

# SCOTLAND DEANERY

## Annual Quality Report 2021

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## The Training Year 2020/2021

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# Foreword



**Professor Stewart Irvine**  
Director of Medicine

Since last year's Quality Annual Report, COVID19 has continued to impact on service provision and training. The ongoing need to work differently has driven remarkable innovation and produced extraordinary collaboration between ourselves in the Scotland Deanery and our important stakeholders, both in Scotland and beyond.

Showing great agility, our teams have worked collaboratively with Directors of Medical Education to tackle pressing issues and maintain active engagement with training sites, particularly where patient safety or trainee dignity at work issues were involved.

New ways of working were deployed, and we summarise the outputs and outcomes of this work in a summary report for each specialty area.

The COVID-19 Survey to evaluate the impact of COVID-19 on trainees is a striking example of agility and innovation. Looking at training, service, and the psychological impacts of COVID-19, we revealed that trainees across a range of different training programmes were impacted educationally, professionally, and psychologically. Important learning that we have used to better support the personal health and well-being of trainees together with their educational needs.

Alongside this, we remain fully committed to wider improvement and you can read about the work we have done to improve our data quality, our use of data, our processes and what has been done to train our internal team.


These efforts have paid off and been recognised by our regulator, the General Medical Council (GMC), who concluded that the Scotland Deanery quality system was working well and meeting the necessary standards, particularly regarding the quality

of our data inputs and the consistency of our decision making across specialties and Health Boards. Pleasingly the GMC made no recommendations for the Scotland Deanery: a welcome endorsement of our system and the fantastic work of our team. A well-earned position from which we can further improve, recognising that there is always more to do.

Demitting office early next year I am personally pleased to leave the Scotland Deanery quality system in good health and performing well. Decisions to invest in quality management and introduce a consistent, standardised approach across Scotland have proved to be of benefit. The correlation between poor training and poor patient care is self-evident and we all have a duty to raise standards in the former to make care better for patients, now and in the future.



I therefore reaffirm the Scotland Deanery's commitment to ensuring that the GMC's standards are being achieved in all training environments, benefitting the safety and effectiveness of patient care and commend the 2021 Quality Annual Report to you as a summary of our efforts in this regard.

# The Training Year in Numbers

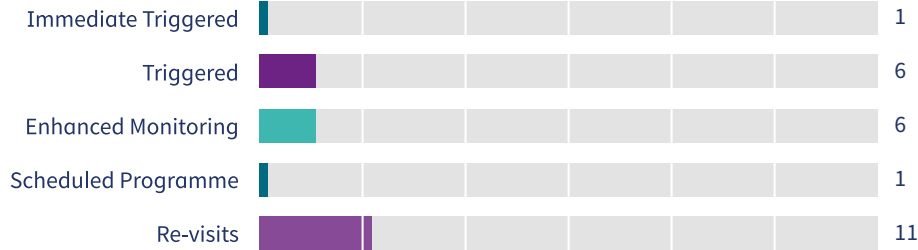
**6401**   
 Trainees within remit of the sQMG

**56** GP Practice visits 

**222**   
 Training programmes within remit of the sQMG

 **12** GP RQM's  
 **1**  
 Fact Finding Meeting

**25** Total Visits Excluding FFM (August 2020 – end July 2021)



 **45**  
 Quality Reporting Items

 **29** sQMGs held  
 AUG 2020  
 JUL 2021

## Enquiries Following QRP

| QIM       | TPD       | DME       |
|-----------|-----------|-----------|
| <b>13</b> | <b>31</b> | <b>60</b> |

 **357**  
 GP Training Practices in Scotland

 **75**  
 Letters of recognition issued following QRP

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## The Training Year 2020/2021



### Foundation

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## Foundation

### Membership of the Foundation Quality Management Group (FQMG)

Professor Clare McKenzie – Lead Dean Director



**Associate Deans (Quality)** – Dr Geraldine Brennan, Dr Marie Mathers

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**Associate Deans (Regional)** – Dr Fiona Cameron (East), Dr Duncan Henderson (South East), Dr Joy Miller (North), Dr Caroline Whitton (West)

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**Consortium Lead (Regional)** – Dr Edgar Brincat, Dr Alastair Milne, Mr Yatin Patel, Dr Joe Sarvesvaran

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**Foundation School Representative** – Ms Christine Rea

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**GP Representative** – Dr Jeremy Chowings (leave date October 2020), Dr Chris Mair (start date March 2021)

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**Trainee Associates** – Dr Sonul Gajree, Dr Patrick Hughes (leave date August 2021), Dr Joanne Jenkins (leave date November 2020), Dr Sophie Johnston

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**Quality Improvement Manager** – Mrs Jennifer Duncan

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**Lay Rep** – Mr Stuart Holmes (leave date October 2020), Ms Nasreen Anderson (start date March 2021), Mr David Ramsay (leave date June 2021)

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**Quality Improvement Administrator** – Mrs Gaynor Macfarlane

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**Foundation Training Board Chair** – Dr Duncan Henderson

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## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|----------------|
| 14                             | 35                    | 0             | 14            | 15            | 6                            | All resolved   |

The following visits were also undertaken in 2020/21 training year:

| Board                     | Site                                       | Specialty                 | Visit type | Date of visit | Outcome of visit  |
|---------------------------|--|---------------------------|------------|---------------|---|
| Lothian                   | St John's Hospital                         | General Internal Medicine | Revisit    | 17/03/2021    | Revisit highly likely<br>11 requirements<br>3 good practice |
| Fife                      | Victoria Hospital                          | General Internal Medicine | Revisit    | 05/05/2021    | Revisit highly likely<br>11 requirements<br>3 good practice |
| Lothian                   | Royal Infirmary Edinburgh at Little France | Trauma & Orthopaedics     | Revisit    | 18/05/2021    | Revisit highly likely<br>12 requirements<br>2 good practice |
| Greater Glasgow and Clyde | Glasgow Royal Infirmary                    | General Internal Medicine | Revisit    | 25/05/2021    | Revisit highly likely<br>13 requirements<br>3 good practice |
| Greater Glasgow and Clyde | Inverclyde Royal Hospital                  | General Surgery           | Revisit    | 08/06/2021    | Revisit highly likely<br>8 requirements<br>4 good practice  |



| Board | Site              | Specialty       | Visit type | Date of visit | Outcome of visit   |
|-------|-------------------|-----------------|------------|---------------|--|
| Fife  | Victoria Hospital | General Surgery | Triggered  | 22/06/2021    | Revisit highly likely<br>9 Requirements<br>4 Good practice |

Other FQMG Activity:

| Board                     | Site                      | Specialty                                    | Activity                   | Date       |
|---------------------------|---------------------------|--|----------------------------|------------|
| Fife                      | Victoria Hospital         | General Internal Medicine<br>General Surgery | Action Plan Review Meeting | 08/03/2021 |
| Greater Glasgow and Clyde | Inverclyde Royal Hospital | Trauma & Orthopaedics                        | Action Plan Review Meeting | 14/06/2021 |
| Greater Glasgow and Clyde | Royal Alexandra Hospital  | Trauma & Orthopaedics                        | Action Plan Review Meeting | 14/06/2021 |

Visits identified but led by another sQMG:

| Board        | Site                    | Specialty  | Specialty Led By | Visit type             | Date of visit | Outcome of visit   |
|--------------|-------------------------|--|------------------|------------------------|---------------|--|
| NHS Grampian | Dr Gray's Hospital      | General Internal<br>Medicine/General<br>Surgery/Emergency<br>Medicine/<br>Anaesthetics | Surgery          | Immediate<br>Triggered | 28/09/2020    | Escalated to<br>Enhanced<br>Monitoring<br>(Excluding<br>Emergency<br>Medicine) |
| Tayside      | Edzell Health<br>Centre | GP   | GP               | Triggered              | 02/02/2021    | Revisit highly<br>unlikely   |
| Tayside      | Ninewells Hospital      | Medical Oncology   | Medicine         | Triggered              | 24/06/2021    | No Revisit required  |

### Sites on enhanced monitoring with relevant trainees

01/08/2020 to 31/07/2021

- **Queen Elizabeth University Hospital** – General Internal Medicine
- **University Hospital Ayr** – General Internal Medicine
- **Princess Royal Maternity Hospital/Glasgow Royal Infirmary** – Obstetrics and Gynaecology
- **Pan Tayside** – General Adult Psychiatry
- **Inverclyde Royal Hospital** – General Internal Medicine and Geriatric Medicine
- **Dr Gray's Hospital** – Anaesthetics, General Medicine and General Surgery

### Sites removed from enhanced monitoring with relevant

trainees 01/08/2020 to 31/07/2021

- n/a

## LDD Overview

The team welcomed Dr Marie Mathers as the new APGD-Q into the Foundation Quality team. Marie has been a great addition to our team and has integrated seamlessly. The Foundation Quality team continue to collaborate with the Foundation training programme management APGDs through FQMG and Specialty Training Board (STB) with regular information sharing.

Recognising the difficulties for Health Board DMEs and their teams, the Foundation quality management visits were staggered to manage workload. Sites were only visited where significant concerns existed due to the QRP data and information from local teams. While these sites have a number of requirements to implement, there were also some areas of improvement and good practice. Where a visit was not practical, a discussion with the DME and education team at the site has been most productive.

Changes to the Foundation quality management team remit were implemented in 2020/21 with the Foundation quality management team members joining specialty quality management teams to contribute a Foundation perspective. Feedback from Quality Lead Deans are that these arrangements are working well.

Collaboration between FQMG and GP QMG to develop GP question sets specific to visiting GP practices who only host Foundation trainees, is underway. This role has been taken over by GP QMG hence the need for revised paperwork. It has provided an opportunity to update GPs on the Foundation curriculum outcomes.

FQMG have tried to increase the focus on quality improvement activity. This is still in development however, the team have undertaken a high-level review of data in Dermatology, Trauma & Orthopaedics, Obstetrics & Gynaecology and Psychiatry posts following the QRP. This did not yield conclusive information however has led to a decision to focus further QI work around Trauma & Orthopaedics as over past 5 years, 10 of 18 training sites have been visited, some on several occasions. The aim is to identify good practice in units and seek to cascade the information.

We continue to promote the need to upskill visit panels regarding Foundation training matters, particularly with the advent of a new Foundation curriculum. We aim to have Foundation expertise on every visit involving Foundation trainees. There has been a significant cohort of new Foundation Programme Directors (FPD) recruited for the new training year to support the expansion of foundation and to replace FPDs who retired this year. There are ongoing efforts aiming to upskill FPDs to encourage participation in visits.

- Foundation APGD-Qs and Foundation APGDs have led on raising awareness of quality processes with FPDs.
- Recent quality update session was delivered to FPDs via Teams and included information on how to access visit panel training.
- Foundation School Director has provided an update on the new Foundation curriculum to the GP quality team, who are involved in leading practice visits.

The Foundation quality team remain very active and have had a busy year. Both the quality and training management team are passionate about improving the training environment for Foundation doctors.

## Looking Forward

- Development of bespoke question sets for Foundation visits to General Practice – work began July 2021.
- Continued Quality Improvement work in Trauma & Orthopaedics, with involvement of specialty contacts.
- To arrange education session on the new Foundation Curriculum for the Quality workstream, to be delivered at a Quality Workstream Calibration event.

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## The Training Year 2020/2021



## General Practice, Public Health and Occupational Medicine

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## General Practice, Public Health and Occupational Medicine

### Membership of the General Practice, Public Health and Occupational Medicine Quality Management Group

Professor Amjad Khan – Lead Dean Director



**Associate Deans (Quality)** – Dr Ken Lee, Dr Nick Dunn leave date  
31/05/2021

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**Associate Deans (Regional)** – Dr Elizabeth Barr (North) leave date  
31/12/2020, Dr Rod Sampson (North) start date 01/01/2020, Dr John Nicol  
(North), Dr Chris Mair (East/South East), Dr Kenneth Lee (West), Dr Nick  
Dunn (West) leave date 31/03/2021, Dr Nitin Gambir (West) start date  
01/07/2020

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**Foundation Representative** – Mrs Jennifer Duncan, Dr Geraldine  
Brennan, Dr Marie Mathers

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**Trainee Associates** – Dr Sarah Bowers, Dr Eleanor Davies, Dr Aaron  
Taylor, Dr Oisin Keenan (from 2021)

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**Quality Improvement Manager** – Ms Fiona Paterson

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**Lay Rep** – Ms Penny MacGregor (leave date Dec 2020), Ms Dorothy Wright  
(start date March 2020)

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**Quality Improvement Administrator** – Mrs Janice Jenkins, Mr Bryan  
Ewington (leave date Nov 2020), Mrs Gayle Hunter (start date March  
2020), Mrs Jennifer Gierz (start date May 2021)

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**Specialty Training Board Chair** – Dr Nitin Gambir

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# Highlights



**357**

GP Training Practices in Scotland

**11**

Quality Reporting Items



Letters of recognition issued following QRP

GP Practice



**10**

Hospital



**9**



Enquiries Following QRP



**12**  
DME



**6** sQMGs held



**12**

RQMGS

- 2** East
- 2** North
- 2** South East
- 6** West



**723**

GP Practice Educational Supervisors in Scotland

## Overview

The following enquiries were raised at the 2020 QRP:

| Specialty | Visits Identified at QRP | Good practice letters | TPD enquiries | APGD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status  |
|-----------|--------------------------|-----------------------|---------------|----------------|---------------|------------------------------|---|
| GP        | 13                       | 19                    | 7             | 0              | 12            | 0                            | 10 DME resolved<br>2 outstanding.<br>All TPD resolved |
| OM        | 0                        | 0                     | 0             | 0              | 0             | 0                            | N/A   |
| PH        | 0                        | 0                     | 0             | 0              | 0             | 0                            | N/A   |
| BBT       | 0                        | 0                     | 0             | 0              | 0             | 0                            | N/A   |

The following visits were also undertaken in 2020/21 training year:

- 56 GP Practice Accreditations
- 34 scheduled virtual approvals
- 9 Teams Visits
- 13 desktop risk assessed



Visits identified but led by another sQMG:

| Board                         | Site                                  | Specialty   | Specialty Led By                         | Visit type          | Date of visit           | Outcome of visit  |
|-------------------------------|---------------------------------------|---|--|---------------------|-------------------------|---|
| NHS Dumfries and Galloway     | Dumfries and Galloway Royal Infirmary | Medicine  | Medicine                                 | Revisit             | 12/05/2021 & 13/05/2021 | 11 Requirements<br>3 Good practice<br>Revisit required          |
| NHS Dumfries and Galloway     | Dumfries and Galloway Royal Infirmary | Paediatrics   | Obstetrics & Gynaecology and Paediatrics | Revisit             | 17/06/2021              | 2 Requirements<br>3 Good practice<br>Revisit highly unlikely    |
| NHS Grampian                  | Dr Gray's Hospital                    | General Internal Medicine/General Surgery/Emergency Medicine/Anaesthetics | Surgery                                  | Immediate Triggered | 28/09/2020              | Escalated to Enhanced Monitoring (Excluding Emergency Medicine) |
| NHS Greater Glasgow and Clyde | Queen Elizabeth University Hospital   | Obstetrics & Gynaecology  | Obstetrics & Gynaecology and Paediatrics | Revisit             | 10/05/2021              | 13 Requirements<br>3 Good practice<br>Revisit required          |
| NHS Lothian                   | St John's Hospital                    | Psychiatry  | Mental Health                            | Triggered           | 24/03/2021              | 10 Requirements<br>Revisit required                             |
| NHS Tayside                   | Pan Tayside                           | General Adult Psychiatry  | Mental Health                            | Enhanced Monitoring | 14/12/2020              | 8 Requirements<br>1 Good practice<br>Revisit required           |

### Sites on enhanced monitoring with relevant trainees 01/08/2020 to 31/07/2021

There are currently 6 sites on enhanced monitoring that provide training to GP trainees.

