started February 2020
- Dr Tom Fardon APGD O&G/Paeds (East)

Foundation Representative

• Dr Yatin Patel (Paeds)

GP Representative

• Dr Elizabeth Barr

Trainee Associates

- Dr Alastair Hurry
- Dr Laura Mulligan
- Dr Alan McKenzie

Quality Improvement Manager

- Mrs Hazel Stewart (mat leave from Dec 2019)
- Ms Fiona Conville (from Dec 2019)

Lay Rep

• Mr Gordon Laurie

Quality Improvement Administrator

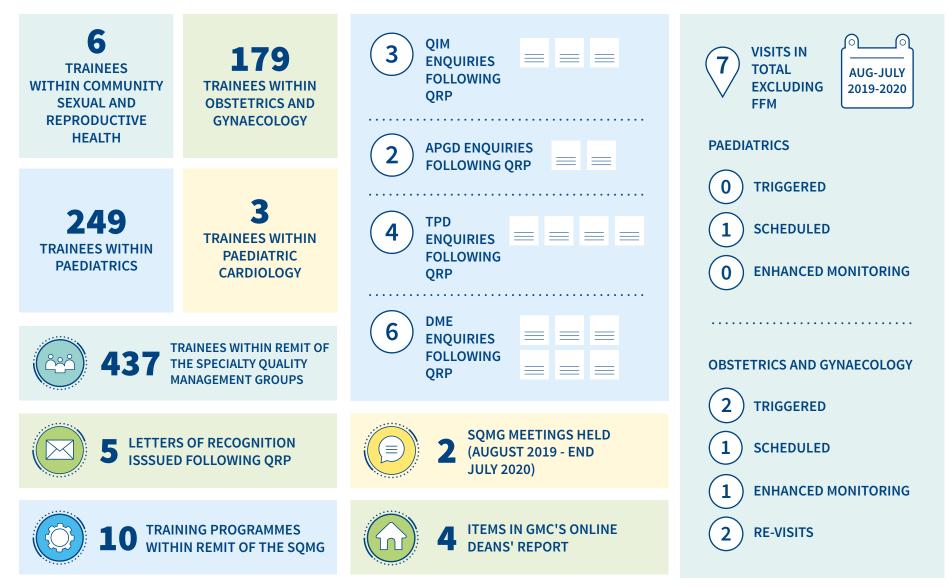
- Ms Fiona Conville (until Dec 2019)
- Miss Patriche McGuire (started Dec 2019)

Chair of Specialty Training Board

• Dr Claire Alexander



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|----------------|
| 5 | 4 | 2 | 6 | 3 | All resolved |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 合 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 📾 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------------------------------|--|-------------------------------|--------------|-----------------|---|
| NHS GREATER GLASGOW AND CLYDE | The Princess Royal Maternity Unit | Paediatrics | Scheduled | 07/10/19 | 3 visit requirements 4 good practice items No re-visit required |
| NHS AYRSHIRE AND ARRAN | University Hospital Crosshouse | Obstetrics and Gynaecology | Scheduled | 10/10/19 | 6 visit requirements 5 good practice items Re-visit highly unlikely |
| NHS TAYSIDE | Ninewells Hospital and Perth Royal Infirmary | Obstetrics and Gynaecology | Re-visit | 04/11/19 | 5 visit requirements 3 good practice items Re-visit highly unlikely |

| \land BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🗎 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------------------------------|--|-------------------------------|---------------------------------|-----------------|--|
| NHS GRAMPIAN | Aberdeen Royal Infirmary/Aberdeen Maternity Unit | Obstetrics and Gynaecology | Re-visit | 26/11/19 | 3 visit requirements 5 good practice items Re-visit required |
| NHS HIGHLAND | Raigmore Hospital | Obstetrics and Gynaecology | Triggered | 14/02/20 | 0 visit requirements 6 good practice items No re-visit required |
| NHS GREATER GLASGOW AND CLYDE | The Princess Royal Maternity Unit | Obstetrics and Gynaecology | Enhanced Monitoring re-visit | 27/02/20 | 9 visit requirements 1 good practice item Re-visit required |
| NHS GREATER GLASGOW AND CLYDE | The Royal Alexandra Hospital | Obstetrics and Gynaecology | Triggered | 11/03/20 | 3 visit requirements 5 good practice items No re-visit required |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| 會 BOARD | ♥ SITE | | ● SPECIALTY LED BY | 🖉 VISIT TYPE | 🛱 DATE OF VISIT | OUTCOME OF VISIT |
|---------------------|--------------------------------|-------------------------------|-----------------------|--------------|-----------------|--|
| NHS FORTH VALLEY | Forth Valley Royal Hospital | Obstetrics and Gynaecology | General Practice | Triggered | 28/01/2020 | 2 visit requirements 4 good practice items No re-visit required |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20)

- The Princess Royal Maternity Hospital O&G. Site was visited 27th February 2020, Due to the remaining and ongoing concerns around the delivery of postgraduate medical training not meeting the GMC's standards despite enhanced monitoring, there will be a discussion with the GMC following finalisation of the report as to whether they might wish to consider imposing conditions upon the ongoing enhanced monitoring.
- Aberdeen Maternity Hospital Paediatrics (Neonates) Visit postponed due to COVID-19.

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) N/A

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 NTS | 2019 NTS |
|---|---------------|---------------|
| COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH | 1st out of 3 | 1st out of 3 |
| OBSTETRICS AND GYNAECOLOGY | 5th out of 16 | 6th out of 16 |
| PAEDIATRICS | 9th out of 16 | 8th out of 16 |

LDD OVERVIEW

This year has been dominated by COVID-19, and there are more details about its impact below. While the impact of COVID-19 on trainees has been significant, it is also relevant and important to acknowledge the profound impact on trainers, who have faced considerable challenges during the pandemic, including service reconfigurations and rapid changes. They, like trainees, require support, and we will continue to work with Boards to ensure that the needs of trainers are acknowledged and addressed. We acknowledge and are very grateful to trainers for their support of trainees during these exceptional times, and for trainees for their ongoing contribution to clinical care.

