NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 17 August 2020**
Title:	**Medical Education Governance Report**
Responsible Director:	**Dr Crawford McGuffie**
Report Author:	**Dr Hugh Neill, Director of Medical Education (DME)**

1. Purpose

The Report is presented to the Board for:
- Awareness

This paper relates to:
- Government policy/directive
- Legal (statutory) requirement

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper reports activity in relation to medical education and training including performance against the standards required by the regulator, the General Medical Council (GMC) and by NHS Education Scotland (NES), Scotland Deanery. It is a follow-up to the report submitted for the Board meeting 30 March 2020.

The paper provides information for Board member discussion, assurance on activities conducted to improve quality and performance and is timed to coincide with the annual Director of Medical Education report to NES, Scotland Deanery.

2.2 Background

NES Scotland Deanery and the GMC monitor the quality of medical education and training through feedback systems including questionnaire surveys and department site visits. Failure of a department to meet the standards defined by the GMC can result in training within this department being entered into GMC enhanced monitoring process and possible sanctions including ultimately the removal of training approval and trainees from that department.

2.3 Assessment

COVID-19 pandemic and the emergency response to this radically altered the training environment during this period. Training grade doctors were redeployed, with GMC and NES Deanery approval, from their specialty training programmes to areas (medicine, emergency medicine and intensive care medicine) where COVID-19 demands were greatest. GMC and Deanery visits were suspended and continue to be on hold in response to social distancing guidance. The annual GMC trainee survey has also been postponed and has been replaced by a modified survey that explores how the COVID-19 pandemic has affected trainee working experiences, training and well-being. The survey closes 12th August 2020. Medical student hospital and GP attachments were suspended March 2020; due to recommence from late August 2020.

NES Scotland Deanery and GMC will continue to monitor the quality of education and training via revised processes including increasing use of questionnaires and videoconferencing systems. The annual DME report for NES Scotland Deanery (appendix 1) details achievements for the year in review, examples of good practice, challenges faced during the year 2019-20 and anticipated challenges for medical education and training within NHS Ayrshire & Arran for this and future years.

2.3.1 Quality/patient care

Quality of care and patient safety is embedded within medical education and training. The development of doctors in training relates directly to patient safety and their feedback is an important barometer of quality and of any pressures within the system.

2.3.2 Workforce

The experience of doctors in training correlates directly with recruitment and retention of all grades of doctors. The Board should note the positive experience of doctors in our clinical fellow programme and the influence of this on improving recruitment, including to general practice.

2.3.3 Financial

The Board should note that upcoming GMC changes to training programme curricula is leading to a higher proportion of trainee time being protected for training which will require backfill funding of time lost for service activity.

2.3.4 Risk assessment/management

Failure to provide a quality training environment and to meet the GMC standards for medical education and training may:

- lead to reputational damage through GMC enhanced monitoring which will impact adversely on recruitment
- increase financial costs through need to appoint high cost locums
- impact adversely on the quality of patient care and patient safety

In common with other Boards the most vulnerable training sites are those dealing with unscheduled medical care. Management and mitigation of this directly links to efforts within the Board to manage unscheduled care including collaborative work with the Health and Social care Partnerships.

2.3.5 Equality and diversity, including health inequalities

There is regular review of our trainee experience and discussion about required adjustments and support through our regional performance support unit in association with NES.

An impact assessment has not been completed because medical education and training are regulatory standards determined by the GMC.

2.3.6 Other impacts

- Best value
  - Governance and accountability
  - Use of resources
  - Performance management

2.3.7 Communication, involvement, engagement and consultation

Information within this report has been discussed at the Medical Education Governance Group and with the senior medical management team. The DME also provides an annual report to NES and GMC (attached, appendix 1).

2.3.8 Route to the meeting

Information within this report has been considered by the Medical education Governance Group. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Medical Education Governance Group 29th June 2020

2.4 Recommendation

For awareness. Members are asked to be receive for information this update on the status of medical education and the annual DME report to NES (Appendix 1).