- **Queen Elizabeth University Hospital** – General Internal Medicine
- **University Hospital Ayr** – General Internal Medicine
- **Princess Royal Maternity Hospital/Glasgow Royal Infirmary** – Obstetrics and Gynaecology
- **Pan Tayside** – General Adult Psychiatry
- **Inverclyde Royal Hospital** – General Internal Medicine and Geriatric Medicine
- **Dr Gray's Hospital** – General Medicine

### Sites removed from enhanced monitoring with relevant trainees 01/08/2020 to 31/07/2021

- n/a

## LDD Overview

This has been a busy year for this specialty grouping. In General Practice, our processes have had to be changed as a result of the pandemic. After the initial hiatus in practice accreditations, (to allow clinicians to focus on care of patients), my team have been working extremely hard to ensure we are back on track with practice and educational supervisor accreditations.

Public Health and Occupational Medicine colleagues have been at the forefront of dealing with the pandemic within Scotland. We are pleased that Scottish Government has expanded Public Health training posts this year.

I am pleased to welcome Cieran Mckiernan to his APGD Quality role covering our specialty groupings. He will bring a fresh pair of eyes from a secondary care perspective looking at our policies and processes.

Priority Areas identified were:

### General Practice

1. Our approval process restarted as planned building in flexibility for practices due to service pressures and workload. We undertook individual discussions with practices where required and agreed a way forward extending their current approval period where necessary. Practice visits were re-established using an adapted format on MS Teams which has proved successful but perhaps does not capture as much information as a site visit would.
2. We developed a risk assessment tool for practices due a site visit, converting these where possible to a desktop approval. This was supported by the creation and introduction of pre-visit questionnaires for GPSTs, FY2s and retainers.
3. The requirement bank has been developed and is now in use and a process for updating is in place.

4. Inter-regional visiting has not taken place due to the interim processes we have developed. If MS Teams visits continue as part of our processes going forward, this will be more manageable.
5. Second visitor calibration training is part of plan for the coming year.
6. A comprehensive review of the documentation will be taking place in the coming year. The current documentation does capture teaching and feedback on new ways of consulting. The current documentation is under review with a vision that it should be more user friendly and explore the possibility of moving to on-line completion and submission.
7. Programme reviews were due to be scoped but paused because of the pandemic. This scoping exercise will be restarted in conjunction with a review of GP Education in Scotland.
8. The new TW module has been incorporated in an adapted SPESC course that has been delivered on-line. This is part of a wider review of courses provided for established GP Educational Supervisors.

## Public Health

The COVID-19 pandemic has resulted in a prolonged and sustained escalated Public Health response, which has been ongoing now for almost 18 months. This has had an impact on virtually all routine public health activity because of the re-alignment of the Public Health workforce into frontline health protection activities. While initially this work provided both consultants and trainees with training and developmental opportunities, over time this level of service work became

less useful for training purposes. However, it has been possible for some traditional trainee attachments to be re-established more recently e.g. screening attachments as those services recover. In addition, trainees and Educational Supervisors, with support from the Training Programme Director, have actively sought COVID-19 related work that also aligns with training needs and outstanding learning outcomes e.g. in data intelligence, work to improve testing and vaccination uptake, and COVID-19 surveillance work. Depending on the progress of the pandemic, maintaining the balance between service and training opportunities, to ensure trainees gain the full breadth of public health experience and fulfil all of the learning outcomes required in the curriculum, may continue to be a challenge for the training programme going forward. However, Public Health trainees and trainers have risen to the challenges of waves of pandemic's workload pressures, frequently evolving evidence and guidance changes, and all the additional burden associated with predominantly working from home, with patience, fortitude, and unprecedented endurance.

In response to projected future consultant requirements, and COVID-19 related need, the Scottish Government increased our training numbers for this year. Therefore, we will have 11 new trainees starting in August 2021. This is the largest cohort of new trainees commencing in the Public Health training programme for over a decade. While the demands of the COVID-19 work could have an adverse impact on the quality of local trainee induction processes, the Training Programme Director has been working with Health Board Public Health departments and trainers to ensure preparations are in place for this cohort. In addition, the National Trainee Induction day will go ahead virtually this year, which will provide additional support around trainee induction into the training programme.

The DFPH and MFPH exams were initially delayed significantly; however, they were successfully adapted and delivered online. Early in the pandemic, significant COVID-19 work pressures had an adverse impact on trainees' study time and the capacity for educational and academic supervisors to undertake the usual level of support to trainees in their preparation for exams. However, additional preparation support is being provided and the trainee-led preparation sessions, with trainer and TPD input, recommenced in Spring 2021.

The Public Health Curriculum Review was delayed due to the Pandemic response; however, this will be submitted in October 2021 and has been adapted to include some of the learning, so far, from the COVID-19 pandemic public health response.

The KA10 formative assessments (undertaken 12-18 months before CCT) have continued and been delivered remotely, and the annual Training the Trainer day was also delivered remotely this year; although, it was over 4 shorter recorded sessions that were made available to trainers who were unable to attend due to work pressures.

## **Occupational Medicine**

This has been another challenging year for Occupational Medicine (OM) colleagues who have been at the forefront dealing with our health and care staff. OM trainees have played a vital role in keeping services functioning at a time of greatest need. There will be a need for expansion of training posts in the coming years and this involve increasing education supervisors in both NHS and private settings.

## **Broad Based Training (BBT)**

This has been a successful year for BBT recruitment. The feedback from trainees is extremely good and they value the flexibility & opportunities that this programme brings them. A programme visit is planned for the coming year. A new TPD has been appointed, Dr Patrick Byrne.

## **Looking Forward**

1. To develop a system to track all risk assessed ES and practice re-approvals through QRP.
2. Finalise our bullying and undermining processes for training practices once the live case has concluded.
3. To continue to work with the Foundation team to create quality management procedures for Foundation only practices.
4. To expand practice manager and lay representatives as part of the visiting team across Scotland to include recruitment and training.
5. Ongoing review of GP ES and training practice self-submission documentation and explore the possibility of an on-line application process.
6. Discussions to conduct a BBT programme visit with TPD and APGD.

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## The Training Year 2020/2021



## Emergency Medicine and Anaesthetics

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## Emergency Medicine and Anaesthetics Membership of the Emergency Medicine and Anaesthetics Quality Management Group

Professor Adam Hill – Lead Dean Director



**Associate Deans (Quality)** – Dr Mo Al-Haddad and Dr Fiona Ewing (start date November 2020)

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**Associate Deans (Regional)** – Dr Cieran McKiernan (West), Dr Alastair Murray (South East), Dr Russell Duncan (East) & Dr Joy Miller (North)

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**Foundation Representative** – Dr Marie Mathers, Dr Geraldine Brennan, Mrs Jennifer Duncan

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**GP Representative** – Dr John Nicol

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**Trainee Associates** – Dr Saurabh Borgaonkar and Dr Dylan Yong (start date January 2021)

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**Quality Improvement Manager** – Miss Kelly More

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**Lay Rep** – Mr John Adams

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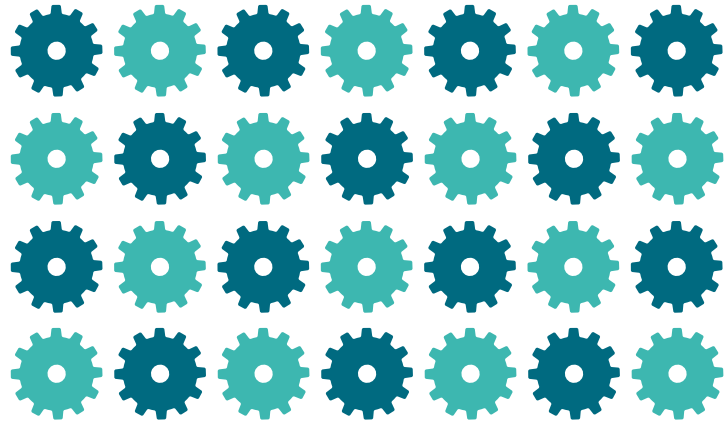
**Quality Improvement Administrator** – Ms Lorna McDermott (leave date November 2020)

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**Specialty Training Board Chair** – Dr Neil O'Donnell

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# Highlights



**28** Training programmes within remit of the sQMG



**3** sQMGs held



Letters of recognition issued following QRP



**678**

Trainees within remit of the sQMG



Enquiries Following QRP

**1**  
DME



## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|----------------|
| 2                              | 2                     | 0             | 0             | 1             | 0                            | All resolved   |

The following visits were also undertaken in 2020/21 training year:

| Board | Site | Specialty | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a        | n/a           | n/a              |

Visits identified but led by another sQMG:

| Board        | Site               | Specialty  | Specialty Led By | Visit type             | Date of visit | Outcome of visit   |
|--------------|--------------------|--|------------------|------------------------|---------------|--|
| NHS Grampian | Dr Gray's Hospital | General Internal<br>Medicine/General<br>Surgery/Emergency<br>Medicine/<br>Anaesthetics | Surgery          | Immediate<br>Triggered | 28/09/2020    | Escalated to<br>Enhanced<br>Monitoring<br>(Excluding<br>Emergency<br>Medicine) |



**Sites on enhanced monitoring with relevant trainees  
01/08/2020 to 31/07/2021**

- **Dr Gray's Hospital** – Anaesthetics

**Sites removed from enhanced monitoring with relevant  
trainees 01/08/2020 to 31/07/2021**

- n/a

## LDD Overview

This has been a challenging year in view of COVID-19. The team have worked extremely well to adapt to the post COVID-19 world with organising our QM activity by virtual methodologies and updating our visit packs which has allowed visits to continue despite the COVID-19 pandemic. It was phenomenal work delivering the QRPs in 2020. The QRP was an excellent forum to discuss all training sites in Scotland.

All post QRP queries issued after the meeting were responded to. We issued good practice letters to Intensive Care Medicine in Victoria Hospital, Kirkcaldy and Emergency Medicine at University Hospital Crosshouse.

At the QRP, two sites were identified for a visit – Anaesthetics at Inverclyde Royal Hospital and Anaesthetics at the Royal Hospital for Children in Glasgow. When we notified the health board about our plans, they said that they too planned to visit both sites and asked that we let them know

our primary concerns so that they could address them at the meetings. This was done using the post QRP query process. The process allowed us to tap into the internal quality control system used by Greater Glasgow & Clyde and demonstrated the good relationship we have with them. The forms along with some background information were returned and discussed with the sQMG members who agreed that sufficient evidence was submitted to allow the visits to be postponed. We are continuing to monitor both sites, we have asked the board for updates on a particular issue and the sites will be reviewed again as part of the QRP process.

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. Very well done team.

There is only 1 site on enhanced monitoring- Dr Gray's Anaesthetics. We hope this can be de-escalated from enhanced monitoring once we have data to support maintenance of the improvement. Areas for future development will be to develop tools that we can ensure action plans from visits are being delivered and action plan follow up meetings to see if this reduces the need for re-visits.

The Quality team for EMA 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 training sites within Scotland. All such outputs are regularly monitored via the sQMG, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.

## Looking Forward

We are continuing to use virtual technology for the QRP and sQMGs. Depending on the types of visits coming up over the next year we may use the virtual option for those too. It is good to have the option available particularly over the winter months.

For QRPs across all specialties this year, we are trialling a new format of summary data rather than the large spreadsheets used in previous years which were said to be not very user friendly. The NTS is running again this year in its usual format so we will have data which we didn't have last 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 have trainees in Emergency Medicine and Anaesthetics on that site. We will wait until the departments have bedded in and as there are a number of specialties in the hospital, we will liaise with our colleagues to co-ordinate visits. Any other departments to visit will depend on visit priorities following the QRP.

Currently we have no items on the Deanery report and no major concerns. We are proactive in managing any issues that arise. We are hopeful that Anaesthetics at Dr Gray's Hospital in Elgin will be able to be de-escalated from enhanced monitoring once we have data to support maintenance of the improvement.

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## The Training Year 2020/2021



## Diagnostics

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## Diagnostics

### Membership of the Diagnostics Quality Management Group

Professor Alan Denison – Lead Dean Director



**Associate Deans (Quality)** – Dr Fiona Ewing (leave date October 2020)

Dr Marie Mathers (start date October 2020)

**Associate Deans (Regional)** – Dr Wilma Kincaid (West), Dr Rhiannon Pugh (South East), Dr Tom Fardon (East), Dr Russell Duncan (East) and Dr Marion Slater (North)

**Foundation Representative** – Dr Marie Mathers, Dr Geraldine Brennan, Mrs Jennifer Duncan

**GP Representative** – n/a

**Trainee Associates** – Dr Sarah Milliken and Dr Manjit Cartlidge

**Quality Improvement Manager** – Miss Kelly More

**Lay Rep** – Mr Albert Donald (leave date December 2020) Professor Lorna McKee (start date February 2021)

**Quality Improvement Administrator** – Ms Lorna McDermott (leave date November 2020)

**Specialty Training Board Chair** – Professor Peter Johnson (leave date May 2021) Then Dr Fiona Ewing (start date May 2021)

# Highlights



Enquiries Following QRP

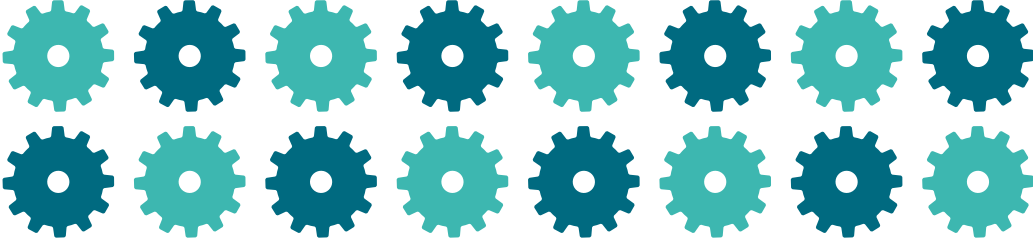
**1** APGD 

**4** DME 

**SEP 2020**  
**08** 

**AUG 2020**  **JUL 2021**

**3** sQMGs held 



**16** Training programmes within remit of the sQMG



**296** Trainees within remit of the sQMG



**2** Letters of recognition issued following QRP



**2** Quality Reporting Items

## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|----------------|
| 0                              | 2                     | 0             | 1             | 4             | 0                            | All resolved   |

The following visits were also undertaken in 2020/21 training year:

| Board | Site | Specialty | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a        | n/a           | n/a              |

Visits identified but led by another sQMG:

| Board | Site | Specialty | Specialty Led By | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a              | n/a        | n/a           | n/a              |

### Sites on enhanced monitoring with relevant trainees 01/08/2020 to 31/07/2021

- n/a

### Sites removed from enhanced monitoring with relevant trainees 01/08/2020 to 31/07/2021

- n/a

## LDD Overview

The 2020 QRP worked well in terms of process and was well attended by all groups including the DME. The meeting was undertaken virtually using Microsoft teams and this worked well. All enquires were followed up and responded to. Good Practice letters were issued to the Radiology department in Forth Valley Royal Hospital and Histopathology in University Hospital, Monklands.