We welcomed Dr Mandy Hunter as a new North Region APGD in February 2020.

The 2019 QRP worked well and all follow-up queries were addressed. We were pleased to issue a number of good practice letters. We undertook seven visits before COVID-19 led to suspension of visiting. Two sites remain under GMC enhanced monitoring.

The support and leadership from the Quality Improvement Manager, APGD-Qs and wider quality team has been excellent.



IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

| 💣 BOARD | ♥ SITE | ● SPECIALTY | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|-------------------------------------|---|-------------------------------|--------------|-----------------|
| NHS TAYSIDE | Ninewells Hospital | Paediatrics | Scheduled | 21/04/20 |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital, O&G | Obstetrics and Gynaecology | Re-visit | 06/05/20 |
| NHS GRAMPIAN | Aberdeen Maternity Hospital | Neonates | EM Re-visit | 07/5/20 |
| NHS GRAMPIAN | Royal Aberdeen Children's Hospital | Paediatrics | Scheduled | 01/06/20 |
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Neonates | Scheduled | 15/06/20 |
| NHS GREATER GLASGOW AND CLYDE | The Royal Hospital for Children, Glasgow | Paediatrics | Scheduled | October 20 |
| NHS DUMFRIES AND GALLOWAY | Dumfries and Galloway Royal Infirmary | Paediatrics | Re-visit | 08/10/20 |

| 🖀 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🗎 DATE OF VISIT |
|-------------------------------------|---|-------------|--------------|-----------------|
| NHS GREATER GLASGOW AND CLYDE | The Royal Hospital for Children, Glasgow | Paediatrics | Scheduled | 22/10/20 |
| NHS GREATER GLASGOW AND CLYDE | The Royal Hospital for Children, Glasgow | Paediatrics | Scheduled | 04/11/20 |

In Obstetrics and Gynaecology trainees have remained within the specialty and have not been redeployed to other acute specialties. All elective Gynaecology outpatient work and elective Gynaecological Surgery with the exception, of cancer surgery has been halted. This has had the biggest impact on senior trainees undertaking Gynaecology related Advanced Training Skills Modules (ATSMs) and Subspecialty training in Gynaecologic Oncology, Urogynaecology and Reproductive medicine and it is likely for some they may require additional training time. Trainees have still gained training and experience in Emergency Gynaecology. Within Obstetrics there has been no impact of COVID-19 on experience and training in Emergency Obstetrics. Outpatient work in Obstetrics has continued as has scanning and therefore training in these areas has been maintained. However due to changes in rotas then there will have been some impact on the training experience in outpatient obstetrics for all trainees. Most trainees Out of Programme (OOPR) returned to full time clinical work and therefore this has suspended their research training and experience. When they return to their OOPR the recommendations on social distancing will have implications on access to research facilities. This may further impact their research experience. The impact on surgical training is likely to continue throughout the recovery phase of the pandemic and this is likely to affect trainees in the next training year.

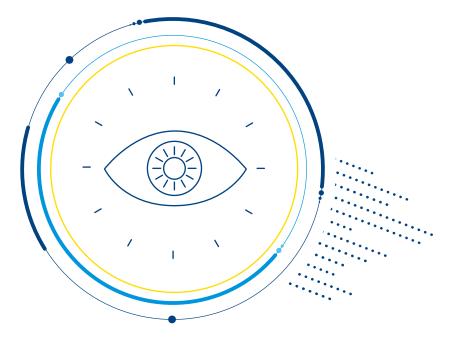
Trainees in Paediatrics have largely remained within their parent specialty during the COVID-19 pandemic. However, their duties and clinical experience within the specialty has changed. Clinical activity in many areas has considerably reduced and out-patient based experience for trainees has almost ceased. Some trainees allocated to subspecialty placements that largely involve non-acute outpatient work have been reassigned within Paediatrics to more acute areas that may not map to their relevant present training objectives. In acute and critical care areas such as Neonatology, Intensive Care and Emergency Medicine clinical training has largely continued with little change and rotas have to some degree been less pressurised than they otherwise would have been due to increased contribution from reassigned trainees.

Across both the specialties, training courses, certain assessments and mandatory courses have been halted since mid March. The timing of some examination resumption is uncertain. This has already led to trainees being behind projected schedules in programme timing (e.g. Paediatric START assessment). We will through the ARCP process seek to support ongoing progression and plan additional training time where needed. It is anticipated that the education and training impact of COVID-19 will persist for a considerable period of time.

LOOKING FORWARD

Our main priorities going forward:

- 1. Establish an updated approach to quality management visits. This will include socially distanced technology solutions and we look forward to discussing how best to incorporate this into visits. Exploring how COVID-19 has and continues to affect trainees, trainers and the learning environment will be helpful.
- 2. There are a number of visits that were cancelled because of COVID-19. We will consider how and when best to undertake them.
- 3. We will work with Boards and clinical units to ensure that training planning and delivery is embedded within COVID-19 clinical service recovery plans.
- 4. We will champion teaching and training using existing and new technology, promoting and sharing innovation and creativity, to ensure that high quality training continues and that good practice is shared.