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Annual DME Report to NES

Scotland Deanery

Director of Medical Education Report

NHS Board	Ayrshire & Arran			
Responsible Board Officer	Dr Crawford McGuffie			
Director of Medical Education	Dr Hugh Neill			
Reporting Period	**From**	7 August 2019	**To**	5 August 2020

Note to DME: Please complete all sections of the report in relation to the last training year. For assistance, please contact Jill Murray at jill.murray@nes.scot.nhs.uk or 07769 367613.

Please complete and return to jill.murray@nes.scot.nhs.uk by **16th August 2020.**

1. Year in review: 2019-20

1.1 Please outline the main training achievements in your board in the last training year:

Like all Boards, training has been significantly disrupted this year by the impact of COVID-19 pandemic. The emergency response led to changes in work patterns and redeployment of trainees from a range of training programmes into either medicine, emergency medicine or intensive care medicine (critical care). Redeployment of trainees was coordinated by the Medical Education Department and included direct engagement with every trainee to redeploy, where possible, into a specialty of the trainee's choice. Exit interviews provided mainly positive feedback from trainees about their experience of redeployment and emergency management of the COVID-19 response however opportunities for improvement were identified; this included the perception by trainees in some redeployed areas that on occasions staffing levels were greater than required and that opportunities for providing additional "rest" time through rostering on-call "shadow shifts" were missed. Although this happened in some areas it did not happen consistently across all three and is learning we would enact should the crisis need re-emerge. In addition to management of the redeployment process the early provision of staff wellness facilities and support for all staff by the Board should be recognised as a positive achievement. Return of trainees to training programmes was similarly led by the Medical Education Department, although timing was determined by the needs of the specialty (medicine, EM and ICM). Again we would promote as good practice that this exercise took account of individual trainees learning needs, particularly for Foundation FY2 trainees where trainees were consulted on and supported to complete rotations to posts where educational benefit in the context of their FY2 programme was likely to be greatest. COVID-19 and the ongoing health service and public response to the pandemic will continue to impact training throughout the coming year as we adjust to the new "normal"; this includes reduced face to face clinic activity and reduced surgical theatre activity. The Medical Education Department will work alongside Deanery colleagues and specialty training programmes to maximise training opportunities within this new environment.

Senior medical management and the Health Board continue to invest and support a programme for development of best medical workforce to assure high quality safe patient care and a supportive environment for training. NHS Ayrshire and Arran continues to offer an attractive programme for Clinical Development Fellows and successfully recruited over 60 fellows across various specialties in 2019-20. This investment is key to ensuring that training grade rotas are fully staffed ensuring both quality and safety of patient care alongside protecting time for trainees to realise the training opportunities available within the Board; this forward planning has helped the Board manage GPST post disestablishment, gaps in training grade appointments and areas where activity is known to be high. Exit interviews with fellows provide assurance that these posts are delivering appropriate development opportunities to support re-entry into training programmes with many of our fellows achieving success in application to their preferred programme.

Feedback from undergraduate medical students across multiple teaching domains and across multiple clinical specialties (all sites) continues to be very positive. Continued growth, expansion and development of Clinical Teaching Fellow role is supported by Consultant Leads to support CTF development. Clinical placements were suspended by the Universities at the onset of

COVID-19 pandemic however the Board looks forward to students returning and is developing plans to maximise safe learning opportunities for students in the current environment.

As in the 2018-19 report, Board support and expansion of Clinical Development Fellow posts and International Medical Graduates through MTI process to bolster medical workforce in acute specialties with low training grade establishment has contributed significantly to improvement in training by protecting and scheduling time for trainees to access opportunities. This is evidenced through improved clinic attendance for trainees in medicine at University Hospital Ayr, where the proportion of the junior medical workforce in non-training grade roles is now significantly greater than 50%. This alongside other actions to improve trainee experience has contributed to consistently improved feedback (Scottish and GMC surveys) from trainees in a unit where training remains within enhanced monitoring with GMC conditions.

