Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	26th October 2022	**Level(s)**	FY, GPST and CT
Type of visit	Enhanced Monitoring	**Hospital**	Inverclyde Royal Hospital
Specialty(s)	Psychiatry	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Professor Clare McKenzie	Visit Lead - Lead Dean for Mental Health
Dr Alastair Campbell	Associate Postgraduate Dean (Quality)
Dr Norman Nuttall	Training Programme Director
Ms Lyndsey Dodd	General Medical Council
Dr Femi Balogun	General Medical Council
Dr Manjit Cartlidge	Trainee Associate
Mrs Natalie Bain	Quality Improvement Manager
Mr Edward Kelly	Lay Representative
Ms Gillian Carter	Quality Improvement Manager (Shadowing)
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	Medical Education team, Rota Co-Ordinator, Head of service.	
Trainers in attendance	10	

Trainees in attendance	CT1 x 2, CT3 x 1, GPST2 x 1, ST3 x 1, Clinical Fellows x 4	

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

Date report approved by Lead Visitor	4th November 2022

1. Principal issues arising from pre-visit review:

The previous Deanery visit that took place on 5th October 2021 resulted in Psychiatry at Inverclyde Royal Hospital being placed under GMC Enhanced Monitoring. Therefore, the Deanery undertook a further re-visit to the Psychiatry Department at Inverclyde Royal Hospital. The visit team investigated the issues previously highlighted and were informed of progress made towards their resolution. The visit team took the opportunity to regain a broader picture of how training is carried out within the department and looked to identify any points of good practice for sharing more widely.

A summary from the previous visit held in October 2021 is below Positive

aspects of the visit:

- Valued and very supportive nursing and pharmacy staff.
- Consultants are considered approachable.
- There have been improvements in the IPCU accessibility of consultant supervision and support.
- Cohesive cohort of trainees.
- Liaison psychiatry placement highlighted.

Less positive aspects from the visit:

- The departmental induction lacks consultant leadership and involvement and is not adequately preparing new doctors for working on the site.
- The rota design results in the trainees covering a large amount of on call shifts during the day and OOH. This significantly impacts their access to educational opportunities. Radical redesign will be required to move the emphasis towards supporting training.
- Trainees report a high proportion (up to 90%) of their time is spent undertaking non educational tasks which affects their ability to access psychiatry focused training.
- The length of placement at Inverclyde Royal Hospital as a core trainee should be reviewed by the TPD to ensure that the programme delivers the required curricular training opportunities.
- There is a significant disconnect between the views of trainees and trainers particularly around: receiving feedback on clinical case management, time spent undertaking non educational tasks, completion of workplace-based assessments, awareness of curricular requirements (Foundation and GP).

- While the development of the Training Management Group is a positive step, the lack of progress on addressing issues is adversely affecting trainees' views of it.
- We were pleased to hear there is a new Educational Supervisor in post however feel there is a need for some role development taking account that the Supervisor is not based on site.
- There is a lack of evidence of team learning from adverse incidents.
- Handover has no pro-forma, no written element and no consultant involvement which limits its educational value.
- Although trainees are aware of who to contact for supervision, we were given several examples where the consultant on all was non contactable via phone.
- The panel found poor progression on requirements from the previous Deanery visit, with the trainee feedback being that the situation has declined.

Following finalisation of the October 2021 visit report, a discussion was held between the Deanery and GMC to escalate the site to Enhanced Monitoring to promote improvement. The GMC reviewed the relevant information and were concerned that general psychiatry at Inverclyde Royal Hospital was not meeting requirements relating to:

- R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback, and local clinical governance activities.
- R1.12 Organisations must design rotas
  - to make sure doctors in training have appropriate clinical supervision
  - provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
- R1.14 Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
- R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance and gives an appropriate breadth of clinical experience.

