NES_Curve_grey3

Scotland Deanery

Quality Management Visit Report

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| **Date of visit** |  | **Level(s)** |  |
| **Type of visit** |  | **Hospital** |  |
| **Specialty(s)** |  | **Board** |  |

|  |  |
| --- | --- |
| **Visit panel** | |
|  | Visit Chair - Postgraduate Dean |
|  | General Medical Council Visits and Monitoring Manager |
|  | Lay Representative |
|  | Associate Postgraduate Dean – Quality |
|  | Quality Improvement Manager |
|  | Associate Postgraduate Dean |
| **In attendance** | |
|  | Quality Improvement Administrator |

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| **Specialty Group Information** | | | |
| Specialty Group | |  | |
| Lead Dean/Director | |  | |
| Quality Lead(s) | |  | |
| Quality Improvement Manager(s) | |  | |
| **Unit/Site Information** | | | |
| Non-medical staff in attendance |  | | |
| Trainers in attendance |  | |  |
| Trainees in attendance |  | |  |

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

|  |  |
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| Date report approved by Lead Visitor |  |

**1. Principal issues arising from pre-visit review:**

**2.1 Induction (R1.13)**:

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

**2.3 Study Leave (R3.12)**

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

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

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

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

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

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

**2.10 Feedback to trainees (R1.15, 3.13)**

**2.11 Feedback from trainees (R1.5, 2.3)**

**2.12 Culture & undermining (R3.3)**

**2.13 Workload/ Rota (1.7, 1.12, 2.19)**

**2.14 Handover (R1.14)**

**2.15 Educational Resources (R1.19)**

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

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

**2.18 Raising concerns (R1.1, 2.7)**

**2.19 Patient safety (R1.2)**

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

**2.21 Other**

**3. Summary**

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

**4. Areas of Good Practice**

|  |  |  |
| --- | --- | --- |
| **Ref** | **Item** | **Action** |
| 4.1 |  |  |

**5. Areas for Improvement**

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

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| **Ref** | **Item** | **Action** |
| 5.1 |  |  |
| 5.2 |  |  |
| 5.3 |  |  |

**6. Requirements - Issues to be Addressed**

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| --- | --- | --- | --- |
| **Ref** | **Issue** | **By when** | **Trainee cohorts in scope** |
| 6.1 |  |  |  |
| 6.2 |  |  |  |
| 6.3 |  |  |  |
| 6.4 |  |  |  |