A dedicated acute hospitals GP teaching programme developed in 2018 is now fully established; this complements regional teaching. As a result of this and other measures to improve GP training in hospital specialities, such as recommendations for minimum clinic attendance, trainee experience and feedback has significantly improved. Consequently the Board has moved from a position where less than 50% of GPST programmes were filled to successful recruitment to all of our GPST posts. A dedicated FY2 teaching programme, in addition to their central teaching programme, has been developed alongside minimum clinic recommendations for FY2s to similarly improve training experience for this group.

Exit interviews and senior medical educational leadership walk rounds on a regular basis throughout the year are an evolving mechanism commenced 2019 to further improve engagement with trainees and respond to evolving needs.

1.2 Please highlight any sites where you have identified good practice

Site	Details about good practice
UHC Emergency Medicine Department	In the 2019 GMC training survey the unit was scored highest of all EM units in the UK for overall satisfaction by trainees. Consultant leadership who demonstrably value training contributed to this and a specific item of good practice by this team has been the establishment of “protected development time” for all trainees.
UHA medicine department	The unit remains within GMC enhanced monitoring and recruitment retention of consultant training staff remains an ongoing challenge however trainee feedback has significantly improved. A dedicated rota administrator who liaises regularly with trainees ensuring that rota gaps are filled with minimal disruption of training and that trainees from all training programmes have regular scheduled clinics to meet the requirements of their curriculum is a recognised area of good practice.
GPST programme all sites	Establishing and agreeing with hospital specialties minimum clinic attendance requirements for GP trainees alongside establishment of a dedicated curriculum focused workshop/lecture programme for GPSTs is an area of good practice leading to improved feedback.

1.3 Please outline the main issues that your board has faced in the last training year:

The challenges outlined above in relation to COVID-19 pandemic has been the main issue affecting training in all Boards this year.

Separate from issues directly related to COVID-19 pandemic the ongoing need to ensure full recruitment to our Clinical Teaching and Clinical Development Fellow programmes in the face of rising competition, with expansion of these post types in neighbouring boards, mainly GGC, is a challenge. As described above these posts are integral to the Board being able to provide rotas that are able to support both safe and effective patient care alongside creating time and opportunity for training grade doctors to access the wealth of training opportunities available within the Board.

The continued rising demands of unscheduled care on both acute sites to meet the needs of an ageing population and burden of patients in hospital awaiting support to return to community is an ongoing issue which impacts on patient flow, EM services and contributes to boarding problems. All of these can impact on training. Senior medical management work closely with integrated care partnerships to improve pathways of care between community and acute hospital sites.

Recruitment and retention of consultants in key specialty areas including medicine and geriatric medicine are continuing challenges that have the potential to impact on training.

1.4 Please outline any new issues that your board is likely to face in the coming training year(s)

As previously described, changes in work patterns and clinical services in response to COVID-19 pandemic will be the largest issue impacting both undergraduate teaching and postgraduate training in the next 12 months. In particular, reduced elective activity in the form of patient clinics and surgical theatre activity will make it difficult for trainees to achieve some of their curriculum requirements. There will be similar impacts on experience of medical students on attachment and potential competition between these groups for access to the available training opportunities that will need careful management.

New curriculum requirements, particularly for IMT will be challenging to meet in this and future years - in particular the requirements for critical care training and palliative care experience that will lead to an effective loss of trainees from GIM clinical areas. This will require backfill with trainees, fellows or other staff such as Advanced Nurse Practitioners which will create additional funding demands and challenges for our recruitment team.

Gaps in consultant geriatric posts which based on predicted CCT numbers in West of Scotland are unlikely to be fully recruited to will create challenges for delivery of training within this specialty. The Board are developing new models of care for geriatric medicine, involving multi-professional teams and increased community support; trainees and the needs of training will be fully integrated within these models.

