Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	2nd June 2021	**Level(s)**	Specialty
Type of visit	Scheduled Programme	**Hospital**	National
Specialty(s)	Intellectual Disability	**Board**	National

Visit panel	
Peter MacDonald	Visit Chair - Postgraduate Dean
Jana De Villiers	College Representative
Neil Logue	Lay Representative
Rekha Hegde	Training Programme Director
Dawn Mann	Quality Improvement Manager
David MacPherson	Trainee Associate
In attendance	
Susan Muir	Quality Improvement Administrator
Eddie Kelly	Shadowing Lay Representative

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Clare McKenzie	
Quality Lead(s)	Alastair Campbell and Claire Langridge	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Trainers in attendance	14	
Trainees in attendance	6	

Feedback session: Managers in attendance	TPD Yes		Other 6							

Date report approved by Lead Visitor	5th July 2021

1.   Principal issues arising from pre-visit review:

This visit is part of the Deanery's five year "Scheduled" visiting programme where all units delivering medical training are visited by a Deanery panel. The purpose of the scheduled visit is to meet with all trainees and trainers to review training, education and experience within the unit against the requirements of the GMC's *Promoting Excellence: Standards for Medical Education and Training.* Due to the small numbers in the programme there is very little significant data on the STS or NTS however there are a number of green flags in west training sites. Following QRP in 2019 it was agreed that an Intellectual Disability National Programme scheduled visit should be next in line for a programme visit. This was initially arranged for 25th March 2020 but was postponed due to COVID-19.

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

2.1   Induction (R1.13):

Trainers: Trainers reported attendance is good at the programme induction and the trainee feedback is positive, no concerns were raised.

Trainees: Trainees advised they all received a programme induction which they felt was of a good standard. They also received a programme induction handbook.

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

Trainers: Trainers advised that national teaching is now online due to COVID-19 but felt this had advantages especially for trainees in widely scattered locations as it reduces travel, they believed a mixed model of online and face to face should be considered when allowed. The panel were told a Local Programme Lead (LPL) will attend the training on the day to provide consultant support. It was felt it would be beneficial to have external speakers included in the training days. Overall trainers reported good trainee feedback regarding programme teaching days and good attendance.

Trainees: Trainees advised they have no barriers to attending programme teaching unless they are on annual leave. The panel were told that trainees meet approximately every few months for a programme teaching day and due to COVID-19 this is now virtual. It was felt that teaching being virtual was beneficial for trainees attending as it eliminates the needs for nationwide travelling and the need to organise meeting space which could be challenging, however they did also appreciate the opportunity to meet face to face as a group. Trainees advised they are responsible for organising the programme teaching sessions and like that this provides them an opportunity to have input into the content and ensure it is relevant to them. It was reported that there is no formal consultant or admin support for the program teaching sessions. Regionally trainees had access to various local teaching sessions depending on where they were based.

2.3   Study Leave (R3.12)

Trainers: Trainers reported no known concerns regarding trainees obtaining study leave.

Trainees: Trainees had no problems accessing study leave apart from the occasional IT glitch.

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

Trainers: Trainers felt the Training Programme Director was very supportive and provided trainers with programme related information and guidance. Trainers had not experienced having trainees requiring additional support but felt they were aware of where to access information through occupational health or Deanery schemes like PSU. Trainers advised they do not always know where trainees are coming into placement from prior to starting and felt it may be useful to have some form of handover from the previous supervisor.

Trainees: All trainees had met with their Local Programme Lead (LPL) at the start of their placement to agree a development plan and at least once more. Trainees felt supervisors were supportive and approachable and were advised they could arrange additional meetings if they required.

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

Trainers: Trainers advised they were unaware of any trainee concerns regarding access to supervision. The panel were told that weekly supervision sessions with trainees take place and felt the use of MS Teams has made both formal and ad hoc meeting with trainees easier especially in areas where the service has a wide geographical spread.

Trainees: Trainees advised they received weekly supervision sessions with their clinical supervisor. There were some disparities in how formally scheduled these sessions were depending on the individual supervisor. It was felt it would be helpful to have set times for supervision sessions. Trainees felt supervisors were supportive and approachable and interested in their educational development.

