Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	29th June 2022	**Level(s)**	Core & Higher
Type of visit	Triggered	**Hospital**	Pan Lothian sites
Specialty(s)	Child and Adolescent Psychiatry	**Board**	NHS Lothian

Visit panel	
Dr Alastair Campbell	Visit Chair - Postgraduate Dean
Dr Claire Langridge	Associate Postgraduate Dean – Quality
Mr Michael Turner	Training Programme Director
Dr Saurabh Borgaonkar	Trainee Associate
Mrs Natalie Bain	Quality Improvement Manager
Mr Ian McDonough	Lay Representative
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Alastair Campbell & Dr Claire Langridge	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance	n/a	
Trainers in attendance	4	
Trainees in attendance	1 CT & 3 ST	

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

Date report approved by Lead Visitor	12th July 2022

1. Principal issues arising from pre-visit review:

The Mental Health Quality team at Scotland Deanery has triggered a visit in view of survey data relating to the Child and Adolescent Psychiatry sites at relevant NHS Lothian sites. The visit team plan to investigate the aggregated red flags at ST level in the 2021 Scottish Training Survey for teaching, team culture and workload, as well as aggregated pink flags for clinical supervision, educational environment, handover, and induction. Regional psychiatry leads also raised concerns along with issues specific to CAMH's being presented at previous Deanery visits.

The visit team will also use the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

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

2.1 Induction (R1.13):

Trainers: Trainers reported that there are various inductions held dependent on the level of the trainee and the site that the trainees are posted to. There are generic site inductions as well as specific CAMHS inductions. The trainers believe that the induction is good and prepares the trainees with the basic skills required for a post in CAMHS. The trainers highlight that guidance for out of hours work (OOH) is distributed. Specifically in West Lothian, supervision for OOH is given. The trainers report that the CAMHS induction occurs every 6 month and is recorded for those trainees who begin is post out with the usual change-over period. It was also noted that extra inductions are often arranged for these trainees as well, the trainers would also try to meet with the trainees to give an overview. It was stated that there was a specific induction session on the OOH work and on-call rota, and a Q&A session was held. The trainers conclude that there is always room for improvement, but they are seeking feedback from trainees regarding induction.

Trainees: Most of the trainees reported receiving induction, but there were issues highlighted from those that began in out with the standard change overs. There is a specific induction in the Higher

training programme that is conducted at a national level. The trainees felt that they were prepared but would have been more helpful to have received more information particularly if they had started out with the standard rotation times. It was noted that there needed to be more clarity about the OOH components of the posts as sometimes their roles and responsibilities were not clear and the trainees felt that further clarity would be beneficial, particularly in relation to rota gaps. The trainees suggested that if would be beneficial for each team/site to have a similar standardised template for induction across Lothian as this may prepare the trainees for their role better.

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

Trainers: The trainers report that there are various teaching sessions available to trainees. There are sessions on a Monday for the higher trainees attend and teaching on a Wednesday for core trainees There is no expectation that the trainees will be on site. As the rota is managed and calculated around the teaching on these days, it makes it protected for the trainees. The trainers reports that sites hold their departmental, team meetings on various day, some hold them on a Wednesday, therefore the core trainees are unable to attend due to teaching. Other sites hold them on a Thursday, enabling core trainees to attend both the business and education part of the meeting. The trainers note that minutes from the departmental team meeting are distributed to the relevant people.

Trainees: The trainees report being able to attend their formal teaching. However, there has been issues with rota compliance and higher trainees who have been on call over the weekend need compensatory rest on a Monday morning and this can impact on their ability to be able to attend their teaching that is held monthly on a Monday. Currently the rota is not designed such that the specialty doctors cover the weekends on call prior to the monthly Monday teaching but if this was built into their rota that it would allow the trainees to be able to attend teaching. It was noted that in West Lothian there is consultant teaching held once a month that the trainees feel that they would benefit from attending, but they are not invited as standard to this.

2.3 Study Leave (R3.12)

Trainers: Not formally asked

Trainees: Not formally asked

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

Trainers: The trainers reported that due to consultant vacancies in CAMHS Lothian, the trainees ae only placed in posts where there is a recognised trainer. There have been increasing challenges with the Higher trainees because of the vacant posts, therefore several trainees have been placed in posts in Fife and the Borders to ensure they have the correct supervision in place. The trainers comment that trainees often come into post with views of where they would prefer to be placed, and the trainers are mindful of this, as there can be challenges around commuting. The trainers reported that they have regular meetings with the TPD, regional programme leads, as well as linking closely with the Deanery team. The trainers use this opportunity to discuss training along with sharing any pertinent information about trainees that may require additional support. The trainers confirm that they have allocated time in their job plan for their educational roles and these are considered at appraisal time.