1.5 Please identify any sites that should be considered for a visit	
Site	**Reason why a visit may be necessary**
	[Please add further lines if required]

1.6 Is medical education and training (MET) a standing item on the agenda of the Health Board (HB)?

Medical education and training is a standard item on the agenda of the Board – the DME provides biannual reports to the Board. In addition the Board chair also chairs quarterly meetings of the Medical Education Governance Group.

1.7 Is there a non-executive board member with responsibility for MET?

The Board Chair has responsibility for medical education and training as outlined above.

1.8 If you answered 'No' to questions 1.6 and/or 1.7, how are education and training issues raised with the HB?

1.9 Describe the quality control activities in relation to MET that have been undertaken by your HB in this training year?

- Responses to deanery visits and GMC Enhanced Monitoring within medical unit at UHA. Development of action plans in response to trainee survey feedback, visits and local feedback through trainee forums etc. Establishment of processes to measure and monitor effectiveness of action plans on ongoing basis.
- Other visits have included Deanery visit to UHC medicine and obstetrics and gynaecology (UHC). Action plans with measurable outcomes have been implemented in response.

- Establishment of trainee forums across various specialties to monitor and respond to trainee feedback/concerns. These are chaired by a combination of department educational leads, DMEs/Assistant DMEs, AMDs and trainee Chief Residents
- Continued training of consultant workforce to meet requirements of GMC recognition process including job plan time.
- Expansion of online induction as supplement to face to face generic induction and improved monitoring of effectiveness of departmental inductions
- Specific guidance and clarity for locum consultants about organizational requirements and their responsibility for effective day to day "clinical supervision" of any trainees that they are working with
- More detailed and robust educational governance strategy including a Non-Executive Director with responsibility for this at Board level
- Development of trainee exit interviews for F1 trainees at UHA and UHC
- Educational leadership walk rounds

1.10 Are there forums within your HB whereby senior officers (CEO, MD) or site-based senior clinical management have regular, scheduled meetings with trainee doctors to discuss their training and receive feedback? Please provide full details.

Trainee forums especially in medicine are attended by the Medical Director or AMD, and the Assistant Acute Services Director and/or general management.
Medical Education Leadership walk rounds in development

1.11 At each site, how many DATIX submissions have been made by trainee doctors within this training year?

Site	Unit/Specialty	Number of DATIX	What are the mechanisms in place for trainees to receive feedback on their submissions?
Reports is for period Jan to Jul 2020 inclusive			Trainees and other reporters receive automated feedback on completion of Datix investigation and report through a specific feedback section completed by the investigator. Trainees are encouraged to discuss any learning with their educational supervisors.
UHC	Medicine Emergency Medicine Geriatrics Acute Stroke	9 8 3 1	

	CAU Anaes/ICU/Theatres Surgical specialties O&G Paediatrics	5 5 3 6 3	
UHA	Medicine Emergency Medicine# CAU Anaesthesia Surgery	3 1 3 1 2	
Woodend View	Psychiatry	3	[Please add further lines if required]

1.12 At each site, how many trainee doctors have been involved in an SAE?

Site	Unit/Specialty	Number of SAE	Was the Deanery notified and involved in the follow up?
UHC	Obstetrics and Gynaecology	2	Yes – Associate Postgraduate Dean (same trainee both episodes)
UHC	General Medicine	1	No however the site based TPD was involved in trainee liaison and support– trainees not directly involved and no specific training issues/concerns
			[Please add further lines if required]

1.13 At each site, how many trainee doctors have required 'reasonable adjustments' to their training in relation to a declared disability?