The sQMG is variably attended but updates are requested from non-attendees and when visits are undertaken all reports are thoroughly scrutinised to ensure that local education providers (LEPs) action plans appropriately address any requirements.

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.

No visits were identified at QRP. There are no sites on Enhanced Monitoring. There are two Deanery Report items which are reported on regularly to the GMC.

## Looking Forward

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) with a handful of trainees and Nuclear & 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. In order to get around this we will undertake a pilot of a one to one meeting with the trainee attended by a trainee associate. The output will then feed into a wider thematic review across all specialties with very small programmes in order to try and identify what does good look like.

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.

As mentioned above we plan to lead a programme visit to Combined Infection /Infection Specialties training. The Diagnostics APGD team has been reshaped to provide more oversight and support of the National Programmes.

We will review data from all sites at the quality review panel in November and there may be other visits identified at that time.

More generally, a simulation strategy (led by the STB) is being developed to support and sustain technical and non-technical skills across a range of training programmes in the Deanery.

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## The Training Year 2020/2021



### Medicine

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## Medicine

### Membership of the Medicine Quality Management Group

Professor Alastair McLellan – Lead Dean Director



**Associate Deans (Quality)** – Dr Reem Al-Soufi, Dr Greg Jones, Dr Alan McKenzie

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**Associate Deans (Regional)** – Dr Marion Slater (North), Dr Tom Fardon (East), Dr Clive Goddard (South East), Dr David Marshall (West), Dr Stephen Glen (IMT)

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**Foundation Representative** – Dr Marie Mathers, Dr Geraldine Brennan, Mrs Jennifer Duncan

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**GP Representative** – Dr Ken Lee

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**Trainee Associates** – Dr Euan Harris, Dr Ailie Grzybek, Dr Katherine Hamlett, Dr Sarah Murray, Dr Kenneth Gary Rodgers

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**Quality Improvement Manager** – Mr Alex McCulloch, Mrs Heather Stronach (until November 2020) and Mrs Hazel Stewart (start date February 2021)

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**Lay Rep** – Mrs Marion Macleod

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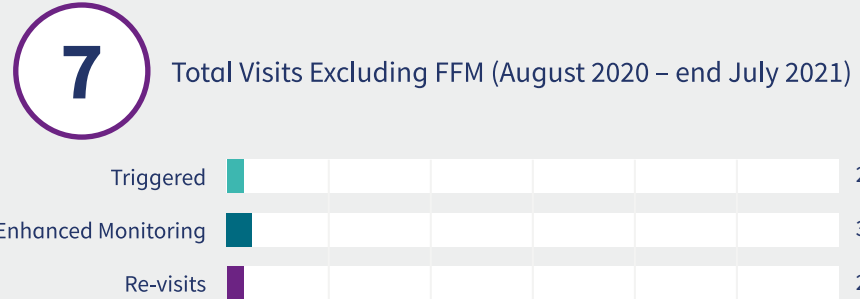
**Quality Improvement Administrator** – Miss Patriche McGuire, Miss Claire Rolfe (leave date April 2021) and Miss Emma Stewart (start date May 2021)

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# Highlights

**64**   
 Training programmes  
 within remit of the sQMG

**4**   
 Quality  
 Reporting  
 Items



**Enquiries Following QRP**

SEP 2020 **11** SEP 2020 **18**

**7** TPD 


**15** DME 

**2** APGD 

**1**   
 Fact Finding Meeting

**1**   
 Letter of recognition  
 issued following QRP

**3** sQMGs held  

**951**   
 Trainees  
 within remit  
 of the sQMG

## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP                                    | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status  |
|---|-----------------------|---------------|---------------|---------------|------------------------------|---|
| 13 (2 converted to action plan meetings due to COVID-19 capacity) | 1                     | 7             | 2             | 15            | 0                            | All complete with the exception of three without responses. |

The following visits were also undertaken in 2020/21 training year:

| Board                         | Site                                  | Specialty                                      | Visit type           | Date of visit           | Outcome of visit   |
|-------------------------------|---------------------------------------|--|----------------------|-------------------------|--|
| NHS Greater Glasgow and Clyde | Inverclyde Royal Hospital             | General Internal Medicine & Geriatric Medicine | Enhanced Monitoring  | 19/11/2020              | 7 Requirements<br>Re-visit required  |
| NHS Greater Glasgow and Clyde | Queen Elizabeth University Hospital   | General Internal Medicine                      | Enhanced Monitoring  | 25/03/2021 & 26/03/2021 | 8 Requirements<br>Re-visit required  |
| NHS Ayrshire and Arran        | University Hospital Ayr               | General Internal Medicine                      | Enhanced Monitoring  | 08/04/2021 & 09/04/2021 | 5 Requirements<br>Re-visit required<br>Enhanced monitoring conditions reduced to 1 |
| NHS Greater Glasgow and Clyde | Gartnavel General Hospital            | General Internal Medicine                      | Fact-finding meeting | 06/05/2021              | Re -visit highly likely  |
| NHS Dumfries and Galloway     | Dumfries and Galloway Royal Infirmary | General Internal Medicine                      | Triggered            | 12/05/2021              | 11 Requirements<br>Re-visit required   |

|                               |                                |                           |           |                         |  |
|-------------------------------|--------------------------------|---------------------------|-----------|-------------------------|--|
| NHS Ayrshire and Arran        | University Hospital Crosshouse | General Internal Medicine | Re-visit  | 03/06/2021 & 04/06/2021 | 14 Requirements<br>Re-visit required<br>Escalated to Enhanced monitoring |
| NHS Tayside                   | Ninewells Hospital             | Medical Oncology          | Triggered | 24/06/2021              | No Revisit required<br>7 Requirements<br>2 Good practice                 |
| NHS Greater Glasgow and Clyde | Royal Alexandria Hospital      | General Internal Medicine | Triggered | 30/06/2021 & 01/07/2021 | Re-visit required  |

Visits identified but led by another sQMG:

| Board                         | Site                        | Specialty   | Specialty Led By | Visit type          | Date of visit | Outcome of visit                 |
|-------------------------------|-----------------------------|---|------------------|---------------------|---------------|----------------------------------|
| NHS Grampian                  | Dr Gray's Hospital          | General Internal Medicine/General Surgery/Emergency Medicine/Anaesthetics | Surgery          | Immediate Triggered | 28/09/2020    | Escalated to Enhanced Monitoring |
| NHS Fife                      | Victoria Hospital Kirkcaldy | General Internal Medicine   | Foundation       | Re-visit            | 05/05/2021    | Re-visit required                |
| NHS Greater Glasgow and Clyde | Glasgow Royal Infirmary     | General Internal Medicine   | Foundation       | Re-visit            | 25/05/2021    | Re-visit required                |

### Sites on enhanced monitoring with relevant trainees

01/08/2020 to 31/07/2021

- **Dr Gray's Hospital** – General Internal Medicine
- **University Hospital Ayr** – General Internal Medicine
- **Inverclyde Royal Hospital** – General Internal Medicine & Geriatric Medicine
- **Queen Elizabeth University Hospital** – General Internal Medicine

### Sites removed from enhanced monitoring with relevant trainees

01/08/2020 to 31/07/2021

- n/a

## LDD Overview

This year the MQMG has delivered 8 quality management visits to Medicine training environments in a virtual format using Microsoft Teams – which is slightly less than 2019-2020 (n=10) and less than 2018-2019 (n=19). There was a conscious decision taken at the deanery Quality Review Panels in 2020 to deliver only essential visits such as Enhanced Monitoring visits and Triggered visits in the 2020-2021 training year.

Our visit cycle this year was impacted by the 2nd wave of the COVID-19 pandemic, with most hospitals in our health boards coping with increased service pressures and patient admissions. Visits were temporarily paused in December, January and February 2021 in order to support our colleagues in the health boards and commenced again from March – June 2021.

The 2020 QRP worked well in terms of process and was well attended by all groups including the DME. Enquiries are yet to be closed off at time of writing, due to delays in receiving responses from Directors of Medical Education and Training Programme Directors.

Our number of medical training environments on GMC enhanced monitoring continues to be a cause for concern, with 4 of Scotland Deanery's 6 ongoing enhanced monitoring cases being in training environments for Medicine. University Hospital Ayr-Medicine (NHS Ayrshire & Arran), remains on 'enhanced monitoring with 2 conditions, Queen Elizabeth University Hospital – Medicine (NHS Greater Glasgow & Clyde) remains on 'enhanced monitoring' but is showing some evidence of improvements in the training environment. They have succeeded this year in addressing the long-standing concerns in regard to patient safety in the Immediate Assessment Unit (IAU) and received recognition from the GMC in regard to the work done to achieve this. We commend the engagement of NHS Greater Glasgow & Clyde for resolving this longstanding concern. Inverclyde Royal Hospital (NHS Greater Glasgow and Clyde), remains on Enhanced Monitoring and is also showing commitment to address the concerns.

Dr Gray's Hospital in NHS Grampian was escalated to the GMC Enhanced Monitoring process in November 2020, following concerns raised by trainees across Medicine/Surgery/Anaesthetics/Emergency Medicine at an Immediate Triggered site visit conducted in September 2020. Dr Gray's Hospital remains a concern from the perspective of training in medicine due to an ongoing shortage of consultant physician trainers.

The MQMG would like to acknowledge the loss of our friend and colleague Heather Stronach (Quality Improvement Manager), who sadly died in a cycling accident in November 2020. Heather was a valued member of the Medicine team and wider Quality team and will be hugely missed by us all.

We would also like to thank Claire Rolfe (Quality Improvement Administrator) for her hard work and support provided to the team; Claire has gone on to new challenges and is currently undertaking a secondment in the NES NMAHP team.

Medicine would also like to welcome Hazel Stewart (Quality Improvement Manager), who returned from a period of maternity leave to join the team in February 2021, Marion MacLeod, who was newly appointed to the lay representative role in Medicine in September 2020 and to Emma Stewart, our new Quality Improvement Administrator who joined the team in May 2020.

## Looking Forward

Training environments for medicine are the most challenging of all around the UK, and certainly in Scotland. This reflects pressure upon the delivery of training in the context of the inexorable rise in the acute medical workload and the consequent pressures upon medical staffing. It remains to be seen how the COVID-19 pandemic will play out through 2021-2022, but projections suggest that further surges are likely for the foreseeable future. These risks further compromise to the attainment of the breadth of curricular requirements in many medical specialty training programmes. Whether for COVID-19-related reasons or because of the mounting backlog of medical conditions that have gone untreated because of the pandemic, workload pressures are likely to be relentless for some time to come.

From August 2021, after much planning, stage 1 IM trainees will for the first time experience the 3rd year of the full 3-year stage 1 programme; these 3rd year posts have been created from posts that were traditionally offered as ST3 higher specialty training posts. Quality management processes around medical training will for the first time reflect trainees' experiences within these new 3rd year training posts, as well as reflecting for the first time the impact of the integration of Critical Care blocks into year 2 of stage 1 IMT. It will be interesting to report on the impact of these innovations as stage 1 training in Scotland has traditionally been highly rated.

The MQMG's experience of virtual visiting has been extremely positive – and we very much welcome continuing with this mode of delivery of QM visiting; we do, however, hope that 2021-2022 will see some return to more usual levels of QM activity unconstrained by COVID-19. We have embraced the introduction of Action Plan Review Meetings that we see as a means of gaining assurance earlier about commitment to tackle requirements that have been set following QM visits, and we trust will provide evidence of progress too. Most of all we are enthusiastic about the piloting of SMART objectives aligned to requirements in our visit reports as we believe these will help DMEs and education teams to have sharper focus on what needs to be addressed for our visit requirements to be addressed fully.

Looking forward, for sure 2021-2022 will be another challenging year for the MQMG, but we have a very committed, engaged and highly performing team who, together, will rise to whatever challenges come our way, to ensure that the quality of training in Medicine and in medical specialties in Scotland meets the GMC's standards.

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## The Training Year 2020/2021



## Mental Health

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## Mental Health

### Membership of the Mental Health Quality Management Group

Professor Clare McKenzie – Lead Dean Director



**Associate Deans (Quality)** – Dr Claire Langridge, Dr Alastair Campbell

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**Associate Deans (Regional)** – Dr Daniel Bennett (North), Dr Rhiannon Pugh (South East), Dr Seamus McNulty (West), Dr Tom Fardon (East)

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**Foundation Representative** – Professor Clare McKenzie

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**GP Representative** – Dr Nick Dunn

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**Trainee Associates** – Dr David Macpherson, Dr Jack Kirby, Dr Kristopher Holte (until 01/21)

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**Quality Improvement Manager** – Mrs Dawn Mann

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**Lay Representative** – Mr John Dearden

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**Quality Improvement Administrator** – Mrs Susan Muir

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**Specialty Training Board Chair** – Dr Seamus McNulty

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# Highlights



**3**  
Quality Reporting Items

**308**   
Trainees within remit of the sQMG




**5**  
Letters of recognition issued following QRP



**Enquiries Following QRP**




SEP 2020  
**23**



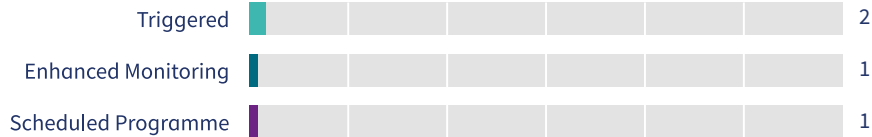
**3** sQMGs held

**13**   
Training programmes within remit of the sQMG

**6** TPD 

**2** QIM 

**4** Total Visits Excluding FFM (August 2020 – end July 2021)



**4** DME 

## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|----------------|
| 3                              | 5                     | 6             | 0             | 4             | 2                            | All resolved   |

The following visits were also undertaken in 2020/21 training year:

| Board                         | Site                               | Specialty     | Visit type                  | Date of visit           | Outcome of visit   |
|-------------------------------|------------------------------------|---------------|-----------------------------|-------------------------|--|
| NHS Tayside                   | Pan Tayside                        | Mental Health | Enhanced Monitoring Revisit | 14/12/2020 & 17/12/2020 | 8 Requirements<br>1 Good Practice<br>Revisit in 12 months<br>2 Enhanced monitoring conditions added by GMC |
| NHS Greater Glasgow and Clyde | Inverclyde Royal Hospital          | Mental Health | Triggered Visit             | 21/01/21                | 11 Requirements<br>Revisit required  |
| NHS Lothian                   | St John's Hospital                 | Mental Health | Triggered                   | 24/03/21                | 10 Requirements<br>Revisit required  |
| National Programme            | Intellectual Disability Psychiatry | Mental Health | Scheduled Programme         | 02/06/21                | 2 Requirements<br>Positive –<br>Recommended return to 5 year cycle   |

Visits identified but led by another sQMG:

| Board | Site | Specialty | Specialty Led By | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a              | n/a        | n/a           | n/a              |

**Sites on enhanced monitoring with relevant trainees  
01/08/2020 to 31/07/2021**

- Pan Tayside with a focus on General Adult Psychiatry.

