

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 November 2022
Title:	Medical Education Group 6 month progress report
Responsible Director:	Dr Crawford McGuffie, Executive Medical Director
Report Author:	Dr Hugh Neill, Director of Medical Education

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This report presents a 6 month interim update to Board Members for awareness, providing assurance on 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 timed to coincide with the Director of Medical Education annual report for undergraduate and postgraduate medical education to NES, Scotland Deanery.

2.2 Background

NES Scotland Deanery quality manages medical education and training throughout Scotland and reports to GMC and Scottish Government. The quality of the training environment is a surrogate measure for quality of care and patient safety. It is a key factor in recruitment and retention of the medical workforce. Failure to meet the standards defined by the GMC can result in GMC enhanced monitoring process, associated reputational damage and ultimately sanctions including the removal of training approval and trainees from a department.

2.3 Assessment

- **Postgraduate Medical Training**

The unprecedented pressures on unscheduled care services in both acute hospital sites has understandably had an effect on postgraduate medical training, particularly in the specialties of medicine and emergency medicine. Increased workload and rota gaps are recognised to impact negatively on the experience of training grade doctors in these areas. By contrast elective surgical activity has increased during this reporting period providing more training opportunities for trainees in surgical specialties.

Despite this challenging training environment, feedback through GMC annual trainee survey and NES Scotland trainee surveys is highly positive for a number of specialties including anaesthesia, urology, general internal medicine (UHC) and otolaryngology which were all recognised on the NES “high performers” list for training in Scotland (Appendix 1).

Two departments remain in GMC Enhanced Monitoring process. Improvements in both sites were reported following GMC/NES training quality management visits this year. The visit to University Hospital Ayr medicine department in April 2022 was very positive and resulted in the last of four special conditions being removed and the number of requirements being reduced from five to two. The visit to University Hospital Crosshouse medicine department in May 2022 similarly highlighted improvements which led to the number of enhanced monitoring requirements being reduced from thirteen to eight. Improvement in the Crosshouse training environment was further recognised by its inclusion in NES’ “high performers list” on account of being in the top 2% for specialty for significant positive change in trainee feedback scores in the Scottish trainee survey. The efforts of consultant trainers and the engagement of senior medical and service management leadership including the Board Chair chairing the Medical Education Governance Group were recognised as contributing to the improvements noted. Progress in both these departments has been achieved in the face of rising unscheduled care admissions and associated workload.

The DME annual report on postgraduate medical education to NES is included as Appendix 1. The appendix provides Section one and an abbreviated Section two of the report as a summary. If any Board Member wishes the full report this can be provided on request.

- **Undergraduate Medical Education**

Undergraduate medical education within the Board continues to excel with overwhelmingly positive feedback from students in nearly all clinical sites. Letters of commendation were received from NES Undergraduate Quality Review Panel for both University Hospital Crosshouse and University Hospital Ayr in recognition of outstanding experience highlighted by students from University of Glasgow. A further letter of commendation was received by Ayrshire Central Hospital psychiatry team for excellence in ongoing and significant improvement.

The purchase of three townhouses in the Scholars development in Kilmarnock has been completed which increases the capacity for undergraduate teaching within the Board in accord with Scottish Government aims to increase medical student numbers.

The DME annual report to NES on undergraduate medical teaching is included as Appendix 2.

- **Clinical Fellows**

The Clinical Teaching and Development Fellow programme continues to be very successful with recruitment growing to over 100 doctors this year. This cohort of junior doctors is essential to support trainee medical rotas, manage workload and allow trainees to access training opportunities. The positive experience of the fellows has enhanced the training reputation of Ayrshire and Arran and led to improved recruitment into our training programmes including general practice.

Full recruitment to the programme has been achieved despite other Boards across Scotland reporting a fall in recruitment rates (50-60%) on account of international travel opening up following COVID-19 pandemic and loss of UK trained doctors to overseas. Full recruitment has been achieved in this Board by supporting a programme for International Medical Graduates (IMG) including a “soft landing” approach of enhanced induction and extended shadowing period tailored to the needs of the IMG Fellow.

2.3.1 Quality/patient care

Quality of care and patient safety are embedded standards within medical education and training. The training environment and trainee feedback provide a surrogate measure of the quality of our clinical services and of the resilience and safety of these services.