Site	Number of trainees
	0 (excludes adjustments due to Covid-19)

	[Please add further lines if required]
1.14 Have you had any external reviews that have impacted on training? Please provide full details, e.g. GMC / HIS etc..	
Details of external review:	**DME comment required:**
Enhanced monitoring medicine UHA	Full reports previously submitted.
	[Please add further lines if required]

2. Training Quality Lead Funding Report for 2019/2020 Financial Year

2.1 Financial Breakdown of Use of TQL Funding:

Funded Staff Positions/Sessions	Amount: Financial Year 19/20	Projected Amount: Financial Year 20/21	Projected Amount: Financial Year 21/22
No changes from 2018/19 report			

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Other Expenditure of TQL Funding: Please Specify	Amount: Financial Year 19/20	Projected Amount: Financial Year 20/21	Projected Amount: Financial Year 21/22
No changes from 2018/19 report			

2.2 Please provide information relating to the objectives for the use of TQL funding:

	Outline the systems, structures, personnel and events that have been put in place to deliver this	Outline the systems, structures and personnel you use to monitor the effectiveness and quality of this delivery	Highlight what has changed since the previous 2018/19 report	Describe any planned changes over 2020-21
1. Successfully deliver against GMC standards	No changes from 2018/19 report			
2. Support Deanery Visits and manage the timely return on information as required for quality management purposes e.g. NTS, PSI, LEP report, visit action plans	No changes from 2018/19 report			
3. Provide pathways for delivery of information to trainees.	No changes from 2018/19 report			
4. Organisation of hospital induction and documentation of attendance	No changes from 2018/19 report			
5. Support effective departmental induction and documentation of attendance	No changes from 2018/19 report			
6. Ensure compliance with and documentation of appropriate Faculty development for Clinical	No changes from 2018/19 report			

and Educational Supervisors				
7. Provide local monitoring and management of doctors in difficulty	No changes from 2018/19 report			
8. Facilitating provision of training on work placed based assessment for all staff involved.	No changes from 2018/19 report			
9. Providing training and updates on e-portfolio activities	No changes from 2018/19 report			
10. Provide a local focus for careers advice	No changes from 2018/19 report			
11. Provide a local contact for educational research activities	No changes from 2018/19 report			
12. Provide local advocacy for concerns raised by trainees.	No changes from 2018/19 report			
13. Ensure accountability at Board level for performance in the delivery of PGMET.	No changes from 2018/19 report			

14. Provide to the Board regular reports on PGMET Quality Management data including GMC NTS, PSI & NES QM data including reports of QM visits highlighting strengths & weaknesses of training in LEPs in the Board area.	No changes from 2018/19 report			
Any other use made of TQL funding				

3 Postgraduate Medical Education: Quality Report

Key to survey results

Scottish Training Survey (STS)

Key	
R	Low Outlier - well below the national benchmark group average
G	High Outlier – performing well for this indicator
P	Potential Low Outlier - slightly below the national benchmark group average
L	Potential High Outlier - slightly above the national benchmark group average
W	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
▬	No significant change from last year*
	No data available
	No Data

** A significant change in the mean score is indicated by these arrows rather than a change in outcome.

3.1 Departments in the bottom 2% for that Specialty

3.1.1 Site: University Hospital Ayr, Specialty: Geriatric Medicine

Identified by: STS Post Triage list (significantly low for specialty and persistent low scores)

Scottish Training Survey

Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Foundation	W —	W —	R —	W —	W —	W —	W ▼	6
GPST								1
GPST								3 (aggregated)
Core								1
Core								1 (aggregated)
All posts	W ▼	R —	R —	W ▼	P —	W —	W ▼	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Foundation training in Geriatric Medicine at University Hospital Ayr occurs primarily on the Biggart Hospital site with some further training experience in the Combined Assessment Unit at Ayr; there are four FY2s and one GPST trainee who have educational and clinical supervision provided by two consultants in geriatric medicine. The Board invested in additional senior ANP staff several years ago who provide 24/7 cover for rehabilitation services in Biggart Hospital; trainees are only present during daytime periods with consultants on-site thus ensuring immediate availability of senior support for trainee doctors. These changes were introduced to address concerns identified by previous Deanery monitoring visits to UHA medicine department.

FY2s and GPST trainees in addition to local teaching within the unit and programme regional teaching have a dedicated NHS Ayrshire and Arran workshop programme across the year with topics mapped to respective curricula.