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 they are reasonably confident that the trainees receive an induction that gives them a comprehensive overview of their roles and responsibilities. The trainers highlight that there has been a fundamental review of the induction process in the last 6 month. A new handbook was introduced and during induction the trainees are provided with presentations from CD and ES. The trainers note that trainees have specific induction for EMIS, Inverclyde Royal Hospital processes and procedures. Out of hours information is contained within the handbook and Dr Graham gives a presentation on OOH and who to contact when required. If a trainee begins the post out with the standard change over dates, then Dr Graham will meet with those trainees individually to go through the induction material. The trainers are aware that late start trainees will miss out on the presentations, and the site are looking at ways of recording the presentations to be viewed at a later date. There are also plans to create a virtual tour video of the site. It was highlighted that induction handbook will be reviewed regularly to ensure it remains up to date and the trainers plan to complete a post induction check-in with the trainees to address any issues that arise post induction.

Trainees: All trainees received an induction to the department. The trainees feel that the induction prepared them for their role. It covered all aspects of duties and OOH and any questions the trainees had were answered. Induction handbooks were also provided. It was noted that if any trainee missed induction that information was provided to the trainees and the only item that was missed was the tour of the department, but the trainees felt that they were able to locate everything within a few days. Those trainees that missed induction also were provided with a personal induction from the clinical director and given on-call shadowing. Trainees did not have any suggestions for improvements.

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

Trainers: Not formally asked

Trainees: Trainees report that they can attend teaching on a Thursday morning, therefore they are attending 1.5 hours per week. There is regional teaching weekly on a Thursday that is part of the West of Scotland teaching timetable. Local teaching is usually bleep free; however, one trainee would usually carry a bleep. Trainees reported that teaching is good.

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 report that they feel supported to fulfil their roles. The Educational Supervisor, Dr Easton, has regular meetings with the clinical director to review job role and is part of the trainee management meeting where all issues can be raised. Time is included in the job plan for supervisors, Recognition of Trainer (ROT) status is maintained, and there are regularly meeting with Dr Easton to receive updates on curriculum. The trainers schedule an hour a week to meet with trainees, unless on leave. The educational supervisor will formally meet trainees at the beginning, with plans for mid-point and end-point of placement meetings. The trainees are encouraged to approach their supervisors as and when required.

Trainees: Trainees report that they meet with their Educational Supervisor on a frequent basis. The trainees have met either online or face to face with more scheduled meetings arranged. The trainees note that they set their educational objective with their Clinical Supervisor. The trainees are happy with the level of support from their educational supervisor. It was highlighted that the educational supervisor is on site during the day and will respond to any queries that arise.

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: During the day (9am-5pm) there is a consultant on-call rota, that consist of 4 General Adult consultants who are allocated a day each. This information is collated and distributed by the rota coordinator via email. This provides trainees with information about who to contact on that day. OOH, trainees contact switchboard who have the on-call list. The trainees have been surveyed about their experiences of contacting consultants and the trainers are not aware of any issues during OOH. OOH the higher trainees are requested check-in with the junior trainees, but the trainers are not aware of how regularly this happens. The trainers reports that they are not aware of any specific times when trainees felt out of their depth, but they are aware of a recent complex challenging case that a trainee was involved with. The site has offered a psychologist for trainees to speak with if they are concerned. The trainers note that the do not use the term SHO, and it is not contained in any of the documentation available. The site has multiple training grades, and everyone is aware of the grade of doctor as it recorded in the electronic case record.

Trainees: The trainees report that they have scheduled time to see their supervisor weekly for one hour and that these meetings would only be cancelled due to annual leave or sickness. Trainees report that they are receiving effective feedback on their work-place based assessments (WBAs) in clinics and they are asked to present a case at supervision and structured feedback is given. There is also feedback at the case presentation teaching sessions. The trainees feel they are making good progress in gaining a mixture of WBAs for curriculum completion. The trainees explain that during the day (9am-5pm), there is an on-site consultant to contact for any issues. OOH, the middle grade trainee would be contacted in the first instance and if not available then the on-call consultant would be contacted. Overall, there are no issues of contacting the on-call consultant in hours or OOH. The trainees report that there are no issues with of having to working beyond their competencies or experience. It was noted that all supervisors are aware of the trainees level, and trainees feel comfortable to ask questions in relation to anything they can or can’t do. The trainees have colour coded badges to distinguish their training grades, but occasionally must explain what level they are at. The trainees also highlight that the nursing staff are aware of the trainees’ grades and what is expected of them for their stage of training.