2.3.2 Workforce

The experience of doctors in training, and in our clinical development fellow programme, correlates directly with recruitment and retention of all grades of doctors including consultants and GPs.

2.3.3 Financial

GMC changes to training programme curricula is leading to a higher proportion of trainee time being protected for training which requires funding to backfill gaps arising in clinical service.

Poorly designed or managed trainee rotas can lead to rotas monitoring non-compliant and associated additional salary costs as a consequence.

Reputational damage through poor trainee feedback, including GMC enhanced monitoring, may lead to gaps in trainee recruitment and the consequent expense of high cost locums to fill gaps.

2.3.4 Risk assessment/management

Failure to provide a quality training environment and to meet the GMC standards for medical education and training can lead to GMC enhanced monitoring. This is associated with:

- reputational damage which impacts adversely on future medical recruitment
- increased financial costs through a need to appoint high cost locums to fill gaps in medical workforce
- potential detrimental impact on quality of patient care and patient safety

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 professional support unit in association with NES. The GMC is working with Deaneries and Local Education Providers to explore the root causes and potential opportunities to address differential attainment and to ensure that education and training is fair and based on principles of equality and diversity.

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. Information within this report has been discussed with the Medical Education Governance Group and with the senior medical management team. The DME also provides an annual report to NES and GMC (Appendix 1 and 2).

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. 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

2.4 Recommendation

For awareness. Board Members are asked to receive the report and note the current status of undergraduate and postgraduate medical education and training.

3. List of appendices

- Appendix 1, DME NES Annual Report, Postgraduate Medical Education – section 2 of the report.
- Appendix 2, DME NES Annual Report, Undergraduate Medical Education
- Appendix 3, letters of commendation received from the NES Undergraduate Quality Review Panel

Appendix 1
DME NES Annual report
Postgraduate Medical Education

Scotland Deanery

Director of Medical Education Report

Summary report –

NHS Board	Ayrshire & Arran			
Responsible Board Officer	Dr Crawford McGuffie			
Director of Medical Education	Dr Hugh Neill			
Reporting Period	From	4 August 2021	To	2 August 2022

Part One - Educational Governance

1.1 Does the full Health Board itself receive a regular report to support its governance responsibilities around the quality of postgraduate and undergraduate medical education and training?

- How often does it receive a report around educational governance?
- What is covered in these reports?
- Is there a board member with responsibility for MET?

The Director of Medical Education provides a biannual report to the Board from the Medical Education Governance Group (MEGG). For governance purposes MEGG reports directly to the Board however additional scrutiny is provided through reports via the Acute Services Governance Group to ensure an integrated approach to issues which overlap with service.

The report covers:

- Undergraduate medical education
- Postgraduate Medical Education
- Clinical Teaching and Development Fellow Programme
-

The postgraduate section of the report includes reference to:

- Scottish and GMC trainee surveys
- Deanery/ GMC QM monitoring visits
- Shape of training and new curricula

The Medical Education Governance Group is currently chaired by the Chair of NHS Ayrshire & Arran Health Board.

1.2 Is there a Health Board committee with responsibility for the governance around the quality of postgraduate and undergraduate medical education and training?

- What is it called?
- How often does it meet?
- What data and information is considered by this committee?

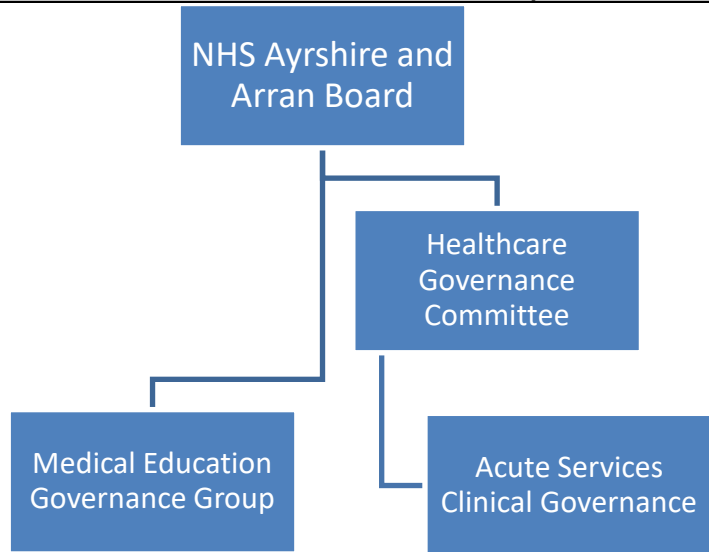
The Medical Education Governance Group is a committee reporting directly to the Board – it meets four times per year.