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

Trainers: Trainers reported there had been a known concern with trainees accessing psychotherapy experience. Steps were taken to improve this including: a guidance document produced by the psychotherapy department highlighting ways to achieve these skills, the creation of a Balint group and the interpretation of the curriculum requirements being reviewed and taken into account at ARCP with the support of the Deanery. We were advised the Royal College are currently reviewing the psychotherapy curriculum requirements due to feedback. It was felt that patients and trainees have adapted well to online clinic practices although this has caused some disruption to clinic patterns and the ability for trainees to access face to face experience and WPBA. It was raised that due to COVID-19 there are problems with trainees accessing specialty training opportunities as the majority of the work is still undertaken in person by relevant clinicians but with limited people in the room so the I.D. trainees cannot attend. In particular this is limiting trainees' access to gaining experience at Epilepsy, Genetics and Speech and Language clinics and going into schools to meet with under 18s The panel were told there is an Epilepsy training day being planned.

Trainees: Trainees advised they were meeting their competencies. It was reported that trainees had previously raised concerns regarding meeting the psychotherapy competency, but an ID Balint group has now been set up which the trainees viewed as a positive step. Trainees highlighted that due to COVID-19 they did not have access to any face to face outpatient work. Most had been able to

review patients through Attend Anywhere, but it was commented that this is open to regional and consultant variations. Trainees all had access to research sessions. Trainees advised that since COVID-19 they have not had access to special interest experiences and alternative arrangements have not been made yet.

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

Trainers: Trainers felt trainees were able to achieve their work place-based assessments although in a different way to pre COVID-19 including through MS Teams and case-based discussions.

Trainees: Trainees advised that the use of MS Teams had improved communication with consultants on some levels and trainees could use this to complete workplace-based assessments which were felt to be fair and consistent. We were told that due to limited face to face working with colleagues it could be challenging to arrange directly observed clinical assessments. However some trainees mentioned that their supervisor undertook observed assessments via NearMe or Teams.

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

Trainers: Trainers felt there were good opportunities for trainees to access research across the training programme with several consultants having part time academic roles. It was acknowledged that some research projects stalled due to COVID-19 restrictions however new QI opportunities have arisen from it with some trainees being involved in a National project regarding the impact of COVID-19 on patient care. We were told there is ongoing development work regarding adolescent care which some consultants and trainees are involved with. It was felt the type of leadership and management opportunities for trainees have changed due to COVID-19 but these are still available including trainees attending virtual management and MDT meetings, acting up opportunities, NES and College Roles. It was also reported that a chief registrar post is planned for GG&C, and trainees will be encouraged to apply for this 6-month position.

Trainees: Trainees were involved in a variety of Quality Improvement projects to varying degrees and felt that supervisors were supportive of this work once trainees have established a project idea.

2.9   Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt weekly supervision sessions were a good opportunity to provide fair and consistent feedback to trainees and advised trainees also meet with educational supervisors several times throughout the year.

Trainees: Trainees advised they received feedback through weekly supervision sessions, and all agreed the feedback they received was constructive and helpful.

2.10   Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised that the trainees meet as a group to discuss the National programme and any issues from this would be raised with the LPLs and/or TPD. We were told that trainees are encouraged to discuss their varying roles and feedback to LPLs if they have specific placement requests. Some regions use formal feedback forms at the end of placements to gain feedback from trainees.

Trainees: Trainees felt comfortable providing feedback through weekly supervision sessions or to the LPL and TPD. The panel were told that ID trainees have a trainee forum that meets quarterly which provides them an opportunity to discuss any issues as a team and feedback to TPD. It was raised there is no formal process for this feedback getting fed into the LPL/TPDs or back to the trainees which was felt could be helpful to ensure trainees receive an update on action taken.

2.11   Culture & undermining (R3.3)

Trainers: Trainers felt there is a good team ethic across the National programme with peer support evident across trainees and trainers. Trainers were not aware of any incidents of undermining or bullying behaviours. The panel were advised that the programme induction pack contains details of who trainees can contact for support including supervisors, TPD and Deanery support.

Trainees: Trainees had not experienced or witnessed any undermining or bullying behaviour within the ID programme and advised that, if needed, they would know who to contact for support and would be comfortable doing so.

2.12   Educational Resources (R1.19)

Trainers: The panel were told that trainees should have access to personal IT equipment but advised some areas have a shortage and there have been delays in receiving equipment.

Trainees: It became apparent that there were regional differences regarding trainees' access to IT equipment with some not having been provided with work laptops or phones, this created barriers in attending virtual training and clinics.

2.13 Transition of Management phases (R3.5)

Trainers: Trainers hoped trainees would raise any transitioning concerns with them at initial meetings and LPLs would be responsive to providing any additional support needed. We were not told of any formal pathways to support transitioning between phases.

Trainees: Trainees felt the support for transitioning between different levels of training was informal and normally relied on peer support. While it was felt that the support accessed was good it tended to rely on trainees continuing in the same region for core and specialty training. The panel were advised that it feels daunting transitioning into middle-grade roles especially if unfamiliar with regional/national differences in processes and laws. It was felt that it would be beneficial to have a formal pathway for transition support that ensured all trainees were familiar with the local organisational and legal processes.