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

Trainers: The trainers report that there has been a change to the core psychiatry curriculum and eportfolio, however the trainers believe they are as up to date as possible. The department ensure that those who supervise GP and FY, have access to the relevant curricula and systems. Dr Easton tries to keep a working knowledge of the curriculums to help support the trainers in the department. The trainers report that trainees cannot get exposure to Old Age placements at the current time but that the trainees do still get exposure on OOH and can rotate elsewhere for their CT3 year.

Trainees: The trainees report that those trainees that are based on AAU (General admission ward) can be busy with non-educational tasks, ECG's, bloods, and discharges. The trainees state that two ANP's are currently in training but are uncertain when they will be fully qualified. The ANPs are helpful in undertaking some of the non-educational tasks. However, the trainees report that they spend around 40% -50% of the time doing non-educational tasks. The trainees can miss some outpatient clinics due to the on-call rota. Trainees have been able to meet their Psychotherapy competency and Balint group requirements and found no issue in gaining this competency. Trainees have concerns about meeting the curricular requirements of 50 emergency cases as patients are seen and assessed in Leverndale and transferred to Inverclyde as there are available beds. The trainees feel they are only clerking the patients in from a medical perspective. The trainees are hopeful that the rota merger will help with exposure to more emergency cases. It was noted that trainees have logged around 5 emergency cases to date each.

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

Trainers: Not formally asked.

Trainees: The trainees state that it is easy to meet assessments like ACEs, but the 50 emergency cases can be difficult to achieve, and they have concerns around this.

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

Trainers: Not formally asked.

Trainers: Not formally asked

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

Trainers: Not formally asked.

Trainers: Not formally asked

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers report that feedback is usually given to trainees mainly by their supervisor both formal and informally. There are set formal systems in place and there is also the more informal day to day feedback.

Trainees: The trainees report that they all receive feedback on their clinical decision during the day although it can be limited during OOH as there is usually not a senior on site. The trainees state that the frequency of feedback can vary, and some trainees have not always sought feedback on clinical decisions. If trainees are assessing a patient under the mental health act, there is usually feedback given as this is completed alongside a senior consultant. All trainees feel that any feedback received is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Not formally asked

Trainees: The trainees report that there is plenty of opportunity to give feedback to the department. There is a monthly departmental team meeting where issues can be raised and a trainee management meeting that is formally held once a month with the ES for site and CD. There is also a trainee committee that discusses any issues and raises them formally at the management meeting. It was highlighted that the clinical director holds drop-in sessions and trainees can feedback any issues or concerns. The supervisors on site are approachable and trainees feel comfortable to raise

any concerns. The trainees feel that any issues that are raised are listened to and acted upon. The trainees feel that there have been fairly significant changes been made following deanery visits with the introduction of a Chief resident role but it is still a relatively new initiative.

2.12 Culture & undermining (R3.3)

Trainers: Not formally asked

Trainees: The trainees report that their clinical team and colleagues are extremely supportive and approachable. The ES is very helpful. Consultants operate their own 9-5 daytime rota and all consultants are happy to be contacted. There have been no issues with any intentional undermining behaviour.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report that one trainee is allocated a long day on-call, 9am-9pm, and will be the first point of contact for acute/psychiatric emergencies. The trainers emphasise that the trainees gain exposure to psychiatric admissions, acute admissions, and to acute medical emergency admissions. However, it is noted that across NHS Greater Glasgow and Clyde, the initial assessment of the patients is undertaken at Mental Health Assessment Unit (MHAU) on the Leverndale site. The trainers highlight that the adult ward at Inverclyde does usually have spare capacity, therefore the trainees are gaining experience of patients with a variety of conditions to allow them to meet their curriculum requirements. It was explained that 10 trainees are required to operate an appropriate rota and they currently have 8. They have recruited clinical fellows and a specialty doctor to help support and sustain the rota. Following a consultation with trainees about the rota, there is a planned merger of the rota across three sites in February 2023 and this will provide scope for 46 junior doctors, therefore a safer more robust, sustainable rota. The trainers highlight that there has been a long-term gap due to sickness and the trainee has now left, but the department try not to burden the trainees with more shifts to ensure they do not miss any educational opportunities. The trainees are part of the short life working group (SLWG) for implementation of the new rota and a trainee representative from each of the training sites attends the meetings, therefore the trainees are actively involved in any changes to the rota. The trainers are not aware that the rota is compromising their well-being. With the proposed rota changes the site are keen to ensure that the Foundation trainees work in the same