PROFESSOR ADAM HILL Lead Dean Director

SPECIALTY QUALITY MANAGEMENT GROUP 2020 ANNUAL REVIEW

SURGERY

MEMBERSHIP OF THE SURGERY QUALITY MANAGEMENT GROUP

Lead Dean Director

• Professor Adam Hill

Associate Deans (Quality)

- Dr Kerry Haddow
- Mr Phil Walmsley
- Dr Reem Al-Soufi

Associate Deans (Regional)

- Dr Russell Duncan (East)
- Mr Bryn Jones (West)
- Mr Alastair Murray (South East)
- Ms Melanie Clarke (North) newly appointed 2020

Trainee Associates

- Dr Aine McGovern
- Dr Catriona Ingram

- Dr Georgina Walsh
- Dr Gillian Scott

Quality Improvement Manager

- Ms Vicky Hayter
- Mrs Jennifer Duncan

Lay Rep

• Mr Tom Drake

Quality Improvement Administrator

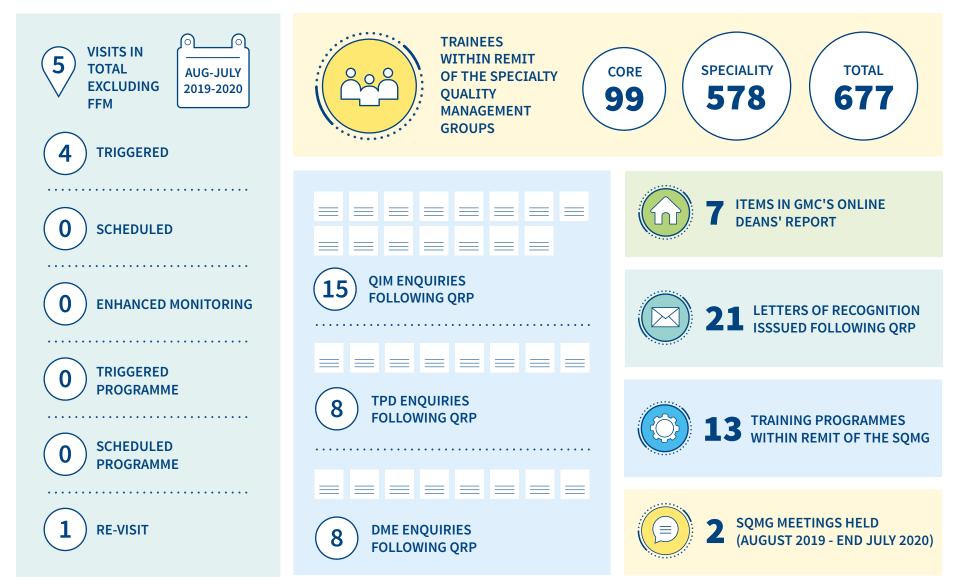
- Mrs Gayle Hunter
- Mrs Susan Muir

Chair of Specialty Training Board

• Mr Graham Haddock



HIGHLIGHTS



OVERVIEW

THE FOLLOWING ENQUIRIES WERE RAISED AT THE 2019 QRP:

| GOOD PRACTICE LETTERS | TPD ENQUIRIES | APD ENQUIRIES | DME ENQUIRIES | QIM ENQUIRIES (NES INTERNAL) | ENQUIRY STATUS |
|--------------------------|---------------|---------------|---------------|---------------------------------|----------------|
| 21 | 8 | 0 | 8 | 15 | All resolved |

THE FOLLOWING VISITS WERE UNDERTAKEN IN 2019/20 TRAINING YEAR:

| 🖀 BOARD | ♥ SITE | | VISIT TYPE | 🛱 DATE OF VISIT | ⊘ OUTCOME OF VISIT |
|-------------------------------------|--|--------------------|------------|-----------------|--|
| NHS GREATER GLASGOW AND CLYDE | Queen Elizabeth University Hospital | Paediatric Surgery | Triggered | 11/12/2019 | 6 visit requirements 0 good practice items No re-visit required |
| NHS LOTHIAN | Western General Hospital | Neurosurgery | Triggered | 24/01/2020 | 8 visit requirements 0 good practice items Re-visit required |
| NHS TAYSIDE | Ninewells Hospital | Plastic Surgery | Triggered | 30/01/2020 | 6 visit requirements 0 good practice items Re-visit required |

| 🖀 BOARD | ♥ SITE | | 🖉 VISIT TYPE | | © OUTCOME OF VISIT |
|------------------------------|-----------------------------------|-----------------|--------------|------------|--|
| NHS GRAMPIAN | Aberdeen Royal Infirmary | Ophthalmology | Triggered | 18/02/2020 | 5 visit requirements 0 good practice items No re-visit required |
| NHS DUMFRIES AND GALLOWAY | Dumfries and Galloway Hospital | General Surgery | Re-visit | 05/03/2020 | 8 visit requirements 4 good practice items No re-visit required |

VISITS IDENTIFIED BUT LED BY ANOTHER SQMG:

| 🖀 BOARD | ♥ SITE | | | 🖋 VISIT TYPE | 🛱 DATE OF VISIT | OUTCOME OF VISIT |
|-------------------------------------|-----------------------------|---------------------------------------|------------|--------------|-----------------|---|
| NHS GREATER GLASGOW AND CLYDE | Royal Alexandra Hospital | Trauma and Orthopaedics Surgery | Foundation | Triggered | 21/01/2020 | 14 visit requirements 1 good practice item |

SITES ON ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) None

SITES REMOVED FROM ENHANCED MONITORING WITH TRAINEES WITHIN THE REMIT OF SQMG (01/08/19 TO 31/07/20) None

OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2018 NTS | 2019 NTS |
|------------------------------------|-----------|------------|
| CARDIO-THORACIC SURGERY | 4th of 12 | 8th of 12 |
| CORE SURGICAL TRAINING | 4th of 17 | 11th of 17 |
| GENERAL SURGERY | 9th of 17 | 6th of 17 |
| NEUROSURGERY | 3rd of 14 | 10th of 14 |
| OPHTHALMOLOGY | 1st of 15 | 3rd of 15 |
| ORAL AND MAXILLO-FACIAL SURGERY | 3rd of 12 | 4th of 12 |



OVERALL SATISFACTION RANKINGS IN COMPARISON WITH UK DEANERIES

| | 2017 NTS | 2018 NTS | 2019 NTS |
|--------------------------------------|--------------------|------------|------------|
| OTOLARYNGOLOGY | 3rd of 17 | 10th of 16 | 10th of 15 |
| PAEDIATRIC SURGERY | | 4th of 8 | 8th of 8 |
| PLASTIC SURGERY | Equal 4th of 16 | 2nd of 13 | 7th of 13 |
| TRAUMA AND ORTHOPAEDIC SURGERY | 6th of 17 | 7th of 17 | 5th of 17 |
| UROLOGY | 4th of 16 | 8th of 15 | 6th of 15 |
| VASCULAR SURGERY | 5th of 17 | 9th of 14 | 7th of 14 |