**Sites removed from enhanced monitoring with relevant  
trainees 01/08/2020 to 31/07/2021**

- n/a

The virtual QRP and MH QMG meetings have worked well. The good working relationship between the MH QMG and STB is beneficial to both groups. This allows QMG to understand some of the strategic challenges for MH. Recruitment remains a concern for Mental Health specialties with high numbers of locum consultants, however, recently core psychiatry recruitment has reached 100% fill rate which is promising for the future. The team have been able to undertake all visits highlighted at QRP. Mental health undertook one of the first virtual visits and this information has informed further virtual visits. Generally, they have worked well although technical issues have been challenging in some sites. Lessons learned are fed into the system via the QIM.

Despite the challenges of COVID-19, we have received detailed DME responses to enquiries including any follow up queries. We are grateful to the DMEs for their ongoing engagement. This has allowed us to close a long-term Deanery report item.

The Deanery continues to have concerns over the training environment in NHS Tayside which has moved to enhanced monitoring with 2 conditions. We held a productive review of the deanery involvement and learning from the Independent Inquiry led by David Strang. We have reviewed the follow up report which will feed into the ongoing quality processes.

## LDD Overview

The mental health quality team have had a productive year reviewing data, taking account of intelligence from trainees and trainers as well as undertaking quality management visits. There are challenges in reviewing data due to small numbers of trainees in certain sites however the specialty APGDs are very knowledgeable about their programmes. This year we have looked at STS free text comments from other grades within the mental health sites to give more information.

There are now concerns about Inverclyde Royal Hospital and St John's Hospital which were identified at QRP. Post visit action plans will be monitored and a revisit to Inverclyde Royal Hospital has occurred. Staffing, leadership and lack of trainee involvement in identifying solutions are recurring issues.

There was a very positive programme visit to Intellectual Disability, and we would be keen to undertake a further programme visit in the coming year.

## Looking Forward

- Following the impact of COVID-19 on the visit schedule we are keen to return to our planned programme of visits and reschedule the Lothian small sites visit and Medical Psychotherapy Programme Visit.
- Across visits it has been noted that handover plays a different function in Mental Health than acute specialties and is very varied across regions and subspecialties. This is partly due to the multiple sites that OOH psychiatry services support. We would be keen to pull together good practice from previous visits and work with the STB to review and circulate.

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## The Training Year 2020/2021



## Obstetrics, Gynaecology and Paediatrics

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## Obstetrics, Gynaecology and Paediatrics Membership of the Obstetrics, Gynaecology and Paediatrics Quality Management Group

Professor Alan Denison – Lead Dean Director



**Associate Deans (Quality)** – Dr Peter MacDonald & Dr Alastair Campbell

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**Associate Deans (Regional)** – Dr Chris Lilley – APGD O&G/Paeds (West),  
Mr Alastair Murray - APGD O&G/Paeds (South East), Dr Mandy Hunter –  
APGD O&G/Paeds (North), Dr Tom Fardon – APGD O&G/Paeds (East)

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**Foundation Representative** – Mrs Jennifer Duncan, Dr Marie Mathers,  
Dr Geraldine Brennan

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**GP Representative** – Not assigned

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**Trainee Associates** – Dr Alan Mackenzie, Dr Ashley Thomson, Dr Aoife  
Duignan, Dr Laura Mulligan

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**Quality Improvement Manager** – Ms Fiona Paterson

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**Lay Rep** – Mr Hugh Paton

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**Quality Improvement Administrator** – Miss Patriche McGuire from Dec  
2019-May 2021, Mrs Susan Muir from May 2021

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**Specialty Training Board Chair** – Dr Claire Alexander

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# Highlights



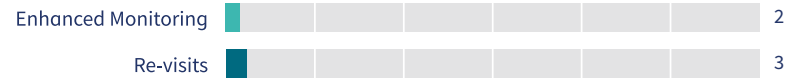
**3** Quality Reporting Items



**4** sQMGs held

**5**

Total Visits Excluding FFM (August 2020 – end July 2021)



**10** Training programmes within remit of the sQMG



Enquiries Following QRP

**3** DME



Letters of recognition issued following QRP



**517** Trainees within remit of the sQMG

## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|----------------|
| 11                             | 2                     | 1             | 0             | 3             | 0                            | All resolved   |

The following visits were also undertaken in 2020/21 training year:

| Board                         | Site                                | Specialty                | Visit type          | Date of visit | Outcome of visit   |
|-------------------------------|-------------------------------------|--------------------------|---------------------|---------------|--|
| NHS Grampian                  | Aberdeen Maternity Hospital         | Paediatrics - Neonates   | Enhanced Monitoring | 12/11/2020    | 1 Requirement<br>Deescalated from Enhanced monitoring<br>5 Good Practice<br>Revisit required |
| NHS Greater Glasgow and Clyde | Princess Royal Maternity Hospital   | Obstetrics & Gynaecology | Enhanced Monitoring | 24/02/2021    | 5 Requirements<br>3 Good practice<br>Revisit required  |
| NHS Greater Glasgow and Clyde | Queen Elizabeth University Hospital | Obstetrics & Gynaecology | Revisit             | 10/05/2021    | 12 Requirements<br>3 Good practice<br>Revisit required                                       |
| NHS Dumfries and Galloway     | Dumfries & Galloway Royal Infirmary | Paediatrics              | Revisit             | 17/06/2021    | 2 Requirements<br>3 Good practice<br>Return to 5-year cycle                                  |



Visits identified but led by another sQMG:

| Board | Site | Specialty | Specialty Led By | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a              | n/a        | n/a           | n/a              |

**Sites on enhanced monitoring with relevant trainees  
01/08/2020 to 31/07/2021**

- **Princess Royal Maternity Hospital** – Obstetrics and Gynaecology

**Sites removed from enhanced monitoring with relevant  
trainees 01/08/2020 to 31/07/2021**

- **Aberdeen Maternity Hospital** – Paediatrics/Neonates – This unit was visited in November 2020 and given the significant progress made by the department to improving the overall training environment the recommendation to remove enhanced monitoring was sought from the GMC and approved.

## LDD Overview

This year has again been dominated by COVID-19, and we present more details about its continuing impact. 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 are very grateful to trainers for their ongoing support of trainees during these exceptional times, and for trainees for their ongoing contribution to clinical care.

The 2020 QRP worked well and all follow-up queries were addressed. We were pleased to issue a number of good practice letters. I am pleased that Aberdeen Maternity Hospital Neonatal Unit has been de-escalated from GMC enhanced monitoring.

The support and leadership from the Quality Manager, APGD-Qs and wider quality team has been excellent. The sQMG and the specialty training board have continued to provide collaborative opportunities to share intelligence and strategically forward plan.

## Looking Forward

Our main priorities going forward:

1. Embed and continue the updated approach to quality management visits. This includes socially distanced technology solutions which have already been used to good effect.
2. We will work with Boards and clinical units to ensure that training planning and delivery is embedded within COVID-19 clinical service plans. This includes exploring regional variation and national approaches to the resumption/reorganisation of elective surgery.
3. We will develop a specialty grouping simulation strategy as part of our COVID-19 recovery training plan.
4. The new Children's Hospital in Edinburgh has recently opened. A scheduled visit to the new site will be organised in due course.
5. We will scope the new RCPCH 2023 curriculum and liaise with key stakeholders to identify the impact on the training environment.
6. Recognising the mixed training experiences of GP trainees in an Obstetrics, Gynaecology and Paediatrics training context, we will work to optimise the awareness and understanding of curricular requirements by trainees and their trainers.

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## The Training Year 2020/2021



### Surgery



## Surgery

### Membership of the Surgery Quality Management Group

Professor Adam Hill – Lead Dean Director



**Associate Deans (Quality)** – Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi

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**Associate Deans (Regional)** – Dr Russell Duncan (East) Mr Bryn Jones (West) Mr Alastair Murray (South East) Ms Melanie Clark (North)

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**Foundation Representative** – Dr Marie Mathers, Dr Geraldine Brennan, Mrs Jennifer Duncan

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**GP Representative** – Ms Fiona Paterson (start 12 May)

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**Trainee Associates** – Dr Cameron Herbert, Dr Katherine Quiohilag

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**Quality Improvement Manager** – Ms Vicky Hayter

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**Lay Rep** – Mr Tom Drake (leave date 2 Feb 21) Ms Helen Adamson (start Feb 21)

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**Quality Improvement Administrator** – Mrs Susan Muir (leave date May 21) Mrs Gayle Hunter (leave date Aug 21) Ashley Bairstow-Gay from August 21

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**Specialty Training Board Chair** – Mr Graham Haddock

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## Overview

The following enquiries were raised at the 2020 QRP:

| No of visits identified at QRP | Good practice letters | TPD enquiries | APD enquiries | DME enquiries | QIM enquiries (NES Internal) | Enquiry status            |
|--------------------------------|-----------------------|---------------|---------------|---------------|------------------------------|---------------------------|
| 5                              | 9                     | 3             | 0             | 6             | 5                            | 1 DME enquiry outstanding |

The following visits were also undertaken in 2020/21 training year:

| Board                         | Site                                | Specialty   | Visit type          | Date of visit | Outcome of visit  |
|-------------------------------|-------------------------------------|---|---------------------|---------------|---|
| NHS Grampian                  | Dr Gray's Hospital                  | General Internal Medicine/General Surgery/Emergency Medicine/Anaesthetics | Immediate Triggered | 28/09/2020    | Escalated to Enhanced Monitoring (Excluding Emergency Medicine)   |
| NHS Greater Glasgow and Clyde | Royal Hospital for Children Glasgow | Trauma & Orthopaedic Surgery  | Triggered           | 01/06/2021    | 7 Requirements<br>2 Good Practice<br>Continue to Monitor via sQMG |
| NHS Lothian                   | Royal Infirmary Edinburgh           | Neurosurgery  | Revisit             | 04/06/2021    | 6 Requirements<br>1 Good practice<br>Continue to Monitor via sQMG |

Visits identified but led by another sQMG:

| Board | Site | Specialty | Specialty Led By | Visit type | Date of visit | Outcome of visit |
|-------|------|-----------|------------------|------------|---------------|------------------|
| n/a   | n/a  | n/a       | n/a              | n/a        | n/a           | n/a              |

**Sites on enhanced monitoring with relevant trainees  
01/08/2020 to 31/07/2021**

- **Dr Gray’s Hospital** – General Surgery

**Sites removed from enhanced monitoring with relevant  
trainees 01/08/2020 to 31/07/2021**

- n/a

I am pleased to say there is only 1 site on enhanced monitoring- Dr Gray’s Hospital. I am meeting with the management team and DME every 3 months and excellent progress is underway with 4 new Consultant Surgeons being employed.

Areas for future development will be to develop tools that we can ensure action plans from visits are being delivered and action plan follow up meetings to see if this reduces the need for re-visits.

The Quality team for Surgery 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, to ensure action plans from enquiries and visits are followed. Overall, an excellent year and well done to the team.

### Looking Forward

With the use of virtual visit processes, we aim to do more programme visits as these would be easier to conduct via a virtual format.

## LDD Overview

This has been a challenging year in view of COVID-19. The team have worked extremely well to adapt to the post COVID-19 world with organising our QM activity by virtual methodologies and updating our visit packs which has allowed visits to continue despite the COVID-19 pandemic. It was phenomenal work delivering the QRPs in 2020. The QRP was an excellent forum to discuss all training sites in Scotland- we combined the Core and Higher QRP successfully. Not only was this done for the first time virtually, but we were also being observed by the GMC. Very well done team and the GMC gave us excellent feedback.

## Impact of COVID-19 on Specialty

Visits postponed due to COVID-19:

| Site                                 | Specialty                             | Visit type | Postponement Meeting Held?  |
|--------------------------------------|---------------------------------------|------------|---|
| Inverclyde Royal Infirmary           | Foundation led -Trauma & Orthopaedics | Revisit    | Action Plan Review Meeting 13/06/2021   |
| Royal Alexandra Hospital             | Foundation led -Trauma & Orthopaedics | Revisit    | Action Plan Review Meeting 13/06/2021   |
| Glasgow Royal Infirmary              | Foundation led-General Surgery        | Revisit    | Postponement meeting – No   |
| Coldside Medical Practice            | Foundation led-General Practice       | Triggered  | Paperwork not received from practice.   |
| Inverclyde Royal Hospital            | Anaesthetics                          | Triggered  | No, ad-hoc DME enquiry was sent to the board as they were already holding a meeting with the department. We gave them a note of our areas for concern & they raised these on our behalf then fed back to us. The sQMG then assessed the response and made a decision not to visit at this time based on the information provided. |
| Royal Hospital for Children, Glasgow | Anaesthetics                          | Revisit    | No, ad-hoc DME enquiry was sent to the board as they were already holding a meeting with the department. We gave them a note of our areas for concern & they raised these on our behalf then fed back to us. The sQMG then assessed the response and made a decision not to visit at this time based on the information provided. |



## Foundation

- Foundation trainees showed highest rate of re-deployment to different specialty/planned placement, for both designated COVID-19 and non-COVID-19 areas.
- Foundation trainees more likely to report that they did not seek support from any of the available sources, and wellbeing was generally more negatively affected than other trainee cohorts.
- Trainee wellbeing is incorporated in the new Foundation Curriculum being launched in 2021. The Foundation School has established a Wellbeing Collaborative incorporating TiME, FRAPPS and Self-development time initiatives. The group will incorporate any future initiatives and will raise the profile of this work.
- FQMG will continue to raise awareness of "raising concern" processes at visits and events with trainees.

## General Practice

- Exam cancellation and Clinical Skills Assessments have been replaced with Recorded Consultant Assessments, this required significant support provided to both Trainees and Educational Supervisor's.
- Significant changes in patient contact (numbers and type) while maintaining a sufficient experience to allow progression to CCT.
- Isolation of GPSTs and GP ES's in the on-line environment.

## Emergency Medicine and Anaesthetics

- The pandemic had a significant impact on training in this group of specialties as many of the trainees in our specialties were at the front line of COVID-19. During the first wave, many Anaesthetic trainees were redeployed to Critical Care. This was essential to maintain safe and effective care for the large number of Critically Ill patients. In addition, there was almost no elective Theatre activity anyway. As a result, rotations were delayed, and programmes were modified. Anaesthetic experience suffered compared to Critical Care. During the second wave, not as many trainees were redeployed to Critical Care. However, there was an ongoing reduction in Theatre activity and consequently Anaesthetic training opportunities. Processes were put in place to streamline Theatre activity by the end of 2020 so that when the third wave in early 2021 arrived, there was a much less significant impact on training in Anaesthesia.
- In general, emergency departments saw a significant reduction of the number of cases during the first wave of the pandemic. The numbers of patients saw a gradual increase back to normal levels in the few months after.
- The NES COVID-19 survey results showed that trainees felt at higher risk of contracting the virus, experienced some isolation due to lack of social space at break times and there was some confusion about the changing PPE guidance. However, trainees continued to maintain their empathy which is to their credit.

## Diagnostics

- No visits were postponed due to COVID-19.
- COVID-19 continues to 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.
- This was borne out in the Deanery COVID-19 survey results where results showed a range of experiences.

## Medicine

- Some visits were re-scheduled multiple times due to COVID-19 but none were cancelled.

Impact of COVID-19 on medical training:

- COVID effects upon medical training have been profound and continue to be ongoing.
- Major concerns regarding trainees ability to fulfil curricular requirements at all stages of training.