hospital for OOH rather than moving across sites. The trainers mention that they now have a clinical psychologist on site to provided support for trainees who are involved in more complex cases. The department are hoping to implement a mentoring and peer support system is the future.

Trainees: The trainees report that the rota is reasonably distributed. Trainees have been receiving their supervisions and they can attend teaching unless on call. Teaching is recorded and sent to them. The trainees' rota shift is broken up through the week, which means that the trainees get days off through the week which they find that very positive. The trainees note that their distribution of oncall shifts is more frequent than larger sites with more trainees. The trainees report that last minute rota gaps can have an impact and put pressure on the service. The trainees are involved in managing the rota gaps and the rota administrator is excellent with following up and trying to get the gaps filled. Trainees have identified gaps in the future and will look to fill the gaps to proactively. The trainees note that there is less psychiatry OOH and can sometimes be dealing with medical issues rather than psychiatric interventions, however overall, there should not be any issues gaining the curriculum competencies. The trainees report that they have proactively been getting involved in the rota management for the current rota, and they are aware of the merger that is happening in February 2023, therefore they don't want to make too many changes to the rota ahead of the merger.

2.14 Handover (R1.14)

Trainers: The junior doctors have a documented handover. There is time incorporated into the rota for it to happen. Documentation should be recorded on the shared drive however trainees have faced technically difficulties with getting access to the shared drive. This looks to be resolved and trainees will have access to the shared drive this week. The management meeting has handover as a standing item to ensure that there is an overall standardised approach. The handovers occur between the trainees going on and off shift. The site would like to include a handover during the daily departmental huddle but there has been resistance from trainees as the huddle includes discussion about bed management. Handover involving middle grade on-call is complex as they are not on-call for one site, but multiple sites. The trainers are open to re-explore this when the rota is merged and would look for the higher trainees to be involved in a structured handover. The trainers note that it is difficult to give any evidence that handover is used as a learning opportunity, and anything done to address this would need to incorporate the other sites (Leverndale). There are no consultants present

at handover, as there are at most 4 consultants on the rota covering the sites and specialties. The trainers would be keen to make handover educational but unfortunately unable to do so presently.

Trainees: The trainees report that they were asked to use a file on the computer shared drive for handover, however most trainees did not have access to this drive. Therefore, handover reverted to email morning and evening. More recently the trainees have been given access to the shared drive and by the end of the week the trainees will begin to document handover through the shared drive. The trainees explain that the duty doctors attend the daily handover 9am/9pm and on a Monday morning the handover consists of all staff and the nightshift duty doctor handing over from the weekend. Consultants do not attend handover. During handover the trainees would discuss the challenges faced on site and there is the opportunity to discuss management and provide peer support, but there is no formally learning structure. The trainees use supervisions to discuss cases and can discuss cases on in patient ward round with consultants. The on-call consultant and consultant are contactable to escalate any issues that require immediate attendance. The trainees note that they can attend daily huddles, but these are via telephone and not held in a meeting room together.

2.15 Educational Resources (R1.19)

Trainers: The trainers report that the site is relatively small, therefore trainees don't have access to a dedicated onsite library, but there is a library in the education resource centre, that is a short walk from the site. The trainers highlight that individual laptop's have been provided to trainees to use for work and educational purpose. The trainers explained that a smartphone app has been developed called, MyPsych. This app contains a large amount of training materials that trainees are encouraged to download and use. The app has useful information from induction and as well as well-being information and signposts to resources. The department note that it there is still ongoing development and material being added with the aim that it could be a way to learn from adverse incidents across GGC. The plans are that there will be a short 7-minute briefing about learning from adverse incidents and teaching exercises about emergency treatments.