LDD OVERVIEW

The Improved Surgical Training Programme (IST) Pilot has been a huge success led by our STB Chair Graham Haddock and team. This pilot started in 2018 and provides trainees with 60% elective daytime training activity, have a minimum of one hour per week to receive feedback from their trainer and reflect on their work, 4 Day Boot camp in Year 1 (3 options/yr), enhanced simulation, dedicated monthly training days including anatomy training (W/E- replicated and trainees can attend any region) organised by TPDs, Ken Walker and specialty lead. In addition, there is enhanced training for IST trainers- two-day boot camps + trainers tariff increased from 0.25SPA to 0.5 SPA. We have now sorted out the IST evaluation- in house we (NES) will perform the quantitative evaluation and the qualitative evaluation will be done by a PhD student supervised by Kim Walker, University of Aberdeen. A year 3 bid for IST has gone into Scottish Government.

The sQMG is now aligned with the Surgery STB which allows seamless flow of information from the Board to the sQMG and vice-versa. The QRP is an excellent forum to discuss all training sites in Scotland- this year we combined the Core and Higher QRP successfully. With the excellent teamwork, the quality team successfully delivered the combined QRP. The advantages were that all training grades were reviewed together, was an effective review of all surgical training sites in Scotland and was an excellent utilisation of time and resource. I am pleased to say there are no sites on enhanced monitoring. Our sQMGs are monitoring action plans from visits. An area for development will be to develop tools that we can ensure action plans from visits are delivered. An area that would be useful for all sQMGs will be to consider visit leads following up all visits with a planned meeting (face to face or virtual) with the DME and Service team to assess progress.

There has been challenges with Foundation representation at our sQMG meetings. This has been now resolved at our recent MDET meeting 19/06/20 and a Foundation Quality representative (APDQ Foundation or QIM Foundation) will be at future meetings.

The Quality team (APDs: Kerry More, Phil Walmsley, Reem Al-soufi; QIMs: Vicky Hayter and Jennifer Duncan; QIAs Gayle Hunter and Susan Muir; TAs Aine McGovern, Catriona Ingram, Georgina Walsh and Gillian Scott and Lay Rep Tom Drake) should be congratulated for their excellent team effort and all their efforts have improved the training environment throughout Scotland. The QRP is an excellent example of teamwork and allows the annual assessment of all surgical training sites within Scotland. All such outputs are regularly monitored via the Surgery sQMG and STBs, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.



IMPACT OF COVID-19 ON SPECIALTY

Visits cancelled due to COVID-19

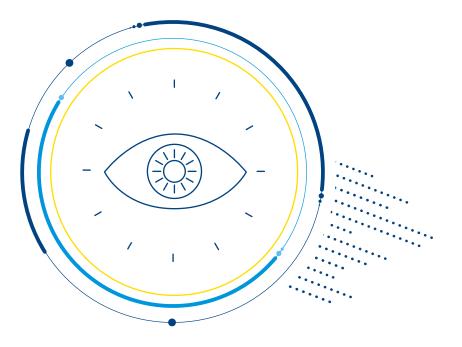
| 🔷 BOARD | ♥ SITE | | 🖉 VISIT TYPE | 🛱 DATE OF VISIT |
|---|---------------------------|---|--------------|-----------------|
| NHS AYRSHIRE AND ARRAN | University Hospital Ayr | General Surgery | Triggered | 24/03/2020 |
| NHS HIGHLAND | Lorne and Island Hospital | General Medicine and General Surgery | Triggered | 05/05/2020 |
| NHS HIGHLAND, GRAMPIAN, TAYSIDE, LOTHIAN AND FIFE | East Programme | Ear, Nose and Throat | Programme | 10/06/2020 |
| NHS GREATER GLASGOW AND CLYDE, AYRSHIRE AND ARRAN, LANARKSHIRE AND FORTH VALLEY | West Programme | Ear, Nose and Throat | Programme | N/A |
| NHS FIFE | Queen Margaret Hospital | Ophthalmology | Scheduled | 22/05/2020 |

LOOKING FORWARD

We need to reboot the system in the post COVID-19 world and will need to consider how we manage our sQMGs, STBs, Visits and QRPs. We will explore how to optimally employ more virtual methods to facilitate both meetings and visits, without losing information or assessments we would gain from a face to face visit.

There is ongoing discussion at the DQMG how best to re-boot the system and it is key that the sQMGs operate similarly. A priority for our sQMG is to prioritise which of our pre-COVID-19 planned visits are still needed, the best way to deliver them and the timing of those visits. Information from chief residents/trainee forums/PVQs could be pulled together as part of new ways of information gathering for visits.

For our QRP this year, we will have detailed historical data pre- COVID-19 and will rely on local intelligence, TPD and DME reports. We may also be able to utilise the COVID-19 questionnaire for our trainees.



ENHANCED MONITORING ALASTAIR MCLELLAN

QAR 2020: ENHANCED MONITORING

| BOARD | SITE | UNIT(S) | TRAINEE LEVEL(S) | DATE PLACED ON EM | 1ST AUG 2019 | 1ST AUG 2020 |
|-------------------------------------|--|---------------------------------------|--|----------------------|--|--|
| | CASES ON ENHANCED MONITORING WITH CONDITIONS | | | | | |
| NHS AYRSHIRE AND ARRAN | University Hospital Ayr | Medicine | Foundation Core GPST Higher | 16/11/16 | On EM with conditions: evidence that action plan is effecting improvement | On EM with fewer conditions: evidence that action plan is effecting improvement |
| CASES ON ENHANCED MONITORING | | | | | | |
| NHS GRAMPIAN | Aberdeen Maternity Hospital | Paediatrics - Neonatal Medicine | Run-through Paediatrics Trainees | 01/11/16 | Evidence that action plan is effecting improvement | Re-visit postponed due to COVID-19 |
| NHS GREATER GLASGOW AND CLYDE | Vale of Leven General Hospital | Medicine | Foundation GPST | 28/01/15 | Evidence that action plan is effecting improvement | Closed 16/12/19 |
| | Queen Elizabeth University Hospital | Medicine | Foundation Core GPST Higher | 17/05/16 | Action plan in place - evidence of benefit awaited | Action plan in place - evidence of benefit awaited |