Issues leading to a red flag for handover are not clear – handover processes are clearly described for the area which has senior ANPs on-site 24/7. Handover issues in CAU have not been identified by other trainees working in this area. This will be explored further through trainee forum and feedback this year.

3.1.2 Site: University Hospital Crosshouse, Specialty: General Internal Medicine

Identified by: STS Level Triage list (ST-aggregated red flags)

Scottish Training Survey

Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Foundation	R ▼	W —	R ▼	R —	W ▲	P ▼	W —	16
GPST								3
GPST	W —	W —	W —	W —	P —	W —	W —	14 (aggregated)
ST								2
ST	W —	R —	R —	W —	R —	W —	R —	7 (aggregated)
All posts	R ▼	W —	R ▼	R —	W ▲	P ▼	P —	21

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Training requirements and actions to fulfil these are detailed in the Final Deanery visit report and the DME action plan arising following the Deanery visit to general internal medicine, University Hospital Crosshouse, November 2019. Full implementation and monitoring of the action plan has been delayed on account of the emergency response to COVID-19 pandemic. The DME can provide a full update on progress against the action plan within the next few months as service returns to nearer normal. There are known issues in relation to Foundation training (FY1s) with the rota becoming non-compliant during this period. This is associated with a specific handover issue during a long day when the trainee shifts from ward based cover to Combined Assessment Unit cover – this is being addressed through new rota arrangements which will be monitored. Induction arrangements have moved online this year on account of social distancing rules due to Covid-19, however GIM and specialty induction has included face to face meetings with checklists to ensure all requirements are met. FY1s through a 5 day shadowing period and some through FiY1 posts have received an extended induction. The number of Clinical Development Fellows in GIM has been significantly increased for August 2020 to ensure rotas are fully staffed and designed to facilitate training.

3.1.3 Site: University Hospital Crosshouse, Specialty: Geriatric Medicine

Identified by: STS Post Triage list (significantly low for specialty)

Scottish Training Survey

Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Foundation								4
Foundation	W —	W —	R —	W —	W —	W —	W —	20 (aggregated)
GPST								3
GPST	W —	W —	W —	W —	W —	W —	W —	9 (aggregated)
ST								2
ST								4 (aggregated)
All posts	W ▼	R ▼	W —	W —	W —	W —	R —	9

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The training environment in geriatric medicine was recognised as an area of concern following a trainee forum meeting (Jan 2020) which included attendance by DME, ADME, TPD, and geriatric consultant training lead. Immediate actions were taken to restructure services, the training environment and address trainee concerns. Feedback following these changes has been very positive. There is ongoing work to restructure/redesign geriatric services; including multi-professional teams and community based services to enhance the patient journey and ensure also improved trainee experience. The consultant training lead is leading on work to evolve and improve training within this environment including increasing trainee experience and training in rehabilitation and care in the community.

3.2 Departments in the top 2% for that Specialty

3.2.1 Site: The Ayrshire Hospice, Specialty: Palliative Medicine

Identified by: STS Post High Performers list (aggregated green flags)

Scottish Training Survey

Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
GPST								1
GPST	W —	W —	W —	W —	W —	W —	W —	5 (aggregated)
ST								1
ST								3 (aggregated)
All posts								2
All posts	G —	L —	G —	G —	G —	G —	G —	8 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

There is recognised good educational practice within this unit as outlined below.