Trainees: The trainees report meeting with their educational supervisor once every four months. The meetings can take place over teams, but there can be issues trying to get an impromptu meeting quickly, mostly due to the trainers not being based in sites close to the trainee.

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

Trainers: The trainers reports that there are no references to SHO in relation to the trainees. The trainers note that it is easy enough to differentiate the grades of trainees partly by the work that they are carrying out. The trainers explained that the trainees know who to call OOH but this depends on which site they are working in. There is a Lothian wide trainee and consultant rota, but West Lothian is separate to this. However, if there is no consultant present in West Lothian, then the Lothian on call consultant provides backup during the day. The trainers state that all information relating to on-call consultants and evening cover is detailed on rota-watch. A handover from the unscheduled care team is distributed via email to the on-call consultant and the higher trainee. There is also use of a departmental calendar in West Lothian to allow people to be aware of when people and on leave. The trainers report that where there are challenging scenarios these are brought up at the weekly supervision meetings, but overall, there is not feedback consistent with trainees dealing with issues that are beyond their competencies. The trainees are also able/encouraged to contact the consultant on-call to help with decision making.

Trainees: Trainees report always knowing who to contact both during the day and OOH. Some trainees report that when a consultant is not present on site due to leave then they are undertaking assessments without direct supervision and they contact the Lothian wide on-call consultant for advice. The trainees report that this can be stressful and adds to the time pressures that they are under. Other trainees report feeling satisfied about being able to approach the consultant on-call and haven't encountered similar problems. Trainees report that consultant supervision at clinics can be variable on some sites as when a consultant is on leave there is not another consultant available in the clinic setting. Trainees report that they can contact the Lothian on call consultant but it is sometimes difficult to get advice about smaller non acute issues which arise in consultations. The trainees report that consultants are approachable and overall, easily accessible.

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

Trainers: The trainers reported that overall trainees can gain experience in the majority of aspects of the CAMHS curriculum and that this is discussed as part of the individual's specific learning plan. However, they are aware of areas that can be difficult to gain competencies in, for example under 5's, as there is no specific service for this within Lothian. Also, there can be issues with forensic psychiatry competencies but noted that there is Scottish Government investment into a new FCAMH's service. There is a Lothian wide specific training session to update the trainers to the changes to the Psychaitry curriculum ahead of its implementation in August 2022.

Trainees: The trainees acknowledge that there are consultant staff shortages within the Lothian, therefore can find it difficult to take on specific cases to fulfil their curriculum competencies. The trainees report that it can be difficult to achieve the psychotherapy competencies due to the lack of available supervisors. The trainees also highlight that getting WBA's completed can be problematic, because of the small teams and the availability of those team members to complete these. The trainees highlight they can find it challenging to get research experience, they report not being aware of who to contact and how to arrange suitable research projects. The trainees have experienced issues with booking clinics due to the lack of available space, although administrative staff are helpful. The trainees reported that it takes a considerable amount of their time to book clinics.

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

Trainers: The trainers report that there are plenty of opportunities for trainees to complete work-place based assessments. There is a lot of working together with the MDT. The trainers note that when trainees begin in post, they would complete a joint assessment to ensure that they are competent before moving forward with their own cases. The trainers highlight that they can use various members of the team to complete assessments.

Trainees: The trainees report that most of the assessments completed are fair and consistent. The trainees emphasise that the consultant group are under a lot of pressure with the consultant shortages within Lothian which impacts on the ability to complete WBAs.

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

Trainers: The trainers report that the psychiatry team is multi-disciplinary at its heart, therefore it is easier to work with the team and learn together. The trainers note that in several of the teams across Lothian undertake CPD together and have an away day. The trainees can also join in with nurse supervision.

Trainees: The trainees report that it is highly variable and depends on the team. The trainees note that they can do joint assessments with the nurses that they have found beneficial. It was highlighted that on some sites that core teaching takes place on the same day as the team meeting, meaning that core trainees are unable to attend any team discussions.

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

Trainers: The trainers report that the ST/CT trainees would have discussions with their ES and make a learning plan to undertake QI work to meet their curriculum competencies. The trainees have discussions with their CS who guide them towards projects that are relevant to them and their clinical placement. The trainees are also encouraged to have discussions about this during their weekly supervision meetings.