- Particular worries over out-patient clinic opportunities, craft specialty requirements for endoscopic procedures etc, and delays to examinations (MRCP Part One, written and PACES + SCEs).
- Curricular derogations agreed by GMC will continue.

## Mental Health

- No visits were cancelled due to COVID-19 this training year (2020/21).
- Due to the nature of psychiatry training it was agreed last year that unless absolutely necessary mental health trainees should not be redeployed during the second wave of COVID-19. This meant only a small number of Foundation trainees were affected during the second wave.
- There has been anecdotal increased demand for access to mental health services which in turn leads to an impact on sites and trainees.
- COVID-19 has impacted on trainees' access to face to face outpatient clinics with a varied use of Access Anywhere/ Near Me across regions and consultants.
- Trainees have reported difficulty accessing specialty experience in schools, Epilepsy, Genetics etc for some higher specialty trainees.
- On a positive note trainees are reporting easier access to induction, teaching and Balint groups as these are now virtual, this is especially true in regions with a wide geographical spread.

- Examinations and recruitment went ahead virtually this year. Core psychiatry training continued to report 100% recruitment.
- MH QMG reviewed the COVID-19 survey and reported findings for mental health.
- There has been TPD turn over this year, with new TPDs starting in post. It remains challenging to recruit a TPD for Medical Psychotherapy.

### Paediatrics and Paediatric Cardiology

- In 2020 there were very few COVID-19 outcomes at ARCP however the impact of COVID-19 has been cumulative over the last 15 months and the 2021 ARCPs will be much more relevant.
- Although Paediatrics has been less affected than some specialties there has still been significant disruption to training in many areas.
- OPD based work has been substantially disrupted due to:
  - the initial cancellation of all but urgent clinic appointments
  - move to virtual clinics using attend anywhere and telephone
  - Physical distancing in face to face clinics reducing numbers in clinic rooms.
- Subspecialty training in areas such as Community Child Health which are almost entirely OPD-based effectively came to a halt in April 2020. This will require catch-up opportunities to be provided in order to address the curriculum competencies.

- Face to face teaching across the specialty was suspended in March 2020. This was subsequently addressed using on-line resources in many departments but there is a need to ensure that there is ongoing provision of teaching that at least matches what was available prior to the pandemic and that technological gains are maintained.

### Obstetrics, Gynaecology and CSRH

- The cancellation of MRCOG part 3 exam in November had an impact on many trainees. The RCOG have now produced a virtual OSCE part 3 exam which has now run in January, March and May 2021.
- Emergency Obstetrics and Gynaecology remained unchanged and therefore access to these aspects of the curriculum requirements has not been affected. However, there has been a major impact on elective gynaecology work affecting both outpatient clinics and elective operating. This has had an impact on trainee experience and training.
- Outpatient work has been substantially disrupted due to:
  - the initial cancellation of all elective clinic appointments
  - move to virtual clinics using attend anywhere and telephone
  - physical distancing in face to face clinics reducing numbers in clinic rooms.
- Simulation training ceased during the initial lockdown, but simulation teaching has been slowly reintroduced with a blended model being used for PROMPT. The STB chair and TPDs are working to develop gynaecology simulation training. This complements work by RCOG [www.rcog.org.uk/en/careers-training/resources--support-for-trainees/](http://www.rcog.org.uk/en/careers-training/resources--support-for-trainees/)

### education-and-training-in-the-context-of-covid-19/gynae-surgery-recovery-plan/

- Face to face teaching across the specialty has changed. Much of this is now via Microsoft teams and allows sharing of teaching across Scotland and allows trainees to access at other times.

## Surgery

- No visits were cancelled due to COVID-19.
- COVID-19 has had an effect on all surgical specialties due to the significant elective components, which are required for CCT, all of which were curtailed during COVID-19. This hits surgical training differentially depending on the individual specialty and with the remobilisation of elective services across Scotland being very variable then this will continue to affect the delivery of surgical training in the short term at least.
- ARCP outcomes this year evidence the effect on trainee progression in surgical specialties. The majority of trainees managed to make satisfactory progress in their training however across all specialties there has been an increase in outcomes 10.1 & 10.2 ( new COVID-19 outcomes 10.1 is for progress and 10.2 is for additional time awarded), accounting for around 20% of all outcomes. This demonstrates the impact COVID-19 has had in reducing elective training opportunities and preventing trainees making the progress expected. If the remobilisation fails to provide increased exposure to elective training opportunities, then this proportion may rise, and training may stall for some trainees.

- Shift to virtual visits has a potential risk that we are able to deliver the same level of assessment remotely, which we will only be able to assess once we have done sufficient to compare to our previous ones.

| Programme                    | Number of Trainees in programme | Outcome 10.1 | Percentage trainees in programme | Outcome 10.2 | Percentage trainees in programme |
|------------------------------|---------------------------------|--------------|----------------------------------|--------------|----------------------------------|
| Cardio-thoracic surgery      | 9                               | 0            | 0.0                              | 1            | 11.1                             |
| Core Surgical Training East  | 101                             | 4            | 4.0                              | 0            | 0.0                              |
| General Surgery              | 152                             | 3            | 2.0                              | 7            | 4.6                              |
| Neurosurgery                 | 20                              | 0            | 0.0                              | 1            | 5.0                              |
| Ophthalmology                | 63                              | 7            | 11.1                             | 0            | 0.0                              |
| Oral & Maxofacial Surgery    | 8                               | 0            | 0.0                              | 1            | 12.5                             |
| Otolaryngology               | 38                              | 2            | 5.3                              | 1            | 2.6                              |
| Paediatric Surgery           | 13                              | 1            | 7.7                              | 0            | 0.0                              |
| Plastic Surgery              | 31                              | 1            | 3.2                              | 1            | 3.2                              |
| Trauma & Orthopaedic Surgery | 146                             | 53           | 36.3                             | 2            | 1.4                              |
| Urology                      | 36                              | 11           | 30.6                             | 1            | 2.8                              |
| Vascular Surgery             | 14                              | 0            | 0.0                              | 0            | 0.0                              |
| <b>Total</b>                 | <b>631</b>                      | <b>82</b>    | <b>MEAN 8.3%</b>                 | <b>15</b>    | <b>MEAN 3.6%</b>                 |

## Good Practice

Our work across the quality management workstream provides an opportunity for us to identify areas of good practice at sites, programmes or specialties. We have referenced a small selection below:

### Theme 1 - Learning environment and culture

- **Foundation; Glasgow Royal Infirmary** – within General Internal Medicine chief residents have provided support to the department around improvements to handover processes and rota management.
- **Foundation; Royal Infirmary Edinburgh at Little France** – we learned about a buddy system to provide each Foundation trainee in Trauma & Orthopaedics with a mentor. Foundation 1 trainees reported that their ST buddy helped them learn about the specialty and gave them a “go to” person to help with queries. Foundation 2 trainees attended clinics and theatre lists with their ST buddy and Consultant.
- **General Practice; Dr Simpson, Luty and Ormond Practice** – Send FY trainees out on an orienteering session to find their way around the village, suggesting a stop off at the coffee shop as well as including clues to finding the local defibrillator sites.
- **Emergency Medicine and Anaesthetics; Queen Elizabeth University Hospital** – Served hot food overnight last year which was greatly appreciated by staff working long hours during the pandemic. The café being opened also allowed staff to have a socially distanced break away from the wards as not all existing rest facilities were open.

- **Paediatrics; Dumfries & Galloway Royal Infirmary** – The department routinely seek feedback from trainees. Dr Ben Rayen, Clinical Director, meets with all trainees at the start of their post, mid-point and end to discuss and receive feedback. Dr Peter Armstrong, Director for Medical Education also sends out an online survey for trainees to complete. Any issues raised from feedback are discussed amongst the consultant body and steps taken to address.

### Theme 2 - Educational governance and leadership

- **Obstetrics & Gynaecology; Princess Royal Maternity Hospital/Glasgow Royal Infirmary** – New consultants have been given specific time in their job plans to plan and deliver educational related tasks. This shows a cultural shift in the recognition and value of training within the department.
- **Surgery** – We will be receiving college survey data and Liaison Member (LM) reports from Joint Committee on Surgical Training (JCST) which we plan to use to inform our QRP process. They provide external triangulation of intelligence about training provided and can be reviewed along with existing data prior to QRP. This assists our current process in guiding which areas to focus on in the QRP.

### Theme 3 - Supporting learners

- **Foundation; Victoria Hospital Kirkcaldy** – trainees in General Internal

Medicine reported several initiatives focussed around wellbeing during the COVID-19 pandemic. These included access to a wellbeing hub out with the clinical area and restructuring of working patterns in acute medicine so that trainees worked their acute shifts within the same team of junior staff and consultants.

- **Foundation; St John's Hospital Livingston** – Foundation trainees within General Internal Medicine have been supported within working hours to attend their mandatory teaching sessions, with the help of hybrid sessions using online resources. This has greatly improved the numbers of trainees being able to attend sessions and has been well received.
- **Medicine; University Hospital Ayr** – Trainees' reported difficulties with being able to attend clinics consistently through deanery visits from 2015 - 2018. These concerns were captured in the deanery visit report requirements that are sent to Directors of Medical Education to address. The employment of a Rota Co-ordinator in 2017, improved trainees' access to clinics through the scheduling of clinics into the trainee rotas. The requirement was addressed in the 2018 deanery visit and rostered clinics were highlighted as a good practice item at the 2019 deanery visit to the site. At the 2021 revisit, trainees continued to have some clinic time included within their rota, despite the challenges faced due to the COVID-19 pandemic.
- **Mental Health; Tayside** – Delivery of teaching programmes using Microsoft Teams over the last 18 months due to the impacts that the COVID-19 pandemic. These developments have enabled teaching sessions to be recorded and accessed at a later date by those unable to attend. In addition, it has meant that those who have previously had to travel large distances for teaching, no longer need to make these journeys.

#### Theme 4 - Supporting educators

- **General Practice** – SPESC course rapidly adapted to ensure ongoing GP ES provision.
- **General Practice, Foundation** – Joint working with Foundation on Scotland wide first recognition process for new Foundation Training practices.

#### Theme 5 - Developing and implementing curricula and assessments

**General Practice** – Training and support delivery to GPSTs and GP ES's around RCA exam (CSA replacement) within a short time scale including additional help for those who failed. The pass rate within the Scotland Deanery was one of the highest in UK.

**Mental Health; Lothian** – It was raised by trainees that the psychotherapy competence was challenging to achieve. There has been a development of Balint work across NHS Lothian which has been supported by the Department of Psychiatry. There is also provision of a monthly Balint leadership supervision group for higher psychiatry trainees. Several of the supervisees are on the Balint Society leadership accreditation pathway which will expand access to the approach.

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## The Training Year 2020/2021



## Enhanced Monitoring

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## Enhanced Monitoring

QAR 2021: Enhanced Monitoring:

| Board   | Site                                 | Unit(s)                         | Trainee Level(s)   | Date placed on EM | 01/08/2020  | 01/08/2021   |
|---|--------------------------------------|---------------------------------|--|-------------------|---|--|
| <b>Cases on Enhanced Monitoring with Conditions</b> |                                      |                                 |  |                   |   |  |
| NHS Ayrshire and Arran                              | University Hospital Ayr              | Medicine                        | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ Core</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul> | 16/11/2016        | On EM with fewer conditions: evidence that action plan is effecting improvement | Action plan in place – improvements noted (status of conditions under review)                              |
| NHS Tayside   | General Adult Mental Health Services | General Adult Psychiatry        | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ Core</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul> | 29/05/2018        | Revisit postponed due to COVID-19   | 2 conditions attached to case on 24th May because of significant ongoing concerns                          |
| <b>Cases on Enhanced Monitoring</b>                 |                                      |                                 |  |                   |   |  |
| NHS Grampian  | Aberdeen Maternity Hospital          | Paediatrics - Neonatal Medicine | Run-through Paediatrics Trainees   | 01/11/2016        | Revisit postponed due to COVID-19   | EM case closed 15/01/21 following confirmation that requirements were addressed at a revisit on 12/11/2020 |

| Board                               | Site   | Unit(s)  | Trainee Level(s)   | Date placed on EM | 01/08/2020   | 01/08/2021   |
|-------------------------------------|--|--|--|-------------------|--|--|
| <b>Cases on Enhanced Monitoring</b> |  |  |  |                   |  |  |
| NHS Greater Glasgow and Clyde       | Queen Elizabeth University Hospital                | Medicine   | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ Core</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul> | 17/05/2016        | Action plan in place - evidence of benefit awaited | Action plan in place – improvements noted  |
|                                     | Princess Royal Maternity - Glasgow Royal Infirmary | Obstetrics & Gynaecology                         | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul>                 | 29/05/2018        | Action plan in place - evidence of benefit awaited | Action plan in place – improvements noted  |
|                                     | Inverclyde Royal Hospital                          | General Medicine & Geriatric Medicine            | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ Core</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul> | 16/12/2019        | Action plan in place - evidence of benefit awaited | Action plan in place addressing concerns   |
| NHS Grampian                        | Dr Gray's Hospital, Elgin                          | Anaesthetics, General Medicine & General Surgery | <ul style="list-style-type: none"> <li>▪ Foundation</li> <li>▪ Core</li> <li>▪ GPST</li> <li>▪ Higher</li> </ul> | 06/11/2020        | -  | Serious concerns around training in General Surgery, General Medicine & Anaesthetics necessitating escalation to Enhanced Monitoring -action plan in place |

- Enhanced Monitoring is a 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 regular updates to the GMC that publishes details of enhanced monitoring cases on its website: [www.gmc-uk.org/education/reports-and-reviews/enhanced-monitoring](http://www.gmc-uk.org/education/reports-and-reviews/enhanced-monitoring)
- At the beginning of the 2020-21 training year Scotland Deanery had 6 cases on the GMC's enhanced monitoring process; one of these (University Hospital Ayr – Medicine) also had the additional sanction of conditions attached to its case. Conditions were set that must be met in order that posts and programmes continue to have GMC approval for training. 3 of these enhanced monitoring cases have been on enhanced monitoring for more than 3 years.
- During 2020-21 one case was de-escalated from enhanced monitoring following the demonstration of sustained improvements that addressed the requirements that were set to achieve the GMC's standards; the enhanced monitoring case at Aberdeen Maternity Hospital – Neonatal Medicine was closed on 15/01/21.
- One new case (Dr Gray's Hospital, Elgin – Anaesthetics, Emergency Medicine, General Medicine, and General Surgery) has been escalated to enhanced monitoring during 2020-21 because of serious concerns around sustainability of training in the context of multiple unfilled consultant posts in particular within Surgery and Medicine.
- Inevitably COVID-19 has created significant pressures for all training sites around Scotland; training sites that were already exhibiting challenges around delivery of training would be expected to face particular challenges around sustaining delivery of training. The actual impact of COVID-19 on service at any point in time was very variable and this led, understandably, to the postponement of some enhanced monitoring revisits. The Deanery introduced a new 'visit postponement process', based around a formal meeting between the Deanery QM team and LEP leads (typically including the MD and DME), to review current status of service and training, progress against previous action plans (where applicable) and the latest intelligence – to inform an understanding around the risk to trainees of postponement and to consider when rescheduling might be feasible. This has enabled the Deanery with the GMC to continue to monitor progress of our enhanced monitoring cases, including through visits albeit using our new virtual visit process.