| BOARD | SITE | UNIT(S) | TRAINEE LEVEL(S) | DATE PLACED ON EM | 1ST AUG 2019 | 1ST AUG 2020 |
|-------------------------------------|---|---|--------------------------------------|----------------------|---|---|
| NHS GREATER GLASGOW AND CLYDE | Princess Royal Maternity - Glasgow Royal Infirmary | Obstetrics and Gynaecology | Foundation GPST Higher | 29/05/18 | Evidence that action plan is effecting improvement | Action plan in place - evidence of benefit awaited |
| | Inverclyde Royal Hospital | General Medicine and Geriatric Medicine | Foundation Core GPST Higher | 16/12/19 | | Action plan in place - evidence of benefit awaited |
| NHS LANARKSHIRE | Wishaw General Hospital | Trauma and Orthopaedic Surgery | Foundation Core GPST Higher | 17/03/14 | Evidence that action plan is effecting improvement | Closed 16/12/19 |
| NHS TAYSIDE | General Adult Mental Health Services | General Adult Psychiatry | Foundation Core GPST Higher | 29/05/18 | Action plan in place - evidence of benefit awaited | Re-visit postponed due to COVID-19 |

Enhanced Monitoring is a General Medical Council (GMC) process that can be initiated either by the GMC or by the Deanery in association with the GMC. It is invoked to provide additional leverage to the Deanery's quality management and improvement processes when training environments will not meet the GMC's standards for medical education and training without this intervention. Cases vary in their size and complexity - and can range from a single issue in a single department to multiple issues among a grouping of multiple specialties, involving multiple departments, within a LEP or in a Health Board. Enhanced monitoring is a valued quality management tool that supports improvement in the quality of training environments. Scotland Deanery reports to Scottish Government monthly on the status of its enhanced monitoring cases and provides 3 monthly updates to the GMC that publishes details of enhanced monitoring cases on its website: www.qmc-uk.org/education/how-we-guality-assure/postgraduatebodies/enhanced-monitoring.

At the beginning of the 2019-20 training year Scotland Deanery had 7 cases on the GMC's enhanced monitoring process. Of these, 3 have been on enhanced monitoring for more than 3 years. University Hospital Ayr – Medicine was escalated from being on enhanced monitoring to 'enhanced monitoring with conditions' in February 2018 based on the persistence of concerns around quality of training and of safety within the training environment. 4 'conditions' were set that must be met in order that posts and programmes to continue to have GMC approval for training. At our re-visit in 2019, some progress was noted and the number of 'conditions' was reduced. During 2019-20, 2 cases were de-escalated from enhanced monitoring following the demonstration of sustained improvements within these training environments (the Vale of Leven General Hospital – Medicine and Wishaw General Hospital – Trauma and Orthopaedic Surgery). One new case (Inverclyde Royal Hospital – Medicine and Geriatric Medicine) has been escalated to enhanced monitoring because conventional quality management processes have failed to achieve resolution of long-term concerns about training. Service and training disruption due to COVID-19 resulted in the postponement of 2 Enhanced Monitoring Revisits (to Pan-Tayside Mental Health Services and to Aberdeen Maternity Hospital Neonatal Services) and these will be rescheduled when safe and appropriate to do so.



WORKING WITH PARTNERS

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TASKFORCE TO IMPROVE THE QUALITY EDUCATION MEDICAL EDUCATION

The Taskforce to Improve the Quality of Medical Education (TIQME) comprises the key stakeholders around postgraduate and undergraduate medical education and training in Scotland – specifically the Medical Directors and Directors of Medical Education from all 14 territorial health boards and the Golden Jubilee National Hospital, the Deans of the Medical Schools and their senior colleagues and the Medical Directorate Executive Team of the Deanery. It is led jointly by Dr Ken Donaldson (MD of NHS Dumfries and Galloway), Dr Simon Edgar (DME of NHS Lothian) and Prof Alastair McLellan (Co-lead for Quality, Scotland Deanery). TIQME enables collaborative working to inform strategies to address some of the biggest challenges we face in delivering medical education and training in Scotland and it is also a forum for sharing and learning from good practice that already exists around Scotland.

In 2019-2020 TIQME's meeting schedule was disrupted due to COVID-19 but TIQME did meet twice (24th Sept 19 and 13th Dec 19) with workshops on the following themes:

- Encouraging doctors in training and students to "speak up" co-led by NHS GG&C and the GMC
- Beyond IQ: in-programme development opportunities for doctors in training co-led by NHS Lothian, the Deanery and a RCPSG Trainee representative
- "No Man's Opinion is Better than His Information" Planning and Monitoring Undergraduate Clinical Education - co-led by University of Glasgow and NHS GG&C

- What constitutes good training opportunities for GPSTs in secondary care training posts? led by the Deanery's GP Quality Management Group
- Return to work of doctors in training after periods of absence; how can we do this better? - co-led by the Deanery's Performance Support Unit and NHS GG&C

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

SHARING INTELLIGENCE FOR HEALTH AND CARE GROUP

The Sharing Intelligence for Health and Care Group (SIHCG) was set up in 2014, with the overall aim of supporting improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence. Establishing the Group was an important part of Scotland's response to a recommendation to improve intelligence sharing within and among national organisations that was made in 2013 by the Mid-Staffs Inquiry. The SIHCG now involves eight national organisations that have a Scotland-wide remit related to the improvement, audit, or scrutiny within health and care services: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education Scotland, NHS National Services Scotland, Public Health Scotland and the Scotlish Public Services Ombudsman. The SIHCG is the forum at which these organisations share the data and intelligence they hold about healthcare and training environments across Scotland (in particular NHS boards) and consider their responses to the intelligence that is shared. The co-chairs of SIHCG are from Healthcare Improvement Scotland (now its Medical Director, Dr Simon Watson) and from NHS Education Scotland (now one of its co-leads for Quality, Prof Alastair McLellan). NHS Education Scotland provides perspectives on Boards' performance through data and information from doctors in training and from trainers from surveys (GMC National Training Survey, the Scottish Training Survey) and from its quality management activities: Professor Adam Hill is developing further the data content and presentation of NES' contribution to the SIHCG's processes.