The remit of the group is to provide assurance to the Board that doctors in training are provided with a supportive and improved training and employment experience which meets nationally prescribed standards. Similarly provide assurance that clinical fellows are provided with the support and education opportunities agreed within their job description.

- Ensure Promoting Excellence – Standards for medical education, by the GMC is applied;
- Monitor the safety and compliance of doctor in training rotas, ensuring non-compliance and any adverse movement in banding is effectively flagged and mitigating action plans are prepared to address this as far as practicably possible;

- Ensure GMC guidance on trainer status is adhered to;
- Oversee the allocation of doctors in training by NES, assessing any gaps and directing action plans required by the Board to provide solutions;
- Monitor fill rates of doctors in training in post and progress in achieving action plans to address any gaps;
- Ensure reports and recommendations arising from formal visits – GMC / Royal Colleges / Deanery – are robustly considered and delivery of any recommendations arising are tracked until closed / delivered; and
- Ensure mechanisms are in place to route the findings from formal visits / inspections to relevant governance committees and/or the NHS Board.

1.3 Is there a governance committee structure that links the delivery of education and training in LEPs to either the Health Board or the Health Board’s educational governance committee? If there is, can you describe the elements of that and how information flows to the Board/Board committee? (You may wish to share an organogram if there is one that described the committee structure.)



There is an expectation that the Medical Education Governance Group (MEGG) via the Director of Medical Education will also routinely provide reports to the Acute Services Governance Group to ensure an integrated approach between service and medical education for overlapping issues. Membership of MEGG includes the Board Chair, DME and Assistant DMEs, Associate Medical Directors and Chief Residents.

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

Training Quality Management Groups have been established for all specialties in each acute hospital site to support implementation of actions to address recommendations and requirements arising from NES/GMC or other external visits or from local reporting. Membership of the groups includes trainee representatives, general managers, clinical directors and medical education leads (DME, ADMs); Acute Service Directors and Associate Medical Directors are invited on an as required basis. Throughout the next 12 months these groups will be established for all training specialties. Reports from the Training Quality Improvement Groups are shared with MEGG.

Trainee feedback is received through Chief residents and trainee forums in addition to Scottish and GMC trainee surveys

1.4 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.

Site based senior clinical management receive feedback from trainees via the Training Quality Management Groups. These groups meet at least twice per year for each specialty but meetings can take place more frequently if required (e.g. to ensure implementation of actions to address NES QM visit requirements). The Chief Residents and Senior Development Fellows are members of the Medical Education Governance Group which includes senior management representation.

1.5 How are learners made aware of who is responsible for what within education for your organisation.

This is provided through induction (online and face to face) and also via the Chief Residents. Each department also has internal structures for management of education and training (e.g. anaesthesia has a highly functioning college tutor system) and trainees are made aware of this through local departmental induction.

1.6 If your review of quality management data highlights a number of new red flags in a particular department how do you address that?

The Training Quality Management Groups (TQMGs) for all departments receive and consider feedback from the Scottish and GMC Training Surveys twice yearly. These groups with membership including clinical and general management and senior trainees develop action plans in response to concerns and provide a structure for regular review to ensure that actions have been completed. The involvement of general and clinical managers in the quality improvement process is especially valuable when issues overlap with those affecting clinical services

1.7 What are the mechanisms in place for trainees to receive feedback from DATIX?

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.

1.8 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?
1.9 At each site, how many trainee doctors have required 'reasonable adjustments' to their training in relation to a declared disability?			
At times trainees have been "taken off" of out of hours, or have had reduced OOO, duties but this has related to a medical condition/RTW process. I am not aware of any adjustments relating to a declared disability			
1.10 How do you ensure educators are appropriately trained and that their training is kept up to date?			
One of the Assistant Directors of Medical Education has responsibility for trainer recognition process - The ADME checks that the educator has evidence to demonstrate that they have remained up to date with their training and can appropriately be re-recognised as a trainer at time of revalidation.			
1.11 Describe the mechanisms in place to ensure all educators have appropriate time in their job plans to meet their educational requirements?			
The Board through MEGG receives an update on trainers. Clinical Directors and General Managers are aware of the need to prioritise job plan time for educational roles and requirements. The establishment of TQMGs has provided further opportunity to formalise checks on this.			
1.12 What educational resources and funding can educators access?			
Support is provided through protected study leave and study leave funding. All hospital sites have education centres with resources to support education and training. There is funding for educational leads in larger departments that is additional to the funding of protected time for educational and clinical supervisor roles.			
1.13 Is support available to educators when they are dealing with concerns? Please provide full details.			
Each site has at least one Assistant Director of Medical Education (ADME). The ADME or DME provide support to educators (trainers) when dealing with concerns. In addition larger departments have funded lead educator roles who also provide leadership and support within the department.			