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

Trainers: Trainers reported there are various avenues for support available to trainees in difficulty ranging from support at a local level through to accessing the Performance Support Unit at the Deanery. The panel were advised there were no concerns regarding trainees not receiving access to support if required and felt trainees were comfortable talking to trainers. The panel were told trainers have access to training courses on providing support and this is discussed at appraisal.

Trainees: Trainees felt able to contact supervisors for support in the first instance and were aware of other avenues including psychiatrist support service via the college and accessing adjustments to work patterns.

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

Trainers: Trainers felt there was a clear line of trainee management in place from supervisors, TPD and Deanery. We were told trainees receive information on the educational governance structure including contacts at induction and trainers were comfortable contacting the TPD with concerns.

Trainees: Trainees were all aware who their Training Programme Manager (TPD) was and what they were responsible for. It was felt the TPD was approachable and supportive.

2.16   Raising concerns and Patient Safety (R1.1, R1.2, 2.7)

Trainers: Trainers advised the initial route for raising concerns would be through the trainers and supervisors and trainees were asked at weekly supervision to raise any concerns regarding patient safety or their training experience. The panel were advised that an integral part of work in ID is being an advocate for patients and flagging up concerns with other areas and organisations which leads to a culture of raising concerns in both trainees and trainers. We were told of incidents of trainees raising concerns which were fed into local governance processes and this was believed to be a positive process and used as a learning opportunity.

Trainees: Trainees had not experienced any issues raising concerns about patient safety.

2.17   Other

Trainees were asked to score their overall satisfaction with their post, with 0 being totally dissatisfied and 10 totally satisfied. They recorded scores between 8 and 10 with an average of 9.

3. **Summary**

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

We would like to thank the Training Programme Director for his assistance in rescheduling and organising this virtual visit. On the day the panel were left with the impression of a very supportive Training Programme Director and group of trainers who have the trainees needs and learning at the forefront. It was also apparent that there is an enthusiastic and cohort group of trainees in place who work together to organise a good standard of teaching and raise any concerns. COVID-19 has had some negative impacts which need addressing including access to IT and special interest experience. Please find below a summary of the positive and negative aspects from the visit:

Positive Aspects from the visit:
- Positive visit with positive trainee feedback over many domains.
- Enthusiastic, cohesive and capable group of trainees who interact well and feedback concerns.
- Training is relevant to the curriculum, trainees are given autonomy in organising this. There are no barriers to trainee attendance especially since the move to on-line delivery which has removed any travel time.
- Good access to research and QI opportunities.
- Engaged and supportive TPD, trainers and LPLs with an awareness of educational governance processes and a nurtured relationship with the Deanery.
- Consistent access to weekly supervision for trainees with an engaged group of trainers.
- Comprehensive programme induction with handbook.

Less Positive Aspects from the visit

- There is significant regional variation in IT access for trainees with some not having access to work laptops or phones.
- Due to COVID-19 trainees have had no access to special interest experience including epilepsy, genetics, speech and language and access to schools. Where these are curriculum requirements alternative arrangements should be put in place as a matter of urgency.

- Due to COVID 19 there has been limited access to outpatient clinics for trainees and regional variations. This should be monitored as clinic practices develop and change.
- There are gaps in the trainee support process and signposting to information for trainees transitioning between core training and specialty training. This is a particular issue for trainees changing region in Scotland and especially relevant for those coming from out with Scotland.
- Although there are benefits from trainees being given responsibility for organising the teaching programme it would be helpful to have some formalised consultant input to offer support in particular for accessing external speakers and practicalities like sourcing rooms.

4. Areas of Good Practice

Ref	Item	Action
4.1		

5. Areas for Improvement

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

Ref	Item	Action
5.1	Due to COVID 19 there has been limited access to outpatient clinics for trainees and regional variations. This should be monitored as clinic practices develop and change to ensure all trainees have equal access to outpatient clinics.	
5.2	A more formalised way of recording feedback from trainees and the action taken would be beneficial.	
5.3	It would be helpful to have some formalised consultant input into the Programme teaching days, particularly to offer support for accessing external speakers and practicalities like how to source rooms.	
5.4	There are gaps in the formalised support available for trainees transitioning between levels and roles, particularly if they are changing regions or countries.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Support ST development through planned attendance at Special Interest sessions.	22nd April 2022	Specialty
6.2	Trainees must be provided with sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	22nd April 2022	Specialty