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## The Training Year 2020/2021



## Quality Workstream Progress and Development

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# Quality Workstream Progress and Development

## Data Group

The data group's prime objective is to review and develop new systems to enhance the use of data within the QM-QI work undertaken by the Quality workstream. The Data Group meet quarterly 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).

All proposals are discussed at group meetings and tested so a detailed paper or change request can be presented to Deanery Quality Management Group for approval.

Highlights of this year's achievements include:

- New guidance for Good Practice Letters, including the introduction of a review panel who will advise on cases where the criteria is not met but the QRP committee recommend a good practice letter. This will ensure fairness and consistency amongst sQMG QRPs;
- A review of the 2020 COVID-19 Survey data at Board and sQMG level including lessons learned;
- Production of an STS Responses Dashboard user guide for external stakeholders;

- Reviewing TPD reports to ensure more targeted data is collected;
- Review and development of the Sharing Intelligence dashboard with planned phased changes introducing additional data in a user-friendly manner.

Panel feedback from the 2020 QRPs was that there was a large amount of QRP data, and it could be confusing for panel members. A short life working group was created to review the QRP data and presentation. A survey was carried out to identify certain areas that were felt to be useful and those not so useful. The group concluded results in a paper which was presented to the Data Group and subsequently agreed at DQMG for implementation before the 2021 QRP meetings. Changes include:

- A review by sQMGs of the QRP Criteria and production of a confirmed document;
- The creation of an issues logs for quality control purposes;
- Alignment of TPD report information with QRP information;
- Creation of a separate outcomes document;
- Implementation of spreadsheets to allow automatic data transfer instead of manual additions;
- Creation of QRP criteria which will be assigned at a Pre- QRP meeting by APGDQs and QIM for the specialty;

- A standardised PowerPoint template with summary information which will be given to the panel prior to QRP for review and used on the day to simplify the presentation of data;
- A subsequent survey will be carried out following this year's QRP to provide feedback on the changes and QRP process to allow comparison and continued improvement.

## Development Group

The development team, chaired by Dr Fiona Ewing (Associate Postgraduate Dean for Quality), first met in January 2018. The team is comprised of 6 APGD(Q)s, 2 Quality Improvement Managers, a Quality Improvement Administrator and a Trainee Associate (TA). Meetings are held bi-monthly, currently via MS Teams. Most of our work previously was face to face but, in the past year, we have had to adapt to a virtual model.

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 & QIAs.

In order to meet these objectives, the team have delivered the following events in 2020/21:

- Two calibration half day events delivered via MS Teams: 4th December 2020 – session on unconscious bias presented by Kristi Long. 22nd January 2021 - review of virtual visits and overview of the QRP process.
- Virtual panel member training: Whole day of training for newly appointed Trainees Associates on 5th March 2021 with 10 attendees. Second virtual training day on 21st May 2021 for Training Programme Directors/ Foundation Programme Directors/GPs with 12 attendees. We also plan to run 2 more training days on 7th October and 30th November 2021.
- Trainee Associates – we have carried out 2 recruitment rounds, the first in November 2020 recruiting 8 TAs (postponed from May due to the pandemic) and the second in June 2021 recruiting 7 TAs. Both recruitment rounds were to replace trainees who had finished their training or had left the role to carry out research. Trainee Associates took part in a trainee engagement workshop on 12 March 2021 which was run by an external facilitator in conjunction with team members from the Improvement group. The aim of the workshop was to increase trainee participation in surveys and the key themes that were identified at the workshop were to share previous success stories and make trainees feel valued. It was decided to start with the Scottish Training Survey and one of the Trainee Associates, Dr Alan MacKenzie, has created short infographics to be added to the TA social media accounts. Current TAs are also developing an electronic handbook for new colleagues.

- Lay representatives. Recruitment for new lay reps took place across the four regions in late 2020/early 2021.

We hope to run another Trainee Associate workshop in late 2021/early 2022 as the last one was cancelled due to the COVID-19 pandemic.

The team are also developing video learning support modules based on various functions of the QM workstream which will be available as an educational tool on the deanery website for new staff.

## Improvement Group

The improvement group has continued to lead on the continuing development and improvement of the processes that underpin how the Quality Workstream discharges its responsibilities to quality manage postgraduate medical education and training. That work this year has fallen into 3 main areas: responding to COVID-19, progressing resolution of concerns and addressing other challenges.

### 1. Processes to ensure our QM processes can continue despite the pressures and constraints of COVID-19

#### 1.1. Virtual visiting process

The COVID-19 pandemic presented several challenges to the quality management of postgraduate medical education and training by the Deanery. It contributed to wide fluctuations in the demands upon services (varying among LEPs within Boards and among Boards at any point), varying impact upon delivery of training (affected by redeployment and by reduction in elective work) and necessitated constraints through

implementation of rules around social distancing. In response, the Improvement Team rapidly supported a pilot virtual visiting process (first employed in September 2019, for the multi-specialty QM triggered visit to Dr Gray's Hospital in Elgin, and informed by the learning from this visit, developed a suite of documents including the Virtual QM Visits Guidance, Guidance for Leads of Deanery Virtual Visits and DME Guidance for Deanery Visits Conducted Virtually by MS Teams. While, crucially, we continue to learn through doing virtual QM visits (and all visits during the pandemic have been conducted virtually, and it is likely this approach will remain an option for evermore), most aspects of how we conduct QM visits have been impacted, including the timetabling within visits and how we use our question sets; the feedback thus far suggests that the virtual approach has been well received and is perceived to be a safer, but as effective, as a means of ensuring that the quality of training our trainees receive meets the GMC's standards.

#### 1.2. Visit postponement process

Requests to postpone planned Deanery quality management visits arise from time to time; inevitably these requests increased during the pandemic for a variety of reasons as might be anticipated. To formalise the process around postponement of visits, to bring consistency around agreements to postpone across sQMGs and to mitigate risks to training (that might be prolonged or exacerbated by disruption of training), the Improvement Team has developed a Visit Postponement Process. Adopting the principles underpinning the APRMs (see below), the meetings between sQMG leads and the Boards' DMEs, MDs and Education Teams, take stock of the reasons for potential postponement, consider the prevalent challenges to service and review progress against previous requirements (in the context of a revisit) as well as latest intelligence around delivery of training. If postponement is agreed, actions to be taken by Board colleagues in the meantime to mitigate concerns around

training are also agreed as are potential timelines for rescheduling the quality management visit.

## 2. Processes to support earlier resolution of concerns

### 2.1. Pilot project to develop SMART objectives to support Boards to address requirements in QM visit reports

This pilot project that is being led by a subgroup of the Improvement Team with the DME and Education Team of NHS Greater Glasgow & Clyde is our response to concerns from the Deanery around the time it takes to address requirements in QM visit reports, but also from the Health Boards' Education Teams who are frustrated when QM revisits report that requirements they believe have been addressed are reported not to have been. The shared vision is that by supplementing visit report requirements with objectives that are specific, measurable, achievable, realistic and are achievable within an agreed timeline, all will benefit; the greatest benefit will be the unequivocal evidence of when concerns around training have been fully addressed and the assurance that the GMC's standards are again being met. The pilot is being progressed exclusively with NHS Greater Glasgow & Clyde initially and will apply to all QM visits undertaken since the end of March 2021; set to run for 6 months it is hoped during that time to engage with another Board to explore the feasibility of generalising the process, if feasible. The intention is that the Improvement Team subgroup will be the hub of engagement in the development of these SMART objectives, engaging with the DME and her Education Team and the leads of specialty QM visits to NHS Greater Glasgow & Clyde to develop a bank of established SMART objectives that can be adapted to use by different specialties in future. This project was also presented at the TIQME meeting on the 11th May 2021.

### 2.2. Action Plan Review Meetings

Revisits to follow-up on significant concerns feature prominently among the Deanery's quality management visit activity each year. Traditionally revisits have been the means of ensuring that the commentary provided by Boards, in the interim, in response to action plans has led to resolution of issues; often that turns out not to be the case. The Improvement Team has developed the Action Plan Review Meeting (APRM) process to discuss progress 3-6 months after quality management visits where there is prospect that a revisit may or will be required. Engaging visit leads with DMEs, MDs and Education Teams around evidence of progress towards resolution of requirements (discussions that will be facilitated in due course by the introduction of SMART objectives) has proved to be a valuable means of engagement. A range of benefits have been seen so far, including the opportunity to resolve concerns without a further visit and achievement of greater clarity around progress (sometimes identifying the need for additional data) that may not remove the need for a further visit but it is anticipated that further clarity around progress required may increase the likelihood of a positive visit on the next occasion.

## 3. Addressing ongoing challenges

### 3.1. Improvement of communication about the Deanery's QM processes and promotion of engagement with our doctors in training

Following an externally facilitated workshop the Improvement Team with the Development Team and our Trainee Associates have embarked upon a strategy to raise further the profile of the Deanery's quality management system and processes. Sharing awareness of the Deanery's substantial commitment of resources to monitor the quality of training and to drive improvements when training experiences fall short of the GMC's standards is seen to be crucial. The elements of the strategy going



forward are how we will communicate to engage with trainees and what we communicate by way of feedback on their engagements with our processes. An additional aim is to improve upon what is already good levels of engagement with feedback surveys and quality management visit processes by our trainees.

### **3.2. Reporting on the status of Scotland's Enhanced Monitoring cases to the Scottish Government and to the NHS Education for Scotland Education and Quality Committee**

The traditional vehicle for reporting on the status of our Enhanced Monitoring cases both to Scottish Government and to NHS Education for Scotland, Governance committee, the Education and Quality Committee has been through Excel spreadsheets. With some of these Enhanced Monitoring cases spanning over 5 years, Excel spreadsheets can become unwieldy. The Improvement Team has redesigned the format of these updates that prioritises access to the most recent information while providing access, when required, to the full narrative through embedded documents.

### **3.3. Exploration of the feasibility and potential benefits of gathering data systematically from those leaving training (ARCP outcome 6 or resignations)**

While some information is gathered after ARCPs by some TPM teams and some specialties arrange exit interviews with trainees who resign from programme, the Deanery's QM process currently lacks a systematic approach to gathering and using this information. The Improvement Team, with Training Programme Management colleagues, has committed to exploring the potential utility and resource implications of routinely gathering information from all those completing or leaving training. This will be progressed through 2021-2022.

## **Introducing the Virtual Deanery Visit Case Study**

### **Dr Peter MacDonald Associate Postgraduate Dean for Quality**



The COVID-19 pandemic led to the Deanery visiting process being temporarily paused with effect from March 2020. As restrictions lessened over the summer and early autumn of 2020 some visits were reintroduced but using virtual/on-line means to connect with trainers and trainees rather than the traditional face-to-face visit. The first visits that were rescheduled were the highest priority visits i.e. to sites on GMC Enhanced Monitoring. As we planned these visits, we attempted to replicate the standard visit model using MS TEAMS. We recognised that the virtual visit format was unknown territory and there would be things to learn from these initial visits that could inform future visit planning. We also recognised that, as we recovered from the pandemic, we were unlikely to fully return to the old visit model and virtual visits may well continue to some extent. We therefore sought to identify learning points from the initial virtual visits and to share those learning points with the wider Quality Team. Additionally, we sought to generate discussion about Deanery visiting in the post-pandemic world: when would virtual visits still be appropriate and when would face-to-face visits be required?

As a first step the visit chairs and Associate Postgraduate Deans (Quality) involved in the initial visits were asked to identify positive and negative aspects of these first virtual visits. They were also asked to identify solutions to any problems recognised. These first virtual visits took place in November and December of 2020 and the collated observations are detailed in the tables below.

Subsequently these observations were presented to the Quality Workstream Calibration Day in January 2021 using the format of small group discussions. Each small group comprised a mixture of individuals who had been involved in virtual visits and others who had not yet had that experience. Although there are challenges in using virtual visiting the considerably improved opportunities for trainee attendance probably outweigh any disadvantages. The learning points from these discussions were then incorporated into standard visit planning processes by the Quality Improvement Managers. In addition, discussion at that Calibration Day resulted in a consensus view that once COVID-19 restrictions had passed it would still be reasonable to use the virtual visit methodology for more routine visits and that face-to-face visits would probably be reserved for triggered or escalated follow-up visits to departments where the Quality Team had major concerns in regard to either the quality of training or the training environment. Even if face-to-face visits are being arranged there may well be benefit in using a hybrid model to improve trainee participation.

### Positive Aspects

- The routine Pre-Visit Teleconference was improved by using MS TEAMS rather than simply using telephone. This allowed better sharing of information and better discussion.
- There was a substantial saving of both time and money due to the avoidance of long travel and overnight stays. This benefitted both the Deanery team, NES and the GMC contributors to Enhanced Monitoring visits.

- We consistently found better trainee attendance at the virtual visits compared to the numbers at traditional face-to-face visits with trainees joining from both work and home.
- In general TEAMS worked quite well and many trainees contributed.
- Visits that set up separate MS TEAMS links for each session found that worked well.

### Challenges

- There was a lack of video for some trainees using hospital computers though personal devices tended to work fine.
- Noise interference if microphones were not off.
- People waiting in lobby wondering what was happening and sending repeat messages.
- More difficult to know when all participants are present especially in larger groups – can delay session start.
- Found some speakers (mainly trainers) tended to speak more in virtual environments (i.e. long-winded answers even when only yes or no is required) and it can be harder to interject making time-keeping more difficult.
- Reduced body language cues lessen the feel of how the unit/team/trainee's gel (or not).

- No mechanism for anonymous trainee satisfaction scoring in the session.
- Absence of joint coffee breaks/lunch reduces the visiting team camaraderie and loses opportunities to discuss findings and collate points for the feedback session whilst the visit is ongoing.

### Practical Learning Points

- We ask Hospital site to test the video on computers being used for the visit ahead of the event.
- At pre-visit teleconference be clear about what questions should be prioritised and reiterate this at the beginning of the session to ensure that these are adequately covered within the time available.
- Following the first virtual visit it was found to be more useful to issue separate MS TEAMS link for every session to avoid people inadvertently joining a session for a different group.
- We now provide clear advance instructions to participants regarding the use of MS TEAMS for people waiting in lobby.
- A CRIB sheet is provided to the visit chair- detailing IT etiquette to go through at start of each session including things such as muting microphone when not speaking.
- We encourage use of chat function: identify a panel member to monitor this and feed in to the discussion any new points raised.

- On some visits it may be helpful to have fewer individuals asking the questions in any individual session.
- We recognised that things take longer, for various reasons, and therefore allocate more time for each session and for panel discussion.
- There are a variety of ways to gather trainee satisfaction scores, including by e-mail after the meeting or use scores from pre-visit questionnaire if there was a sufficient response rate.

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## The Training Year 2020/2021



## Working with Partners

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## Working with Partners

### Taskforce to Improve the Quality of 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, 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 & Galloway), Dr Ian Hunter (DME of NHS Lanarkshire), Prof John Paul Leach (Head of Undergraduate Medicine, University of Glasgow) and by 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 2020-2021 TIQME's meeting schedule was disrupted due to COVID-19 with cancellation of 2 meetings, but TIQME did meet twice (29th Sept 20 & 11th May 21) with workshops on the following themes:

- Redeployment (and reverse redeployment) of trainees in the event of a second wave: what should we do differently?
- Moving online - teaching, learning and supervising digitally.