Trainees: The trainees report that the doctors room is quite small and shared with the pharmacists. The trainees can use the board room but it is not always available. It was stated that there is an education centre that has a library but this is around a 5-minute walk and it is not always ideal to

leave the site. The ES is currently looking to procure space where the clinics re being held, but this may take some time to organise. The trainees confirm that they have all been issued with laptops.

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

Trainers: Not formally asked

Trainees: Not formally asked

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: Not formally asked

Trainers: Not formally asked

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not formally asked

Trainees: The trainees report that if there are any concerns, they would raise them with the nurses or supervisors. They feel that there are too few nurses available to staff all wards safely, the exception is IPCU. The trainees highlight that the ANP's can frequently be pulled from their role to fill nursing gaps, and this can be a concern. It has been raised by the nurses themselves as well as at the management meeting, this issue particularly happens more frequently in the adult admission unit (AAU)

2.19 Patient safety (R1.2)

Trainers: The trainers report that they are keen to keep on top of patient safety concerns. Trainees are made aware of the alarm system protocol at induction, the trainees are encouraged to have joint assessments with nurses if there are any concerns for safety. The department note that there are ongoing continuous audits from the nursing team to address any safety concerns and ongoing learning that contribute to the safety of the staff and patients. It was strongly emphasised that the

biggest issues to safety are nurse staffing levels on site, however it is noted that this is also true across the wider GGC area. The huddle system aims to identify hot spots with the need to move staff as necessary.

Trainees: The trainees report that they would have some concerns around the nurse staffing level of if a family member was admitted. The AAU is of particular concern due to the number of staff available per patient. The IPCU functions 3:1 patient ratio, and if there are any gaps then usually staff can be come in from the bank. The trainees state that the site is not generally unsafe, however the nurse staffing level can raise safety issues.

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

Trainers: The trainers note that the trainees would report incidents via DATIX and they can be discussed during supervision. They would also recommend that immediate issues be discussed with the supervisor at the time. The clinical director holds a monthly meeting that provides shared learning from an adverse event. To date they have presented 4 cases, 2 to previous cohort and 2 to this cohort. During these learning events the trainees are getting exposure to various issues from treatments and complaints. The trainers emphasise that the trainees are aware of the mechanisms to raise issues.

Trainees: The trainees report that they have not been involved in any adverse incidents to date. The trainees emphasise that if any trainee were involved in a SAE, they would get support from their ES/CS, and if any incidents occurred during OOH, they would call the on-call middle grade doctors or consultant. Trainees would also complete the DATIX as standard. The trainees reported that the clinical director holds a monthly SAER meeting and it is used as a shared learning opportunity. Most trainees confirmed they have attended at least one of these meetings. Trainees believe that the consultants are supportive and would discuss any learning from these types of events.

2.21 Other

Trainers wished it noted that the ES had been helpful in supporting retired locum trainers to take on a training role. Trainees are concerned that the excellent rota co-ordinator is leaving and are keen to know about a replacement as this is a key role.

3. Summary.

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

Positive aspects of the visit

The overall impression was of a positive visit with good engagement by trainees, trainers, and service leads who have made good progress towards the requirements noted in previous visits.

- Induction to site has significantly improved. There has been improvement for not only those that begin at the standard times, but also for those that begin out of synch. The site is encouraged to take forward the suggestions on continual improvement to the induction process.
- It is apparent that there is a cohesiveness amongst and between trainees and trainers. The consultant team are approachable and accessible which aids the trainee experience.
- The panel noted a supportive environment and that the trainers also feel supported in their roles.
- Dr Graham and Dr Easton are to be commended for their working relationship to effect change that is visible to trainees
- There are several channels for trainees to feedback to the management team. The trainees feel that their concerns are listened to and acted upon.
- The panel are pleased to see that there has been a solution to allow trainees to gain the Psychotherapy competency.
- The panel heard that the weekly supervision sessions with their supervisor are a valuable vehicle to discuss and learn from cases.
- There has been noticeable work achieved in learning from adverse events through the introduction of the monthly SAE presentations by the clinical director. The site is encouraged to progress their proposal to further cascade learning beyond this site.