In the 2019-2020 cycle (SIHCG's cycle conforms to the financial year, in contrast to the rest of Deanery activity that maps to the 'training year') the SIHCG considered 18 NHS Boards including 16 that are engaged in postgraduate medical education and training, that is, all 14 Territorial Health Boards, the State Hospitals Board for Scotland and the Golden Jubilee National Hospital. The SIHCG publishes an annual report on its work - the latest reflects the period 2018-2019:

www.healthcareimprovementscotland.org/our_work/ governance_and_assurance/sharing_intelligence/sharing_ intelligence_2018-2019.aspx.

The SIHCG's consideration of Boards has identified recurring themes that impact on health care and training environments including 'churn' among senior leadership roles, challenges around health and social care integration, culture, financial pressures, difficulties recruiting and training doctors (consultant vacant rate averages around 8% in Scotland) and increasing workload. COVID-19 inevitably impacted greatly on partner organisations' usual scrutiny processes at the beginning of the 2020-21 cycle of activity and the flow of data and intelligence each brings to the SIHCG's processes, but the work of the SIHCG has adapted to these challenging circumstances and has maintained intelligence sharing underpinned by a novel emerging concerns process to maintain capability to respond to signals of concern. Revised processes will ensure that the SIHCG will continue to consider systematically all Boards through 2020-21 as partner organisations resume their customary scrutiny activities.

WORKING WITH THE GMC

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

Work undertaken by the Quality workstream along with the GMC has included:

- A reduction in the number of on-line Deans Report (ODR) items
- The 2019 NTS Triage List
- The submission of our first Self-Assessment Questionnaire (SAQ).

GMC ON-LINE DEANS REPORT (ODR)

All our entries are managed by specialty Quality Management Groups (sQMGs) with entries being updated by the Quality Improvement Manager for each sQMG. Either the Deanery or GMC can add items to the ODR. This year we have successfully managed to close 30 entries with the GMC, following the 2019 NTS, adding 8 new items. The Quality workstream is committed to continue to work with the GMC and NHS Boards to reduce the number of open items on the and provide meaningful updates via their quality activities.

THE 2019 NTS TRIAGE LIST

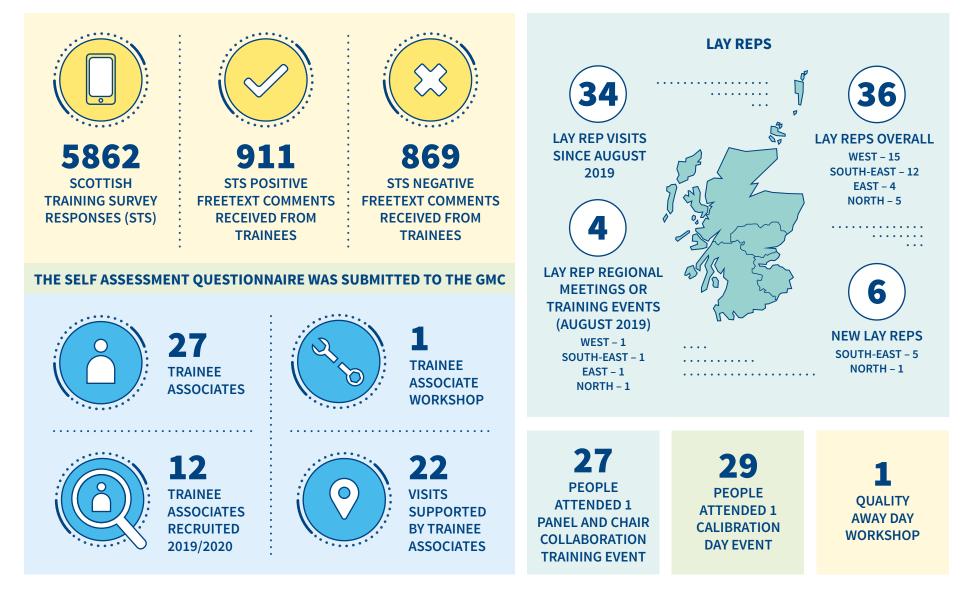
In 2018 the GMC introduced the NTS triage list highlighting sites of concern. In 2019 year we had 14 sites on the list. Sites are included on the triage list for the following reasons: excess red flags; excess triple red flags; post with indicators that have dropped rapidly in score from the preceding year; posts with overall low indicator scores. To get meaningful data for Scotland the GMC increased the threshold for the triage list to the bottom 2% compared to 0.5% for the rest of the UK. Those on the 2019 triage list were well known to the sQMGs, with action plans in place to address the issues.

SELF-ASSESSMENT QUESTIONNAIRE (SAQ)

This year the GMC have introduced a new annual SAQ process. Included in this process is the need for the Medical Director for NHS Education for Scotland, to sign a declaration confirming that we meet or are working towards meeting the standards in their Promoting Excellence document. This declaration is to be completed every 4 years. As part of the SAQ process the Quality workstream has, on behalf of the Scotland Deanery, submitted information regarding the quality of training in Scotland, our quality management processes and the Deanery's processes for managing and supporting training. The GMC will review our submission and may request further information or ask to attend some of the activities we have listed as part of our process, for example, quality visits. The GMC met with the quality workstream leads in August 2020 to discuss the outcomes from the SAQ and at the end of this annual cycle will issue us with an Annual Quality Review Summary which may set out some requirements or recommendations that we will have to undertake or they may highlight some good practice.