- Plague Spring - undergraduate teaching and training around COVID-19.
- Learning from the NES COVID-19 survey.
- Race to equality.
- A turning point in postgraduate quality management visits – from requirements to SMART objectives.

TIQME remains an important driver of improvement in postgraduate and undergraduate 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 & Care Group

The Sharing Intelligence for Health & 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 involves seven 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 for Scotland, Public Health Scotland and the Scottish Public Services Ombudsman. The co-chairs of SIHCG are from Healthcare Improvement Scotland (Dr Simon Watson, Medical Director) and from NHS Education for Scotland (Prof Alastair McLellan co-lead for Quality). 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. Feedback is provided to all Boards, and concerns are highlighted.

The SIHCG's cycle schedule of review of Health Boards conforms to the financial year. In 2020-2021 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, but also the Scottish Ambulance Service and NHS 24. COVID-19 inevitably impacted greatly on partner organisations' usual scrutiny processes and the flow of data and intelligence each brings to the SIHCG's processes; nevertheless, with adoption of virtual delivery of SIHCG meetings via MS Teams and the ongoing ability of most partner organisations to share data and intelligence, the group has been able to continue to monitor for and respond to emerging concerns in Health Boards. NHS Education for Scotland, through Prof Adam Hill and the Data Team, has refreshed the format and presentation of the data and intelligence it brings to the SIHCG's discussions; NHS Education for Scotland's contributions reflect the feedback received from doctors in training and from trainers from surveys (GMC National Training Survey, the Scottish Training Survey) and from

its quality management activities. Experience informs our belief that it is not unusual for concerns around postgraduate medical education and training to be reflected concurrently through concerns in the data and intelligence shared by other SIHCG partner organisations. NHS Education for Scotland also takes from these meetings awareness of risks identified by other partners by way of context against which we monitor for emerging concerns around education and training in Health Boards.

The SIHCG publishes an annual report on its work - the latest reflects the period 2019-2020: [www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/sharing\\_intelligence/sharing\\_intelligence\\_2019-2020.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2019-2020.aspx)

## Lay Representatives

Due to a number of Lay Representatives leaving the role following the completion of their tenure a National Lay Representative recruitment process was undertaken at the end of 2020 and beginning of 2021. All four regions across Scotland recruited a number of new lay reps from wide and varied backgrounds. Four Quality Improvement Managers, Jennifer Duncan, Vicky Hayter, Dawn Mann and Kelly More hosted a virtual national induction day which was held in March 2021 with presentations from Quality Management, Training Management, NES Knowledge and Skills and a current Lay Representative. The topics covered included the NES Medicine structure, equality and diversity and an overview of Scottish medical training which included the trainee journey/ARCP and recruitment all of which provided an understanding of the Lay Representative role and what is involved in the role. Kristi Long, a Knowledge Information Skills Specialist, gave an excellent presentation on equality and diversity and covered key areas and took questions.

Laura Armstrong and Ashleigh McGovern, Training Managers, discussed the trainee journey from Foundation training through to completion of training and gave an understanding of the ARCP process and what is required from a lay representative perspective. An example quality management visit panel pack was also discussed to show the paperwork received before a visit. The lay representatives were also shown the NES website with details on how to find specific information relating to their role. A current lay representative, Neil Logue, gave a presentation of his experience of the role which was well received. This was our first virtual induction day and was a success with feedback including comments such as “The event was a perfect online induction” and “The event was very informative with a coherent structure”.

## Five Years A Lay Representative: Some Reflections

I was appointed five years ago. Seems like yesterday! My experience as a lay representative has been informative, rewarding, and enjoyable. I have had the good fortune to participate in the full range of invariably well managed quality management activities. I have gained a thorough understanding of the fundamental scrutiny role of lay representatives and their responsibility to help ensure adherence to due process by providing feedback to the Deanery on the conduct of those activities.



My role as a lay representative has allowed me to observe close up arrangements to provide a highly effective training and learning environment for trainee doctors, in line with clearly prescribed national standards. The commitment of the Deanery, of trainers and health boards to ensure that Scottish trainees receive the appropriate range of learning experiences and related support is evident and admirable.

The clear focus on trainees’ entitlements and support needs (but also on their responsibility for their own learning) has been apparent to me during actual or virtual site visits, ARCPs, and attendance at key committees. Intelligent use is made of local and national surveys as well as direct feedback from trainees in determining and shaping improvement priorities and plans. It is gratifying to note that the Deanery also seeks and values feedback from lay representatives through QuestBack returns, annual reviews and meetings. Opportunities for lay representatives to influence changes to visit question sets and improvements in the provision of information to lay reps attending ARCPs are worthy of note.

Those opportunities bespeak an organisational commitment to continuous improvement in work to deliver the highest possible standards of post-graduate medical education at a time of unprecedented challenge. The Deanery has proved effective in adapting to a fast changing national and global environment by successfully introducing key procedural changes and major curriculum reforms now underway. I and, I am sure, other lay representatives are pleased to have had the chance to make modest contributions to related improvements.

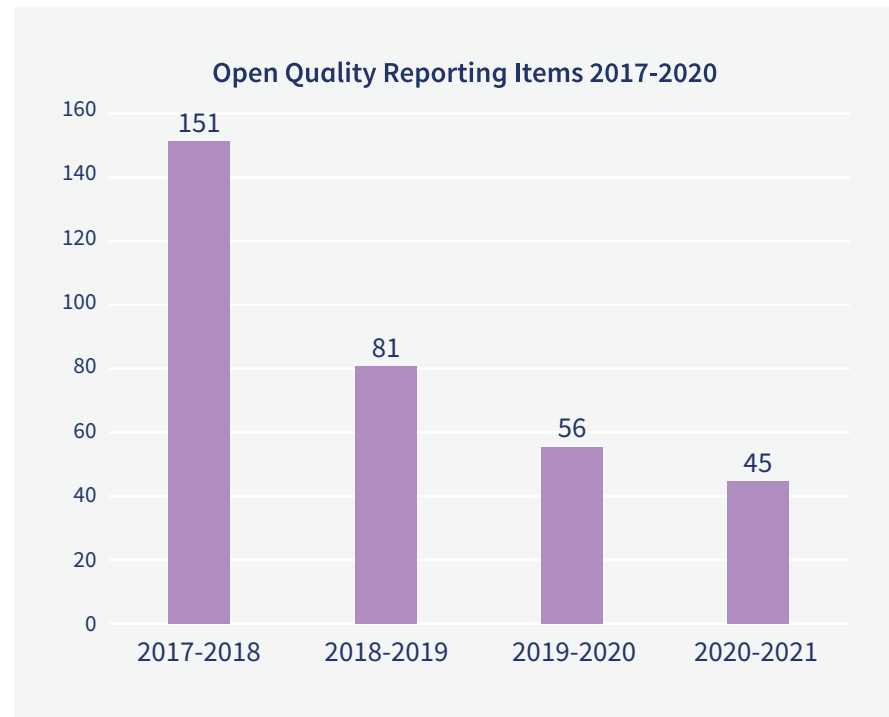
**Neil Logue**  
Lay Representative

## 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 continue to fulfil our role within their Quality Assurance Framework during an extremely challenging period for NHS services.

## Quality Reporting Items

Quality Reporting Items have replaced the Online Dean's Report. Our sQMGs have continued their work reviewing and reporting on all open items and have successfully reduced the number of items we are required to report on for another year. Since 2017 we have reduced our number of open items from 151 to 45. This reduction has been achieved by a combination of closing or merging items as a result of our ongoing quality activities throughout the year. Engagement and support from the GMC has also ensured the reduction of this number. We continue to be committed to working with the GMC and the NHS Boards across Scotland to reduce the number of items we report on.





## A System Working Well!

The GMC carries out an annual quality assurance check of all Deaneries in the UK to check that each Deanery is meeting their standards for medical education and training, as detailed in their policy document Promoting Excellence. The review provides an overview of the QA activities undertaken over the course of a year and lists any areas of notable practice or requirements and or recommendations that may need to be set.

In brief, for 2020/21 the GMC judged that the Scotland Deanery and NHS Education for Scotland (NES) are meeting the standards set out in *Promoting excellence*. They reported that the Quality Assurance activities they undertook, as part of the annual exercise, provided good opportunities to observe how NES met the standards, particularly in relation to educational governance and how educators are supported.

The GMC concluded that NES' Quality Review Processes are an example of a system working well, specifically in the areas of the quality data inputs, and consistency in decision making across specialties and health boards. No recommendations were required.

## The GMC's Annual Quality Assurance Summary

The GMC's Annual Quality Assurance Summary for 2020-2021 has affirmed that NHS Education for Scotland is meeting the GMC's Standards for Postgraduate Medical Education Training. Following a review, in 2020 the GMC introduced a new approach to the quality assurance (QA) of organisations' involvement in undergraduate and postgraduate medical education and training, to ensure that they are meeting the

GMC's standards as set out in Promoting Excellence [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence). Underpinning each 4-year cycle of QA activity is a declaration that organisations are either meeting or are working towards meeting the GMC's standards; NHS Education for Scotland signed this declaration in June 2020. For each year of each 4-year cycle the GMC produces for each organisation an annual summary (the Annual Quality Assurance Summary (AQAS) reflecting its assessment as to whether organisations are meeting the GMC's standards, highlighting any areas of notable practice, or alternatively making recommendations or imposing requirements where there are concerns. The conclusions within the AQAS are informed by 4 processes of engagement between the GMC and the Deanery:

### 1. Submission of a Self-Assessment Questionnaire (SAQ)

A comprehensive self-assessment against all of the GMC's standards was submitted by the Deanery's quality workstream leads on behalf of NHS Education for Scotland on schedule on 30th June 2020.

### 2. Triangulation and gap analysis

At an annual engagement meeting between the GMC's QA teams and the Deanery's quality workstream leads on 19th August 2020 the completed SAQ was reviewed in the content of the GMC's data and intelligence, but also in the context of the Deanery's data (including the Scottish Training Survey) and intelligence from the Deanery's quality management processes and activities including from QM visits.

The purpose was to identify what other activities the GMC would wish to engage in over 2020-2021 to inform its assessment as to whether NHS Education Scotland was meeting its standards. Feedback following this meeting received on 25th August 2020 reflected that the GMC was assured by the Deanery's comprehensive responses.

### 3. Quality activities by the GMC

Following the GMC and Deanery quality leads engagement meeting, the GMC identified aspects of the work of the Deanery that it wished to explore as potential areas of notable practice. While there is potential for the GMC to select aspects to engage with to gain full assurance that standards are being met, the GMC indicated that this was not required based on our SAQ. Taking into account constraints of COVID-19 the GMC identified that they wished to engage with and observe the following Deanery activities for 2020-2021:

- How the Deanery collects/uses quality data to identify/monitor risk (to be achieved through the annual engagement meeting).
- Enhanced monitoring - an overarching activity that covers all Enhanced Monitoring visits during the cycle (the GMC participates in all elements from the pre-visit preparatory discussions, the visits themselves and is sighted on the resulting reports and the requirements set by the Deanery).
- Participation in two Quality Review Panels: for Obstetrics & Gynaecology, Paediatrics (10th Sept 2020) and for Surgery (25th Sept 2020) - to observe for consistency of process and of decision-making based around assessment of QM data and intelligence.

- Observation of 'Thriving in Medicine' a novel programme to support the wellbeing of Foundation trainees - the GMC observed a facilitator training session on 9th December 2020.

### 4. End of cycle review meeting

This meeting, held on 30th April 2021, was between the Deanery's quality workstream leads and the GMC to review this year's QA cycle and the draft AQAS.

The 2020-2021 AQAS was received on 5th May 2021. The key conclusions are:

- the GMC considers that NHS Education for Scotland is meeting the GMC's standards.
- the Deanery's Quality Review panel process is an example of an area 'working well' in relation to use of quality data and consistency of decision-making across specialties and Health Boards.
- the Deanery is reporting appropriate concerns to the GMC and providing updates on progress through the GMC's Quality Reporting System.
- Enhanced monitoring activities: through the GMC's observation of and involvement in the Deanery's enhanced monitoring activities, the GMC is assured that NHS Education for Scotland is actively involved in identifying and managing concerns that might risk patient or trainee safety or trainee progression. The GMC observed that our transformation to a virtual visits process has enabled NHS Education for Scotland to continue our cycle of visits to check on progress effectively, despite the pandemic.

The Deanery's quality workstream leads submitted the year 2 SAQ on 30th June 2021, marking the beginning of engagement in the second year of this 4-year GMC QA cycle.

## Annual Quality Assurance Summary

This summary forms part of our annual quality assurance to review how an organisation is meeting our standards for medical education and training as detailed in *Promoting excellence*. It provides an overview of the QA activities undertaken over the course of a year and an overview of findings including any areas of notable practice or requirements and recommendations we have set. The summary is published.

### Organisation

NHS Education for Scotland (NES)

### Review period

June 2020 – April 2021

## Overview of findings

### Overall findings statement

From the SAQ submission, and the clarification of some points during the SAQ meeting, we consider that NHS Education for Scotland (NES) are meeting the standards set out in the GMC's Promoting excellence.

The QA activities that we have carried out in this annual cycle have provided good opportunities to observe how NES meet our standards in themes 2 (educational governance and leadership) and theme 4 (supporting educators).

From these activities, we have identified NES' Quality Review Process as an example of an area working well at the organisation, specifically in the areas of the quality data inputs, and the consistency in decision making across specialties and health boards.