1.14 How do you ensure there are sufficient opportunities for learners to undertake educational CPD?

The Board has introduced protected educational development time for trainees. The ambition is to deliver this across all specialties and training programmes however at present it has only been successfully introduced in a number of areas.

1.15 How do you ensure there is a balance between providing services and accessing educational and training opportunities?

This is part of the role of the Training Quality Management Groups including feedback to these groups via trainee representatives (Chief Residents)

Part Two – Year in Review: 2021-2022

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

Like other Boards, the training environment has been challenged by COVID-19 pandemic, recovery from this and a hugely increased demand of unscheduled care on acute hospital services. Despite these challenges and the disruption to rotas created by a significant increase in unplanned junior doctor absences linked to COVID we have prioritised education and training as part of our remobilisation planning. Throughout the last 12 months the majority of our formal teaching programmes including simulation, resuscitation and department teaching programmes have been re-established. Elective theatre and face to face clinic activity have recently increased towards normal levels resulting in further restoration of training opportunities. The resilience of all staff including the trainers and trainees in the hardest pressed areas is to be commended. It is acknowledged that these pressures on our health and social care systems in Scotland will continue and that this will impact training throughout the coming year. The Medical Education Department will work alongside Deanery colleagues and specialty training programmes to maximise training opportunities within this testing 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 and Clinical Teaching Fellows, further expanding this cohort of doctors by successfully recruiting over 100 fellows across various specialties for 2022-23. 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 gaps in training grade appointments and the increased activity associated with the extra demand on unscheduled care services. Exit interviews with fellows provide assurance that these posts are well supported, delivering appropriate development opportunities to assist re-entry into training programmes with a majority of our fellows achieving success in application to their preferred programme. Successful recruitment to our posts this year has been possible only through reaching out to and supporting International Medical graduates

with entry into the Scottish healthcare system. We like other Boards have noted increased difficulty recruiting UK graduates with re-opening of international borders and UK graduates resuming overseas travel.

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. A full clinical Teaching Programme has been provided without interruption and with minimal disruption despite the enormous pressures on services in the last 12 months.

Both departments (medicine UHA and medicine UHC) in GMC enhanced monitoring process have demonstrated progress against requirements despite being sites that have been particularly affected by the increase in unscheduled care demand on acute services and rota gaps due to unplanned absences.

At both University Hospital Ayr and Crosshouse Training Quality Improvement Groups have been established across all specialties to address issues which impact adversely on the training environment. These groups include representation by general and clinical managers alongside medical education leads and trainees to ensure that there is responsibility for actions to tackle service issues which can have a negative effect on training.

The Medical Education Governance Group is chaired by the Chair of NHS Ayrshire and Arran Health Board which alongside the group reporting directly to the Board ensures that the Board has clear oversight of medical education governance activity.

1.2 Please highlight any sites where you have identified good practice

Site	Details about good practice
UHA Medicine and UHC Medicine	Demonstrable improvement against the requirements from GMC enhanced monitoring despite the significant pressures on these services from managing increased in-patient numbers in context of repeated staff absences. The resilience of the staff and their continued attempts to improve the training environment has been a key factor.
UHA Urology	Excellent trainee feedback from trainees at all stages of training showing the value of a department that is consultant led, well organised, focused on training and on creating a supportive culture where everyone in the team is valued.
UHC Otolaryngology	As above. This is a surgical department which similar to urology enjoys consistently good feedback due to a culture of being supportive and of valuing all members of the team.
Clinical Simulation (all sites)	The Clinical Simulation Leads have continued to develop and expand simulation training across multiple specialties and sites with an increased focus on in situ and multidisciplinary team learning.