Clinical Supervision:

- During the day there is always a Consultant – identified on the medical team timetable who can be contacted for advice when not in the In Patient Unit . Out of hours trainees are actively encouraged to call for advice in the context of working in a new specialty and this can be an opportunity for CBD'S and reflection

Educational Environment

- Trainees meet with Clinical or Educational supervisors regularly (GPST2 weekly) and this is timetabled .
- Trainers are up to date with the curriculum and learning objectives are discussed at the start of the post with ongoing review
- Formal feedback post weekend on call using a template which is used as a learning opportunity and which trainees can upload to their eportfolio
- A proactive approach to SLE's

Handover

- The Hospice has a medical On Call and Handover Operational Policy which trainees are directed to (for their information) at induction
- Practically : shared electronic handover supported by multidisciplinary handover at the start of the day and pre on call

Induction

- Hospice HR team liaise early with trainees in advance. Induction is also integrated over the first few weeks and objectives reviewed / signed off with supervisor

Teaching

- Specialty specific tutorial programme tailored to trainees. This is timetabled

Team Culture

- Trainees work within the Hospice multidisciplinary team - the team is experienced in working with trainees and recognises that they have different knowledge and skills. This supports teamwork and learning.

Workload

- Culture to work as a team and plan ward work. On Call rota meticulously planned to support and individual requests

The following are believed to be the main factors.

- Weekend feedback template is useful and well received
- Proactive approach by Senior team / trainers to WPBA's
- Culture of robust handover ' owned ' by each member of the team
- Consultants actively encouraging trainees to ask for advice – this is always a learning opportunity, demonstrates progression and is part of the training culture.

3.2.2 Site: University Hospital Crosshouse, Specialty: General Surgery

Identified by: STS Post High Performers list (significant change in scores) and STS Level High Performers list (Foundation-significant change in scores)

Scottish Training Survey

Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Foundation	W ▬	W ▲	W ▲	W ▲	W ▲	W ▲	W ▲	9
Core								1
Core								3 (aggregated)
ST								2
ST	W ▬	W ▬	W ▬	W ▬	W ▬	W ▬	R ▬	11 (aggregated)
All posts	W ▬	W ▲	W ▲	W ▬	W ▲	W ▲	W ▲	12

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

There are no green flags however the feedback suggest a significant improvement change in scores for Foundation. Practice has not changed significantly from previous years. A number of factors may however have contributed to improved feedback.

- At the start of the training year a senior specialty doctor, experienced in improvement work, spent two weeks shadowing and working with the FY1s to provide support and help them develop systems for effective working including management of breaks
- A Clinical Teaching Fellow was appointed with a secondary role to provide support to FY1s to help maintain the improvements achieved above
- Protected education days for personal development
- Consultant culture that is supportive and respectful

3.2.3 Site: University Hospital Crosshouse, Specialty: Trauma and Orthopaedics

Identified by: STS Level High Performers list (ST-aggregated high scores for specialty) and STS Post High Performers list (significant change in scores)

Scottish Training Survey

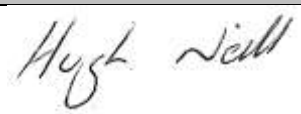
Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Foundation								4
Foundation	W —	W —	W —	W —	W —	W —	W —	15 (aggregated)
Core								1
Core								2 (aggregated)
ST								3
ST	W —	W —	W —	W —	W —	W —	W —	13 (aggregated)
All posts	W —	G ▲	G ▲	G ▲	W ▲	W —	W ▲	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The STS results have been shared and discussed with the department. It is not clear why feedback has improved significantly in the three areas above however the following factors are believed to have contributed to an overall improvement in the educational environment and trainee experience.

- There were no rota gaps during this reporting period – the department was successful in recruitment of locum doctors to fill gaps. The department, supported by Board investment, has proactively recruited Clinical Development Fellows this year (2020-21) to ensure rotas are filled, recognizing the serious adverse impact that gaps have on the training environment and on trainees' ability to access the available learning opportunities
- Trainees (Foundation) on account of COVID-19 pandemic had longer placements and this is believed to have improved their experience
- The registrar / middle grade doctors were described as very supportive this year and this is likely to have contributed to the FY2 experience; one of the senior middle grades updated and improved the HAN induction for the Foundation trainees.
- Referral pathways and handover processes between Emergency Medicine and Orthopaedics were improved which is also likely to have improved trainee feedback

4 Sign-off

Form completed by	Role	Signature	Date
Dr Hugh Neill	Director of Medical Education		11/08/20