WORKING WITH PARTNERS HIGHLIGHTS



QUALITY WORKSTREAM PROGRESS AND DEVELOPMENT

DATA TEAM

The data team meet regularly throughout the year to review and suggest improvements to the way the Quality workstream collate and utilise data from various sources for a range of stakeholder groups including our Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group (SIHCG).

The data teams main areas of focus this year included making the most of the data we have available, ensuring our questionnaires, data outputs and reports are user friendly, introducing greater quality control to encourage consistent decisions across the specialty groups and the alignment of processes for the analysis of the Scottish Training Survey (STS) data with that of the GMC National Training Survey (NTS) data.

All proposals are discussed by the data team and tested to ensure the best outcome and then a paper or change request presented to Deanery Quality Management Group for approval. Some changes are driven by stakeholder feedback for example the review of the STS questions was prompted by trainee feedback. Some changes require a greater level of review for example this year a short life working group was set up to review the TPD reports. Suggested Quality Review Panel (QRP) data initiatives were presented and workshopped at a Quality Workstream away day and changes to the Sharing Intelligence template were made in collaboration with the SIHCG.

Highlights of this year's achievements include:

- Changes to the STS survey encompassing a simplification of questions, changes to benchmarking and the removal of the selection of additional locations by trainees without prior approval.
- A process for the review of negative STS freetext comments by the DMEs.
- The inclusion of freetext comments in TPD reports and the freetext comments research report.
- The creation of an SOP for the process of running and the stages for checking the TPD reports.
- Simplified QRP decision aid.
- A guide to the criteria for Good Practice Letters for sQMGs.
- New Template for the Sharing Intelligence Report.
- A change to how Practice references are reflected to bring our systems and GMCs into alignment to aid data comparison.
- Creation of an STS data retention policy in line with NES Information Governance.
- Improvement of the data documents reviewed at the Quality Review Panel meetings including the inclusion of 5 year longitudinal trends of the NTS and STS and triage lists for both NTS and STS to allow the easy identification of the at risk and best performing sites.

DEVELOPMENT TEAM

The development team, chaired by Dr Fiona Ewing (Associate Postgraduate Dean for Quality in Diagnostic Specialties), first met in January 2018 and is an amalgamation of two previous working groups. The team is comprised of APGD(Q)s, QIMs, a QIA and a trainee associate. Meetings are held bi-monthly.

The responsibilities of the team are:

- Training development QM-QI panels for all panel members.
- Training development QM-QI panels for chairs.
- To run and manage annual calibration days.
- Management of Trainee Associates appointments, reviews/appraisal, development.
- Management of twice yearly APGD-Q meetings.
- Lay rep management and training.
- Supporting development of QIMs and QIAs.

In order to meet these objectives, in the past year the team arranged the following events:

- Visit panel member training day on 29th October 2019 which included information on the role of a panel member, how to understand the pre-visit information, asking questions on a visit and what happens after a visit.
- Visit chair training day on 29th October 2019 run in parallel with panel members training. Targeting the specific skills needed for chairing visits.

- Visit calibration day on 19 November 2019 this event covered scenarios around confidentiality of the visit process, reflections on being a visit lead, publications of visit reports and handling of challenging visits.
- Trainee associate workshop 3rd December 2019. A chance for TAs to meet and discuss issues around the role such as how can trainees further develop the role and a session discussing unconscious bias.

Due to COVID-19 the following events had to be cancelled:

- Visit panel training day on 18 March 2020.
- National Lay Rep day 14 May 2020.
- Calibration day on 29 May 2020.
- Trainee associate recruitment interviews were due to be held on 30 June 2020.

As the majority of the work undertaken by the development group is carried out face to face which isn't possible at the moment due to social distancing regulations, it will need to be considered how this is done in future. The most obvious solution is to look at delivery of events online using Microsoft Teams or webinar software. Any recruitment can also be undertaken virtually. There are examples of training being delivered online in the wider organisation for example the learning and development team have delivered a number of events. They have smaller participant numbers in order to minimise any loss of personal interaction that may occur in the virtual setting. Interviews are also being carried out virtually therefore other teams have shown that it is possible.

IMPROVEMENT GROUP

Last year it was noted that the improvement team had a busy agenda. This year we are delighted to provide an update on our progress against this agenda:

| 1 | Development of web pages to help explain what happens during a Deanery visit, particularly from a trainee perspective. These pages will include short video clips recorded to show some of the important aspects of the visit process. | Complete. Video available at: www.scotlanddeanery.nhs.scot/trainee-information/quality- management-visits/ |
|---|--|---|
| 2 | Recording videos to help training programme directors understand their role within Quality Management. | Complete. Video available at: www.scotlanddeanery.nhs.scot/quality/monitoring/ |
| 3 | Redesigning the question sets used in visits to incorporate information obtained from the pre-visit questionnaires where available and to improve the quality of questioning in certain areas, particularly around educational governance and patient safety. | Complete. Revised question set available at: www.scotlanddeanery.nhs.scot/quality/visits/ |
| 4 | Implementation of a bank of requirements to improve consistency when writing visit reports. | A bank of requirements is in place and is being used by the quality workstream. The group approve amendments and additions if required and the requirements will continue to evolve but the standardisation of phrasing has been effective and widely adopted. |
| 5 | Revamping of processes supporting programme visits including a new question set tailored to support the needs of programme visits. | A suite of materials has been developed to support our programme visits. This includes a revised standing operating procedure for programme visits, revised questions sets and a programme specific PVQ. These materials are still in development phase and we expect to be able to pilot them shortly. |

| 6 | A feedback process for GP practices who undergo accreditation visits to gather feedback from the visited on their experience of the visit process. | A questback survey has been created and is currently being piloted in the West region with plans to expand to all regions once normal activity resumes. |
|---|--|---|
| 7 | Scoping work to consider a bank of requirements specific to GP practice visits. | A draft bank of requirements is in place and this is currently being piloted by the GP sQMG. |