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

The challenges are primarily related to the enormous pressures on health and social care systems associated with recovery from COVID-19 pandemic and an ageing population with increased frailty. This alongside staff vacancies across all staff groups associated with COVID-19 pandemic has led to a real threat to the resilience of the healthcare workforce including medical staff particularly in areas which have been most affected like emergency medicine and general medicine. The impact of increased patient numbers resulting from a combination of increased frailty, delayed discharges as a result of gaps in health and social care provision, and workforce shortages undeniably has an adverse impact on the training environment.

Managing medical workforce gaps at both trainee and higher levels continues to be challenging. The investment in and appointment of Clinical Teaching and Development Fellow posts has been 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. Nonetheless unpredictable fluctuations throughout the year in staffing levels can create difficulties, especially in the latter half of the academic year when either new gaps in trainee establishment or fellow establishment are more likely to emerge. The environment for recruitment of fellow posts this year has also been more challenging with the opening up of international travel and loss of junior medical staff from the UK.

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

Reconfiguration of trauma and orthopaedic services in Ayrshire with separation of elective (UHA) and emergency trauma (UHC) services has been challenging and has impacted on training. An increase in presentation of trauma patients (50% increase in presentation of frail elderly hip fracture patients in last 4 years) has contributed to the problems of reconfiguration. Quality improvement methodology with support from an experienced clinician has been used to address the issues and early feedback from trainees is very encouraging.

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

The challenges described above, particularly in relation to unscheduled care are expected to continue and are likely to get worse over the winter period.

The increase in appointment of International Medical Graduates into training programmes and our ability to provide appropriate extended induction and shadowing (soft landing) for these trainees to support them in their introduction to the NHS in Scotland is a challenge. This is exacerbated by the vagaries of a UK appointments process that can lead to a high proportion of IMGs in a small unit with limited other resources to be able to support a soft landing approach.

Alongside the issues described above medical workforce modelling predictions for retirements and output of doctors completing training suggests emerging problems in a number of specialty areas across Scotland over the next few years.

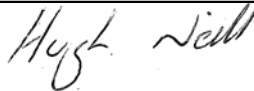
Redesign of orthopaedic services with separation of trauma (UHC) and elective (UHA) orthopaedics will continue to present both opportunities and challenges for training in the coming year.

Gaps in consultant geriatric posts which based on predicted CCT numbers in West of Scotland are unlikely to be fully recruited continue to create challenges for delivery of training within this specialty. The Board is developing new models of care for geriatric medicine, involving multi-professional teams and increased community support; trainees and the needs of training are being fully integrated within these models. The Board has however been successful in the last 12 months in recruitment of 2 new consultants.

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]

Sign-off

Form completed by	Role	Signature	Date
Hugh Neill	DME		13/07/22

Appendix 2: DME NES Annual Report - Undergraduate Medical Education 2021/22

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	August 2021	To	July 2022

1: Undergraduate Medical Education: Quality Report

Key to survey results

Undergraduate Survey (UG)*

Key	
R	Score less than 0
A	Score 0 to less than 0.55
W	Score 0.55 to less than 1.55
G	Score more than or equal to 1.55
	No results available
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year

*This report utilises data from the Scottish Student Evaluation Survey. Results are only provided where there are at least five responses. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. "Possible responses" is the number of students surveyed.

1.1 Site: Ayrshire Central Hospital, Specialty: General psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			G	G	G		G	G	G		G			G	G	G	G	G	W	G					10
Glasgow	Psychiatry	4/5	G	G	G		G	G	G		G			G	G	G	G	G	W	G				10	27

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 teaching programme is well organised and supported fully by consultants with an interest in teaching and by clinical fellows with dedicated time for teaching. The Assistant DME (Psychiatry and Mental Health) provides leadership, ensures that concerns are acted upon and monitors teaching quality through feedback to ensure that high standards are maintained.

1.2 Site: University Hospital Ayr, Specialty: Emergency Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			G	G	G		G	G	G		G			G	G	G	G	W	W	W					13
Glasgow	Emergency Medicine	4/5	G	G	G		G	G	G		G			G	G	G	G	W	W	W				13	19

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 department has a strong focus on education and normally performs well in postgraduate training surveys also.