Less positive aspects from the visit:

- While the process of documented regular handover has improved, it is not used as a learning opportunity. This should be further explored.
- Trainees in the acute areas are spending more than 50% of their time completing noneducational tasks. Although there are 2 new ANPs, the is a lack of clarity around when they will be fully trained. It is reported that they can be reallocated to nursing roles when staffing is tight.
- There is a mismatch regarding attainment of the curriculum requirement relating to assessment of emergency admissions as many patients have already undergone psychiatrist assessment on arriving at IRH. This may be addressed by the proposed rota merger in February 2023
- It is recognised that the proposed rota merger will have an effect, the panel are keen to be reassured that a monitoring process will assess the implementation to ensure that it is not to the detriment of the other sites and patient safety.

There were nursing staffing concerns heard from both the trainee and trainers' perspective, with some concern that this could compromise patient safety. Systems to manage this were described but limitations existed.

The deanery and GMC will review the content of this report and following this the GMC will write to the Health Board regarding the status of enhanced monitoring.

Requirements from October 2021 visit

Ref	Issue	Progress noted in October 2022
6.1	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	Partially Met
6.2	There must be clear and explicit understanding around the arrangements for clinical supervision at all times and consultants must be contactable.	Met
6.3	Trainees must receive consistent weekly sessions with their appointed supervisor.	Met

6.4	Trainees must receive feedback on incidents that they raise and there must be a forum for shared learning from adverse events.	Met
6.5	The department must ensure that there are clear systems in place to provide formal and informal feedback to trainees.	Met
6.6	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	Met
6.7	There must be consultant responsibility for trainee Rotas with a working process to cover unexpected leave of any grade.	Partially met but ongoing with proposed new rota being implemented in Feb 2023
6.8	Departmental induction must be provided which ensures trainees are aware of all of their roles 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.	Met
6.9	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	Partially met but ongoing with proposed new rota being implemented in Feb 2023
6.10	Alternatives to doctors in training must be explored and employed to address the chronic gaps in the junior rota that are impacting on training.	Met
6.11	The length of placement should be reviewed by the TPD due to lack of access to emergency assessments and breadth of training opportunities.	Met
6.12	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation and senior leadership to allow for learning opportunities.	Partially met
6.13	Educational Supervisors must understand curriculum and portfolio requirements for their trainee groups.	Met but ongoing development with new curriculum

4. Areas of Good Practice

Ref	Item	Action
4.1	The site has been involved in the development of MyPsych application for smartphone. This is used as an educational tool and will be developed further to include learning from adverse events.	

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	There were nursing staffing concerns heard from both the trainee and trainers' perspective, with some concern that this could compromise patient safety. Systems to manage this were described but limitations existed.	
5.2	Trainees must have access to the appropriate opportunities, including emergency psychiatric admissions, to enable them to meet the requirements of the curriculum and to achieve satisfactory ARCP outcomes. This should be part of the new rota arrangements	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Handover processes must be further developed to allow for learning opportunities.	26th July 2023	All
6.2	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	26th July 2023	All
6.3	The new merged rota will require monitoring to ensure that it positively improves learning opportunities for Inverclyde trainees and does not disadvantage trainees in the other sites or adversely affect patient safety.	26th July 2023	All

7. DME Action Plan: to be returned to QIM (Natalie.bain@nhs.scot) on 13th December 2022

Ref	Issue	By when	Owner	Action(s)	Date Completed
7.1	Handover processes must be further developed to allow for learning opportunities.	26th July 2023			
7.2	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	26th July 2023			
7.3	The new merged rota will require monitoring to ensure that it positively improves learning opportunities for Inverclyde trainees and does not disadvantage trainees in the other sites or adversely affect patient safety.	26th July 2023			