Trainees: The trainees reports that there is no specific QI lead in CAMHS Lothian. However, they are aware of a professor taking up an academic post and will hope this will have a positive impact on being able to obtain adequate opportunities in QI and research. It was noted that for some trainees their educational supervisor is not based locally, therefore limiting the ability to be able to guide the trainees of the opportunities available.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers explain that feedback is given by the consultant supervisor and with the on-call consultant at night. The trainers report that feedback would routinely be given in a compassionate way, coupled with an opportunity for learning.

Trainees: Most trainees reports receiving feedback and it was helpful. Other trainees report that they do get feedback, but there are a lot of patients where there are not able to discuss due to time pressures. The trainees feel that if there was adequate consultant staffing that there would likely be more feedback. The trainees don't believe that the limited feedback is cultural, it is due to the shortages of staff.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers report that there are no Balint groups specific to CAMHS, although the CT trainees do attend other Balint groups. The trainers state that the clinical supervisor role is key to training within departments as trainees can give feedback formally at their weekly supervision meetings. The trainers highlight that there is no formal doctor in training forum for the trainees to collectively give feedback.

Trainees: The trainees report that they don't have any opportunity to feedback on the quality of the training.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that the trainees have opportunities to meet with trainers, to be transparent about decisions which are made and the rationale for these decisions. The trainers

believe they are responsive to concerns raised and have a strong focus on the wellbeing of trainees. The trainers note that psychiatrists are a small staff group and need to ensure that they have enough of a voice within the service to be able to communicate clearly. NHS Lothian have standards and core values with detailed processes all the way up to whistle blowing. The trainers emphasise that the culture in the departments should reflect the NHS Lothian core values, however if there any concerns about behaviours, then they are escalated appropriately.

Trainees: The trainees report that the new clinical director is very approachable and a wonderful addition to the team. The team are supportive and have created a nurturing environment. There are times when the working environment can be fraught and there are concerns for the team members, but this would be in parallel to the workload or the nature of the work.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers detailed their rota in their department presentation. The on-call rota consists of core trainees based in Edinburgh and West Lothian and they handoff to CAMHS day rota and on-call mailbox. The higher specialist trainees are on a 1 in 7 on call rota from home that is shared with specialty doctors. The trainees have protected time after on call. There is an Unscheduled Care team, that is nurse led and Lothian wide. There are plans to try and move this to a 24-hour service. The trainers highlight the consultant rota that provides cover over each day.

Trainees: The trainees report that the OOH rota is fairly supplemented by locum doctors. The trainees express that the rota is designed to accommodate specific learning opportunities. The introduction of the unscheduled care team has made a large impact on the on-call rota, as referrals can be made to the unscheduled care team until 20.00. Trainee have experienced negative experiences in their interaction with Mental Health Adult Services team when on call in relation to the CAMHS role. The trainees would like to have clarity around their role whilst on-call.

2.14 Handover (R1.14)

Trainers: The trainers report that any problematic cases that arise overnight are highlighted on the email handover. The trainers note that any extraordinary would be dealt with in person.

Trainees: The trainees report that there is no formal face to face handover process, but there is a handover email that goes to the on-call/weekend doctor. However, if there is an individual case that needs addressing there would be a discussion and the case flagged by a doctor to the on-call team. The trainees confirm that handover is safe and there is no requirement for it to be improved.

2.15 Educational Resources (R1.19)

Trainers: Not formally asked

Trainees: The trainees report that the wi-fi can be poor in some site which makes it challenging to access important learning resources. There can also be issues when trying to book clinical space for clinics.

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

Trainers: The trainers report that there are various support routes available for a trainee. The clinical supervisor support is crucial to the trainees. The other avenues for support are the staff wellbeing team, OHSAS, and the staff counselling service. The trainers also signpost the trainees to more national resources. The trainers also feel that creating a personal relationship with the trainees is key. To support the trainees career developments, the trainers report that it would depend on the trainees stage of training, but the educational supervisor would guide the trainee in the direction they want to go. The trainers would have discussion throughout their training about specific jobs they might like and want to help trainees makes the transition from trainee to consultant.

Trainees: The trainees report that they are only aware of support from OHSAS and note that their waiting lists are extremely long.

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

Trainers: The trainers report that they have regular meetings with the Training Programme Director (TPD) and have monthly meetings with the Core Psychiatry supervisors and TPD. The trainers also note that they are meeting regularly with the DME team and conducting local programme activities.