The commitment of consultant staff to support teaching alongside Clinical Teaching Fellows and Board funded Clinical Development Fellows ensures that teaching is well organised, meets student needs and is consistently delivered. This has continued to be achieved this year despite significant extra pressure on the service resulting from increased patient numbers and delayed discharges as experienced across Scotland.

The department has also like other departments made adjustments to ensure that COVID-19 has a minimum impact on teaching.

1.3 Site: University Hospital Ayr, Specialty: General (internal) medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Glasgow	Medicine	3/4	W	W	G		G	G	W		W			G	G	G	G	G	G	G				39	103

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?

Despite continued pressures due to increased unscheduled care activity and challenges of increased staff absences linked to Covid-19 the department continues to protect and prioritise undergraduate teaching. Feedback has been consistently good for a number of years on account of a well organised teaching programme supported by dedicated clinical teaching fellows and consultants who are enthusiastic about teaching. Leadership is provided by the on-site ADME and an organised and highly competent Undergraduate Administrator who manages the teaching programme. Student feedback is listened to and the teaching faculty of fellows and consultants are always seeking new opportunities to improve teaching. As an example carrying a student page has helped make students feel more like a valued part of the team when on-call.

1.4 Site: University Hospital Ayr, Specialty: Rheumatology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Glasgow	Musculo-Skeletal	4/5	W	W	G		G	G	G		G			G	G	W	W	G	W	W				9	18

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 musculo-skeletal programme is similarly well organised with excellent communication and cooperation between the different specialties/departments involved in this block. There are dedicated clinical teaching fellows in each area to support consultants deliver a dedicated teaching programme for the students. It is a small unit where students are immediately welcomed as part of the team.

1.5 Site: University Hospital Ayr, Specialty: Ophthalmology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			G	W	W		G	G	G		G		W	G	G	G	G	G	G						
Glasgow	Ophthalmology	4/5	G	W	W		G	G	G		G			W	G	G	G	G	G	G				22	36

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?

Delivery of ophthalmology teaching is supported by a dedicated clinical teaching fellow working alongside consultant supervisors. The Teaching fellow alongside the Undergraduate Administrator organises the programme and ensures that teaching is well structured, balanced and supported by consultants and more junior staff. The needs of the students are consistently met and student feedback is used to inform programme development.

1.6 Site: University Hospital Ayr, Specialty: General surgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			W	W	G		G	G	W		W			W	W	W	W	W	G	W	G				
Glasgow	Surgery	3/4	W	W	G		G	G	W		W			W	W	W	W	G	W	G				26	63

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?

Surgical activity has continued to be impacted in the last 12 months by COVID-19 pandemic however the needs of undergraduate medical students continues to be met through a well organised programme that includes clinical skills teaching, critical care and peri-operative medicine teaching which is delivered by dedicated clinical teaching fellows, consultant surgeons and consultant anaesthetists. Ward based and theatre based teaching has continued as much as possible with a focus by those managing the programme to maximise the use of the opportunities available.

1.7 Site: University Hospital Crosshouse, Specialty: Paediatrics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Glasgow	Child Health	4/5	G	G	G		G	G	G		G			G	G	G	G	G	W	G				7	13

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?

Feedback continues to be very positive and there is further improvement compared with the previous 12 months. The appointment of a dedicated clinical teaching fellow, alongside consultants involved in teaching, has helped ensure that the teaching timetable is well managed and that the learning needs of the students are consistently addressed.

1.8 Site: University Hospital Crosshouse, Specialty: Emergency Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Glasgow	Emergency Medicine	4/5	G	G	G		G	G	G		G			G	G	G	G	G	G	G				11	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?

The Emergency Medicine Department at UHC has an excellent reputation for teaching and training of both undergraduate and postgraduate students and doctors. In the last 12 months the department has experienced a number of challenges through increased patient numbers and patient waits on account of well publicised national pressures on emergency departments and unscheduled care systems. Despite these challenges and the additional workload these challenges have created for consultant staff and their teams the undergraduate feedback continues to be excellent.

This is a direct result of consultant leadership and the continued investment and enthusiasm of consultant staff for teaching and training despite their rising clinical workload from unscheduled care pressures. The consultants are supported by dedicated clinical teaching fellows and development fellows. The timetable is well organised and a full and varied teaching programme well established. In addition to standard bedside teaching and tutorials, clinical simulation teaching (including multi-professional in situ simulation teaching) is provided regularly for each block of students. Self-rostering has been successful and helps ensure not too many students are on at once competing for same practical skills/ procedures/ patients. When students are engaged and supported they are welcomed as a valuable asset to the ED team and the team tries their best to ensure that they know that they are a valued member of the team from the outset.