## Quality Activity undertaken

|   | Activity                          | Date       | Summary   |
|---|-----------------------------------|------------|---|
| 1 | SAQ submission                    | 30/06/2020 | <ul style="list-style-type: none"> <li>▪ The SAQ was submitted on time and covered all five themes of Promoting excellence. The submission included a list of planned NES activities that we could observe for quality assurance purposes.</li> </ul>   |
| 2 | Annual quality engagement meeting | 19/08/2020 | <ul style="list-style-type: none"> <li>▪ The annual quality engagement meeting was attended by members of the NES team and the GMC's education QA team. Prior to the meeting the agenda and relevant documents were circulated for review.</li> <li>▪ At this meeting, we discussed the management of enhanced monitoring concerns and how NES uses the QRS. We also received updates on the 2019 NTS Priorities list that we had discussed at the last engagement meeting, and NES' 2020 triage list which they have developed from their own survey (Scottish Training Survey).</li> <li>▪ We also received an overview of a NES survey looking at the impact of the pandemic on trainees. This was separate to the modified 2020 NTS which also looked at the trainee experience during this time.</li> <li>▪ The next steps were agreed upon and a summary of the meeting and related actions were circulated for agreement to attendees in the weeks following.</li> </ul> |
| 3 | SAQ feedback meeting              | 19/08/2020 | <ul style="list-style-type: none"> <li>▪ This meeting was held to provide summarised feedback to NES on its 2020/21 SAQ submission, and to seek clarification and/or additional information on responses as required following our scrutiny. The meeting also provided an opportunity to discuss potential QA activities to undertake in this annual cycle to test their submission.</li> </ul>   |

|   | Activity   | Date                     | Summary  |
|---|--|--------------------------|--|
| 3 | SAQ feedback meeting   | 19/08/2020               | <ul style="list-style-type: none"> <li>▪ We identified no areas of risk from the SAQ submission or during the SAQ meeting and therefore these activities were selected as they provided an opportunity for us to learn more about NES and how they meet our standards.</li> <li>▪ Following this meeting, NES was provided with written feedback on the SAQ submission, as well as a summary of potential activities to undertake.</li> </ul>  |
| 4 | Observation of Obstetrics & Gynaecology/Paediatrics Quality Review Panel (QRP)<br>Observation of Surgery QRP | 10/09/2020<br>25/09/2020 | <ul style="list-style-type: none"> <li>▪ NES listed the QRPs as evidence of how they have systems and processes to manage or control the quality of medical education and training (R2.1).</li> <li>▪ This activity was selected to help improve our understanding of how NES use these annual panels as part of their quality management framework. In particular we wanted to see how NES use quality data to identify, address and monitor concerns over training environments as well as good practice and prioritise quality management activities such as visits.</li> <li>▪ By observing two QRPs we wanted to see how the process was used across different specialities, including the consistency in process and decision making.</li> <li>▪ We consider the QRP process to be an area working well, specifically in the areas of the quality data inputs, and the consistency in decision making.</li> <li>▪ No requirements or recommendations were identified from this activity. However, we identified an area working well on this activity (<u>area working well 1</u>).</li> </ul> |

|   | Activity   | Date       | Summary  |
|---|--|------------|--|
| 5 | Observation of 'TiMe facilitator teaching session' | 09/12/2020 | <ul style="list-style-type: none"> <li>▪ NES listed the Thriving in Medicine (TiMe) facilitator teaching session as evidence of how educators have access to professional development and training for their role (R4.1).</li> <li>▪ By observing the thriving in medicine session, we wanted to see one way that NES trains and supports educators to carry out their roles. We also wanted to see how the move to an online delivery of the session, in response to the pandemic, allows NES to meet the standards in this area.</li> <li>▪ This session demonstrated one way in which the TiMe team actively supports trainers to then facilitate their own sessions with trainees.</li> <li>▪ No requirements or recommendations were identified from this activity.</li> <li>▪ We understand that there is further work on this planned for early 2021 and would be interested to learn more about the roll out and impact in the next SAQ submission.</li> </ul> |

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## Quality Reporting System (QRS)

We use the QRS to monitor concerns raised by organisation when they identify that our standards are not being met in a training environment. Concerns are managed locally by the responsible organisation until resolution.

| Activity                       | Date    | Summary   |
|--------------------------------|---------|---|
| Quality Reporting System (QRS) | Ongoing | <ul style="list-style-type: none"><li>Despite the impact of the pandemic on quality management processes, NES continued to provide frequent and detailed updates to items on the quality reporting system as well as opening and closing concerns, and we received at least one update on each open item over the last year. We have assurance that NES are reporting appropriate concerns to us as the regulator, and that we are receiving updates on progress addressing concerns.</li></ul> |

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## Enhanced Monitoring

Enhanced monitoring is used to promote and encourage local management of concerns which adversely affect patient or trainee safety, doctors' progress in training, or the quality of the training environment. During enhanced monitoring, the GMC provides an increased level of monitoring and participate in activities organised by the deanery/HEE local office. We tailor our support to each enhanced monitoring case to help address the concern(s) and develop a sustainable solution. We have summarised the enhanced monitoring activity this organisation has undertaken over the last 12 months below. For further information please [visit our website](#).

| Activity                       | Date    | Summary   |
|--------------------------------|---------|---|
| Enhanced monitoring activities | Ongoing | <ul style="list-style-type: none"> <li>▪ There are six cases across Scotland subject to our enhanced monitoring process. As part of this process we joined NES on virtual quality visits to review progress addressing concerns at the following sites: <ul style="list-style-type: none"> <li>• 19-20 November 2020, general internal medicine at Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde.</li> <li>• 14-17 December 2020, general psychiatry at NHS Tayside.</li> <li>• 24 January 2021 obstetrics and gynaecology at The Princess Royal Maternity Unit, NHS Greater Glasgow and Clyde.</li> <li>• 25-26 March 2021, acute internal medicine at Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde.</li> <li>• 08-09 April 2021, general internal medicine at University Hospital Ayr, NHS Ayrshire and Arran.</li> </ul> </li> <br/> <li>▪ We also joined NES on a visit to neonatal medicine at Aberdeen Maternity Hospital, NHS Grampian on 12 November 2020, which was subject to our process. As a result of this visit, we agreed that concerns have been addressed and the case is no longer subject to our enhanced monitoring process.</li> <br/> <li>▪ NES referred training in medicine, surgery and anaesthetics at Dr Grays, NHS Grampian to our enhanced monitoring process in November 2020 due to concerns over the quality of training. Following a review of the referral we agreed that enhanced monitoring was appropriate for this case.</li> <br/> <li>▪ There is currently one enhanced monitoring case with conditions on approval for training attached - general internal medicine at University Hospital Ayr, NHS Ayrshire and Arran. Conditions is an additional lever within our process to help drive change.</li> </ul> |



| Activity                       | Date    | Summary   |
|--------------------------------|---------|---|
| Enhanced monitoring activities | Ongoing | <ul style="list-style-type: none"> <li>From our observation and involvement in enhanced monitoring activities we have assurance that NES are actively involved in identifying and managing concerns that might risk patient or trainee safety, or trainee progression.</li> <li>NES have adapted their process as a result of the pandemic, for example the move to virtual visits, which has enabled them to continue their cycle of visits to check on progress, and it is our view that this has been effective, and we remain assured about NES' processes in this area.</li> </ul> |

## Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

| Number | Theme          | Areas working well  |
|--------|----------------|---|
| 1      | Theme 2 (R2.1) | <ul style="list-style-type: none"> <li>We consider the QRP to be an area working well in helping NES to manage the quality of medical education and training (R2.1).</li> <li>From our observation of the QRPs we saw the comprehensive use of quality data, and a consistency in decision making across specialties and health boards, helping NES to identify both areas of concerns and areas of good practice and to prioritise their quality management activity based on risk.</li> <li>When observing both QRP's we saw evidence of a fair and consistent data analysis process. The quality of the data submitted, and the outcomes of discussion, are fair and measured, and the process is consistent in each aspect; site to site and QRP to QRP.</li> <li>We also observed continuous improvement, for example, there was discussion on changes to how the quality data was analysed to inform the QRPs next year.</li> </ul> |

| Number | Theme          | Areas working well  |
|--------|----------------|---|
| 1      | Theme 2 (R2.1) | <ul style="list-style-type: none"> <li>We consider the QRP process to be an area working well, specifically in the areas of the quality data inputs, and the consistency in decision making across QRPs, specialities and sites.</li> </ul> |

## Requirements and recommendations

We set requirements and recommendations where we have found that our standards are not being met or where we have found areas for improvement relating to our standards. We are pleased to confirm that no requirements or recommendations have been set during this annual QA cycle.

## Next steps

### Overall findings statement

The GMC's responses to the information submitted in the SAQ gives feedback on each theme to help NHS Education for Scotland (NES) complete the updates to the questionnaire in the next annual cycle. Further to this and based on our findings from the quality activities we have undertaken, in the next cycle we would like to learn more about PROMPT and simulation ward-based training and the mobile skills unit.

TiMe: We understand that there is further work on this planned for early 2021 and would be interested to learn more about the roll out and impact in the next SAQ submission.

## Organisation response

The organisation has the right to reply to the AQAS; if they have responded it will be included below.

### Organisation response

Scotland Deanery would like to thank the GMC for their support in this first year of their new QA process and for their ongoing support of the Deanery's work to support the improvement of training through their enhanced monitoring process in particular.

# Working with Partners Highlights



**7676**  
Scottish Training Survey Responses (STS)



**1048**  
STS **Negative** Freertext Comments received from Trainees



**995**  
STS **Positive** Freertext comments received from Trainees



**25**  
Trainee Associates involved in:

|           |              |               |               |           |
|-----------|--------------|---------------|---------------|-----------|
| <b>20</b> | <b>9</b>     | <b>6</b>      | <b>2</b>      | <b>8</b>  |
| Visits    | Attended QRP | Attended SQMG | Attended DQMG | Recruited |



**2800** ★  
Quality Management STS External Dashboard Views




**SAQ Submitted to GMC**

### Lay Reps

|   |   |   |
|---|---|---|
| <b>27</b>   | <b>15</b>   | <b>43</b>   |
| Lay Rep Visits Since August 2020  | New Lay Reps  | Lay Reps Overall  |
| <ul style="list-style-type: none"> <li>16 West</li> <li>5 South East</li> <li>6 East</li> </ul> | <ul style="list-style-type: none"> <li>4 West</li> <li>4 South East</li> <li>4 East</li> <li>3 North</li> </ul> | <ul style="list-style-type: none"> <li>16 West</li> <li>15 South East</li> <li>7 East</li> <li>5 North</li> </ul> |

Examples of other work they have been involved in: Recruitment across various specialties (GP, Pharmacy, Paediatrics, IMT etc.) Interviews, ARCP assessment, Performance Support Unit Operational Group Specialty Training Board, Specialty Training Committee and Specialty Quality Management Group Meetings.

## Calibration Day - half day virtual session

|   |   |
|---|---|
|  <p>Dec 2020<br/><b>04</b><br/>18 Attendees</p> |  <p>Jan 2021<br/><b>22</b><br/>28 Attendees</p> |
|---|---|

Training day for chair and panel members

Trainee Associate virtual training day

|  |  |
|--|--|
|  <p>May 2021<br/><b>21</b><br/>12 Attendees</p> |  <p>Mar 2021<br/><b>05</b><br/>10 Attendees</p> |
|--|--|

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## The Training Year 2020/2021



## Research for Improvement

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# Research for Improvement

## Annual Quality Report

**Dr Amy Sinclair & Dr Claire Austin**  
**“Exploring the utility of Scottish Training Survey Longitudinal Trend data”**



In August 2020, I joined the NES Quality workstream as part of the Scottish Clinical Leadership Fellowship (SCLF). COVID-19 had changed our lives and impacted hugely our ways of working. I was now a member of the first ever virtual SCLF cohort.

It took some time to increase my understanding of workings of NES as an organisation and “virtually” meet the team. After initial discussions with my mentor, it was decided I would lead a project exploring the utility of the STS longitudinal trend data for surgical training environments. As a self-confessed “data rookie”, this project challenged me, pushing me out with the boundaries of my comfort zone. The data collection was an enormous task however luckily for me, Claire Austin (SCLF cohort 9) returned from maternity leave towards the end of February 2021 and kindly agreed to help me with the project.

Traditionally, the NHS Education for Scotland “Quality Review Panel” (QRP) use current Scottish Training Survey (STS) and National Training Survey (NTS) data to assess a unit’s performance. Although valuable, this reflects only the current performance of a training unit at a single point in time which is open to influence from a variety of factors.

In theory, longitudinal 5-year training survey data should illustrate a trend in a units’ performance over time and may provide more accurate reflection of a surgical training environment, however we needed to consider its utility. The data team calculated longitudinal trends from the 2016-2020 STS data for all Surgical training environments across Scotland. We identified those training environments in the bottom 2% for  $\geq 1$  indicator in the STS longitudinal trend data and explored the correlation with current STS 2020 data, the STS triage list, STS negative free text comments and Deanery QRP decisions. We analysed non aggregated data for Foundation and higher Surgical training environments with  $>5$  trainee responses.

**Table 1: Correlation between STS longitudinal trend data and STS 2020 triage list**

|   | Foundation                                    |   |   | Higher  |  |   |
|---|---|---|---|---|--|---|
|   | Training units with non-aggregate data (n=49) | Longitudinal trend bottom 2% non-aggregate units (n=16) | Proportion identified by longitudinal trend | Training units with non-aggregate data (n=26) | Longitudinal trend bottom 2% non-aggregate units (n=7) | Proportion identified by longitudinal trend |
| STS Triage List 2020 – Red (bottom 2%)          | 3 (6.1%)                                      | 2 (12.5%)   | 66.7% (2/3)                                 | 0   | 0  | n/a   |
| STS Triage List 2020 - Amber (bottom 2.1 – 10%) | 18 (36.7%)                                    | 8 (50%)   | 44.4% (8/18)                                | 7 (26.9%)                                     | 1 (14.3%)  | 1/7 (14.3%)                                 |

In summary, only a small percentage of units with significant longitudinal decline had red flags on the current STS survey or necessitated a Deanery triggered visit. Furthermore, not all declining units that are in the bottom 2% benchmarked for Scotland are in the STS triage list being in the bottom 10% for Scotland. The study suggests that the longitudinal data may be useful as an early warning signal that a unit's performance is declining, and quality management intervention is required. This study has highlighted some interesting conclusions regarding the utility of STS trend data in the NES QRP process. Although the fellowship year is coming to an end with the return to clinical work looming, we aim to continue this project. We hope to present our findings at the 2021 DMEC conference and publish the study to share our learning with others across the wider NHS education quality management network.

## Case Study

### COVID-19 Trainee Survey

The COVID-19 pandemic has significantly disrupted health services and posed major challenges to clinical education delivery in Scotland and internationally. As part of the NES response to the pandemic, our annual Scottish Training Survey was adapted to determine the training, service work and psychological impacts of COVID-19 on the personal and professional experiences of clinicians-in-training, with a specific focus on 'burnout' and general wellbeing. Burnout is a long-term work-related stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment.

The survey was disseminated online to clinicians in training posts in the medical, dental, pharmacy, healthcare science and psychology professions during July 2020 after the first national lockdown ended. A total of 7694 trainees were surveyed and 5545 responded (72.1%), which equates to an excellent response rate for this type of survey.

Examples of key findings include:

- 192 trainees reporting that they were shielding at home (3.5%) but 69% of these were able to work from home.
- 1194 reporting that they had felt unwell during this time (22%). Of these, 190 trainees reported as having tested positive for COVID-19 (16%), 665 trainees (55%) reporting symptoms suspected to be COVID-19, and 409 reporting having another illness or health issue (34%). Most of these trainees reported taking time off work due to illness or a health issue (n=1028; 86%).
- Significant minorities of trainees reported impacts on their family and personal relations (27%) and on their job role (26%).
- Around one fifth of trainees were redeployed during this phase of the pandemic with the majority in hospital medicine and dental posts, with the majority reporting making a useful contribution in their redeployed posts.
- Around one third of trainees indicated feeling at extreme or considerable risk of contracting COVID-19 at work.

- Symptoms of burnout were reported by 32% of trainee respondents once a week or more often. Burnout levels were associated with:
  - Poorer quality of clinical supervision;
  - More negative workplace behaviours;
  - Less ability to raise concerns;
  - A greater perceived impact of COVID-19 on personal health and wellbeing;
  - Feeling busier and less useful at work; and
  - Greater perceived risk of contracting COVID-19.

The survey concluded that NES clinical trainees across different training programmes were impacted educationally, professionally and psychologically because of the COVID-19 pandemic. The findings provide a valuable snapshot during a time of significant disruption and stressful conditions for most in clinical training programmes and largely working in dynamically-challenging healthcare services during this period.

Important learning has been captured to inform and improve both our current response and future clinical training arrangements, policy and healthcare practice to better support the personal health and wellbeing and educational needs of trainees, during both normal and crisis periods in healthcare and wider society.

**Professor Adam Hill and Professor Paul Bowie**  
July 2021

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](mailto:altformats@nes.scot.nhs.uk).



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