Trainees: The trainees reports that they raised concerns regarding the rota previously, and although it took some time to escalate the issue, it has now been taken forward and the trainees are beginning to see positive changes. The trainees note that previously it was hard for their voices to be heard, but the new clinical director has initiated many positive changes and the trainees feel that their voices are now heard.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers note that the trainees can raise concerns with their educational supervisor and can also escalate to the TPD if required. The trainees are encouraged to use the Datix system to report any concerns and the department ensure that the trainees are trained on the system. The trainers emphasise that if there are any urgent patient safety concerns these can be raised with the clinical supervisor or the clinical director.

Trainees: The trainees report that they would raise any issues with their clinical supervisor initially, then can escalate to the clinical director if appropriate. The trainers highlight that there is a 3-step plan for trainees to escalate any concerns.

2.19 Patient safety (R1.2)

Trainers: Not formally asked.

Trainees: The trainees reported that they had no concerns about patient safety regarding the quality of care delivered, however they do have significant concerns around the long waiting times for patients to be assessed. Some trainees report that the waiting times have an impact on their training and their ability to remain resilient. The level of demand on some of the sites and the resources available are also a cause for some concern to the trainees. The trainees emphasise that the level of demand for mental health services is extreme and there is not enough staff to manage the workload.

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

Trainers: The trainers report that Adverse incidents will be reported through DATIX and reviewed by the team and investigated. The trainees would receive feedback from this and the clinical director

would also directly talk with them. The trainers highlight that there is a SAE process in place, but for cases that do not reach that level there are learning points taken from it and feedback to the trainees from the team lead. The trainers state that trainees would not be expected to deal with anything service related alone, the senior members of the team would take the lead and support the trainee.

Trainees: Trainees report that if they were involved in a SAE, they would assume that the clinical director would be supportive, but a minority of the trainees did not feel 100% comfortable that there would not be a 'no blame' culture. None of the trainees had been involved in a SAE. The trainees report that as the CAMHS is under pressure across Lothian, if there was a SAE the team may be significantly affected by it. The trainees state that when the waiting lists become long, they only triage the most at-risk patients and they report being unsure if there is enough resilience among the staff to be able to cope with any serious adverse event.

2.21 Other

N/A

3. Summary

Is a revisit required?	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

Positive aspects of the visit.

• The trainers and trainees appreciate the work the Clinical Director has accomplished in the CAMHS training programme, in particular the focus on well-being and service development which will allow more support for education and training.

• The development of the Unscheduled Care Service has been positively received; it was evident the impact this has on the current doctors in training.

• It was pleasing to hear about the innovations in CAMHS to address the staffing pressures. The introduction of Physician Associates and development of ANPs, NMPs and phlebotomy competencies is excellent.

• The consultant team come across as cohesive and providing excellent peer to peer support.

• Trainees are all able to attend their formal teaching programme

Less positive aspects of the visit

• It is notable that the service is under huge pressure, with a lack of consultant staffing for various reasons. This has impacted on the experience of the doctors in training.

• There are many referrals from primary care which is having a substantial effect on waiting lists for the service. Trainees feel the impact this is having on their training and well-being.

•Although there was a described induction package, it appeared that those who commence posts out with the usual rotation dates do not receive a comprehensive induction specific to CAMHS. There is variation in the site-specific induction and the information provided does not always prepare the trainee for the job which they are undertaking and requires to be reviewed.

• There were concerns regarding supervision for out-patients clinic. Whilst there is a system in place when there is consultant absence due to leave for accessing an on-call consultant, it can be difficult to address any immediate issues in a timely manner. Also not always having consultant presence at clinics impacts on the trainees ability to complete workplace-based assessments.

• Experience in research and QI and some competencies such as psychotherapy have been difficult to achieve.

4. Areas of Good Practice

Ref	Item	Action
4.1	The introduction of the Unscheduled Care Team, has greatly improved the on-call service for doctors in training.	n/a
4.2	The introduction of Physician Associates and development of ANPs, NMPs and phlebotomy competencies is excellent.	n/a

5. Areas for Improvement

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

Ref	Item	Action
5.1		n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided which ensures trainees are aware of all their roles (including OOH) and responsibilities and feel able to provide safe patient care. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.	29 March 2023	CT/ST
6.2	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	29 March 2023	CT/ST
6.3	The department should ensure that there are clear systems in place to provide supervision, support and feedback to trainees working in clinics and undertaking clinics.	29 March 2023	CT/ST
6.4	Adequate experience opportunities to support academic development of trainees must be available.	29 March 2023	CT/ST