The challenges faced by the department include difficulty maintaining momentum for students in the department due to lack of space for new patient admissions on account of current unscheduled care pressures. Students are usually encouraged to see undifferentiated cases and report back to seniors. Currently there are often patients to be seen but due to pressure of delayed transfer to wards there is lack of proper examination space for these patients so students are not always able to get same clinical experience the department would like them to have. By spacing out students throughout the day and having off days to ensure not too many around at once it makes planning teaching sessions for them more difficult (same as with regular medical staff). More students are requiring support/ intervention.

Despite these challenges student feedback is very positive.

1.9 Site: University Hospital Crosshouse, Specialty: General (internal) medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			G	G	G		G	G	G		G		G	G	W	W	G	W	G						
Glasgow	Medicine	3/4	G	G	G		G	G	G		G			G	G	W	W	G	W	G				31	75

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 continued positive feedback from students for GIM at University Hospital Crosshouse is welcomed. The department has faced huge challenges in the last 12 months with markedly increased unscheduled care activity associated with COVID-19 pandemic and during this period postgraduate training has entered into GMC enhanced monitoring. The programme of undergraduate teaching has been maintained despite this on account of leadership by the site based ADME and a highly experienced and capable undergraduate administrator who are supported by a team of clinical teaching fellows. Protected teaching (bedside, tutorial, simulation and clinical skills) are provided by a faculty of clinical teaching fellows, resuscitation trainers and pharmacists working alongside consultant supervisors.

1.10 Site: University Hospital Crosshouse, Specialty: Rheumatology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			A	W	W		G	G	G		G		W	G	W	G	G	G	G						
Glasgow	Musculo-Skeletal	4/5	A	W	W		G	G	G		G			W	G	W	G	G	G	G				7	14

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 musculo-skeletal programme is well organised with excellent communication and cooperation between the different specialties/departments involved in this block. There are dedicated clinical teaching fellows in each area to support consultants deliver a dedicated teaching programme for the students. The units involved are relatively small and students are immediately welcomed as part of the team. Despite the cross-site nature of this block excellent organisation including support with accommodation needs on moving site has led to continued good feedback.

1.11 Site: University Hospital Crosshouse, Specialty: Obstetrics and Gynaecology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Glasgow	Obstetrics & Gynaecology	4/5	G	G	G		G	G	G		G			G	G	G	G	G	G	G				16	32

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?

Feedback is very positive and has significantly improved in the last 12 months. There is a consultant lead for undergraduate medical education who provides excellent organisation of the teaching programme. The lead also ensures that student feedback is listened to and acted upon to improve the experience of students on this block.

Further developments for the year ahead include:

The O&G students receive a simulation session in O&G emergencies – which is delivered in Glasgow (PASSGO course). From September the department will be delivering this in-house at Crosshouse, and in future may develop this further to become multidisciplinary and involve midwifery students. This will be supported by our Clinical Simulation Lead and our Simulation Technical Lead. The Undergraduate Training Lead also hopes to launch a QI project to develop an online platform with pre-recorded tutorials and access to information and videos on Human Factors which will be accessible for students.

Challenges

Shortage of middle grades in the department mean tutorials can be limited or cancelled at short notice to provide cover.

Limited space to accommodate more students in the department.

1.12 Site: University Hospital Crosshouse, Specialty: Otolaryngology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			W	W	G		G	G	W		W		G	G	W	G	G	G	G						23
Glasgow	Otolaryngology	4/5	W	W	G		G	G	W		W			G	G	W	G	G	G	G				23	36

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?

Feedback is very positive with significantly increased green flags compared to previous year. Teaching is primarily consultant led and the department similarly enjoys excellence in trainee feedback in postgraduate surveys. The department is comparatively small and students and trainees benefit from the inclusive and supportive culture. Elective activity has increased in the last 12 months which will have provided more opportunities for teaching and learning which may have contributed to the improved feedback.