SPREADING GOOD PRACTICE DR KEITH HODGSON

In August 2019, I began as a Scottish Clinical Leadership Fellow, hosted by the NES Quality work stream. Following an initial meeting with my mentor, I settled on the broad area of 'spreading good practice' as the area that I would be exploring over the year. I am sure that I am not alone in thinking that the idea of spreading good practice was not the first thought that sprung to mind when I thought about the Deanery. The most likely reason that most doctors in training will have had any direct interaction with the quality workstream is when you are invited to attend one of their visits. However, as I spent the beginning of my fellowship increasing my understanding of the Deanery in general, and the quality workstream in particular, it became clear to me that there was plenty of scope to explore the topic. Before you can spread good practice, you first need to identify it. As this report highlights, one of the strengths of the Deanery is that it gathers vast quantities of data about the training programmes across the country. This data is collected at various levels from sources including:

- individual level, via the Scottish Training and Trainers Surveys
- programme level, via training programme director reports
- national level, via quality management groups.

This gives the Deanery the ability to assess, in both quantitative and qualitative terms, programmes and placements against GMC domains to a very high degree. Analysis of this data allows placements that consistently demonstrate good practice to be identified and celebrated via a 'Good Practice Letter'. I identified an opportunity to increase the utility of the data that was already collected via the Scottish Training Survey, by incorporating the free text comments into the training programme director reports. This small system change would help the trainees' voice to be heard, whilst giving the TPDs a clearer picture of the programmes they are running. Following submission of my proposal to the data team for discussion, it was thankfully approved in February.

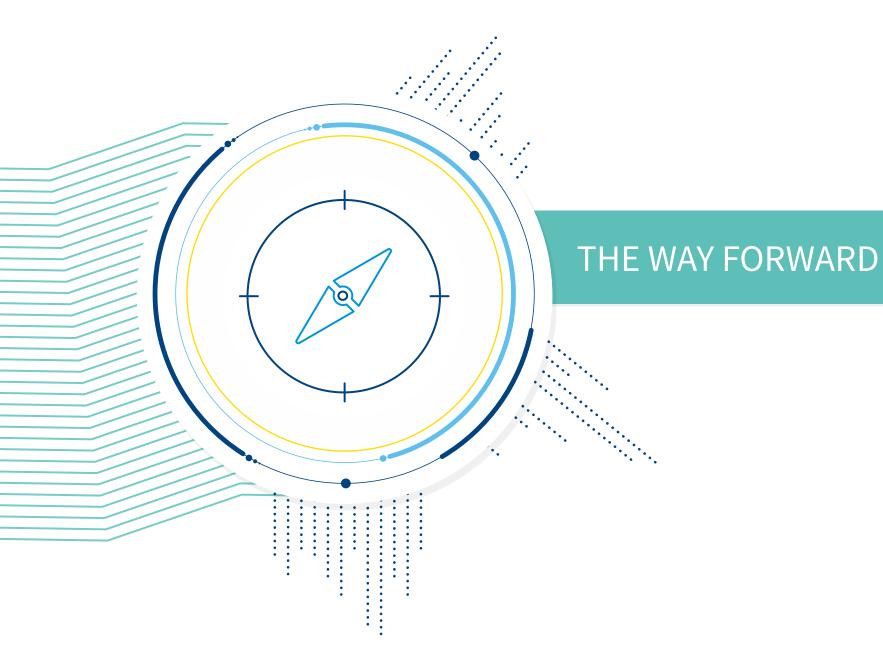
If you ever get the opportunity to attend a quality review panel, you will see this data being put into action – I attended the Foundation QRP and was struck by the amount and level of detail that are reviewed for each programme and each placement. It was also very clear that those present cared deeply about the quality of training that was being delivered.

Unfortunately, due to the onset of the pandemic, the projects that I was working on came to an abrupt end. However, by that stage it was clear that there is no silver bullet that allows the easy and seamless spread of good practice from placements where it exists to placements that might benefit from it. NES supports a range of activities that identify, celebrate and showcase the good practice that exists. These include (but are not limited to):

- Regular Scottish training and trainer survey data, which feeds into the Deanery quality management structures
- Visits to departments
- Annual quality reports
- The Scottish Medical Education Conference (which will be back in 2021).

The pandemic has also led to the rapid change in the way we do things, with a greater reliance on the virtual world. Now, more than ever, we need to harness virtual tools to help spread the positive changes that have come out of the challenges that we have faced.

Unfortunately, this alone does not guarantee the spread and sustaining of good practice – that takes the hard work of the motivated trainers and doctors in training around the country that are keen to improve medical education. This ongoing process will take time and effort but will be worth it in the long run.



After a reduction in external Quality Management activities from March 2020 until September 2020 the Quality Workstream has restarted its work and recommenced the quality cycle, particularly in regard to patient safety matters and concerns around trainee dignity. Areas prioritised were those on known Enhanced Monitoring (EM) and at risk sites.

The workstream has now completed the 2020 round of Quality Review Panel (QRP) meetings for all specialties. Using Scottish Training Survey data and local information, the expert QRPs have assessed quality standards across each of the Deanery's eight specialty groupings and the output and direction from each QRPs is now being used to inform the forward work programme for each specialty area, based on risk and greatest need for intervention.

Panel visits, normally in the form of physical visits to education sites, will take place virtually with focussed/shortened question sets shaped by information from pre-visit questionnaires. The visits will be sharper in focus than is normally the case, recognising that education sites may remain challenged by the impact of COVID-19 and not be functioning in a standard way. Visits will be planned carefully, in conjunction with Directors of Medical Education, sensitively taking account of local circumstances and needs.

The resumption of activity will underpin ongoing Scotland Deanery accountability for the quality of medical education and training in Scotland to the NHS Education for Scotland Board and to the General Medical Council (GMC). A full presentation and assessment of the COVID-19 arrangements will be made available in the 2021 Quality Annual Report.



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk**.

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