1.13 Site: University Hospital Crosshouse, Specialty: General surgery

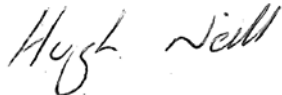
Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
			G	G	G		G	G	W		W		G	G	G	G	G	G	G	G					21
Glasgow	Surgery	3/4	G	G	G		G	G	W		W			G	G	G	G	G	G	G				21	48

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 continued appointment of a clinical teaching fellow (50% board funded) to support consultant supervisors has improved the management, organisation and reliability of the surgical student teaching programme. This has occurred despite reduced teaching opportunities on account of reduction of elective surgical activity as a consequence of COVID 19 pandemic.

2. Sign-off

Form completed by	Role	Signature	Date
Hugh Neil	Director of Medical education		24/08/22



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Dr Hugh Neill
Psychiatry
Ayrshire Central Hospital
NHS Ayrshire & Arran

Our Ref: UGQR, Wednesday 31st August 2022
Date of distribution: Wednesday 9th November 2022

Dear Dr Neill,

Medical Undergraduate Quality Review Panel Outcomes

You may be aware that each year all the Medical Student feedback relating to the final two years of the clinical placements for each of the medical programmes delivered by Scottish Medical Schools is reviewed at one time at the national Undergraduate Quality Review Panel (QRP). Representatives from each of the Medical Schools join representatives from NES and the DME group to review this feedback from many hundreds of placements.

Challenges and success are shared across the Schools and where there is excellent practice this is highlighted. The output from the undergraduate QRP feeds into that of the Foundation Programme QRP and then to specialty training panels.

The undergraduate QRP met recently, and I am pleased to report that the evidence suggests that our Medical Students value the positive and rich clinical learning environment they receive across Scotland. Above this, it was clear to the panel that there were some teams that provided an outstanding experience or had made significant positive changes to the environment which was particularly appreciated.

The reason for writing to you and the Ayrshire Central Hospital Psychiatry team today is that the educational experience you provide has been **Highlighted for Excellence** by students from the **University of Glasgow** for ongoing/significant improvement.

On behalf of the undergraduate QRP, I would like to congratulate and thank you yourself and the local team for their efforts and success in supporting our next generation of doctors. We appreciate that there are many



CHAIR: MR DAVID GARBUTT
CHIEF EXECUTIVE: CAROLINE LAMB

challenges to regularly supporting students whilst continuing to deliver clinical service. We do not underestimate the sustained effort that is required to achieve this kind of feedback.

I hope that you will be able to share this letter with all those involved and to pass on our thanks and congratulations on this excellent achievement.

Best wishes

A handwritten signature in black ink, appearing to read "John Paul Leach". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Professor John Paul Leach
Chair, Scottish Deans Medical Education Group
Chair Medical Undergraduate Quality Review Panel





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Our Ref: UGQRP, Wednesday 31st August 2022
Date of distribution: Wednesday 9th November 2022

Dr Hugh Neill
DME for NHS Ayrshire and Arran

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The reason for writing to you today is that the educational experience you provide has been **Highlighted for Excellence** by students from the **University of Glasgow** to thank you for your invaluable support and engagement.

On behalf of the undergraduate QRP, I would like to congratulate and thank you yourself and the local team for their efforts and success in supporting our next generation of doctors. We appreciate that there are many



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Ms Lindsay Lucas
Undergraduate Administrator at Ayr Hospital

Our Ref: UGQRP, Wednesday 31st August 2022
Date of distribution: Wednesday 9th November 2022

Dear Ms Lucas,

Medical Undergraduate Quality Review Panel Outcomes

You may be aware that each year all the Medical Student feedback relating to the final two years of the clinical placements for each of the medical programmes delivered by Scottish Medical Schools is reviewed at one time at the national Undergraduate Quality Review Panel (QRP). Representatives from each of the Medical Schools join representatives from NES and the DME group to review this feedback from many hundreds of placements.

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The reason for writing to you today is that the educational experience you provide has been **Highlighted for Excellence** by students from the **University of Glasgow** for your wonderful work and invaluable support to students.

On behalf of the undergraduate QRP, I would like to congratulate and thank you yourself and the local team for their efforts and success in supporting our next generation of doctors. We appreciate that there are many challenges to regularly supporting students whilst continuing to deliver clinical service. We do not underestimate the sustained effort that is required to achieve this kind of feedback.



CHAIR: MR DAVID GARBUTT
CHIEF EXECUTIVE: CAROLINE LAMB

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