Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	8 and 9 November 2021	**Level(s)**	FY/GP/Core/Higher
Type of visit	Enhanced Monitoring Revisit	**Hospital**	Pan Tayside
Specialty(s)	General Adult Psychiatry Services	**Board**	NHS Tayside

Visit panel	
Clare McKenzie	Visit Chair - Postgraduate Dean
Robin Benstead	Principal Education QA Programme Manager (Devolved nations)
Kate Bowden	Education QA Programme Manager (Scotland)
Alastair Campbell	Associate Postgraduate Dean – Quality
Wai Lan Imrie	Training Programme Director
Rosie Lusznat	GMC Enhanced Monitoring Associate
Rhona McMillan	GP Training Programme Director
Jill Murray	Senior Quality Improvement Manager
Katherine Quiohilag	Trainee Associate
Sarah Summers	Lay Representative
In attendance	
Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Clare McKenzie	
Quality Lead(s)	Claire Langridge, Alastair Campbell and Peter MacDonald	
Quality Improvement Manager(s)	Jill Murray	
Unit/Site Information		
Trainers in attendance	17	
Trainees in attendance	3 FY, 4 GP, 6 Core, 8 Higher	

Feedback session: Managers in attendance	Chief Executive	DME Yes	ADME Yes	Medical Director Yes	41 including AMD for Mental Health

Date report approved by Lead Visitor	10 December 2021

1. Principal issues arising from pre-visit review:

Following four visits to Murray Royal Hospital where it was identified that concerns were not localised to that site, the first Pan Tayside visit took place in November 2017. Following a subsequent visit in May 2018 General Adult Services across Tayside was placed on enhanced monitoring. Enhanced monitoring revisits took place on 23rd January 2019, 9th October 2019 and 14th and 17th December 2020. Please see below the summaries from the December 2020 visit:

Positive aspects of the visit:

- Improvement in the culture experienced by some groups of trainees
- New leadership structures in place with clear roles are starting to have an effect
- Very supportive consultants and core programme TPD, who we were told are going above and beyond in challenging circumstances.
- Trainee representation and inclusion at meetings like TTMG is helping, although limited engagement at FY and GP levels
- Positive feedback regarding the local teaching programme which is running successfully virtually
- Positive feedback regarding the GAP local teaching, which is organised and run by a higher trainee, although this will require succession planning to sustain

Less positive aspects from the visit:

- Concern around supervision particularly in-patient locum provided services where it is not possible to undertake WBA and there is little feedback for trainee learning. For junior level trainees there is limited psychiatry specific training in these environments.
- There is still no regular process for learning from adverse events or consistently providing feedback
- Shortage of substantive consultants and consultant off sick putting pressure on providing educational supervision of all trainees.
- Several instances were reported where higher trainees could not access the on-call consultant.
- There is still no consultant responsible for rotas. The importance of this was highlighted recently with the pressures on the higher trainee rota and the lengthy process to find a workable solution.

- Wide-spread lack of access to IT resources including webcams, headphones, computers as well as a lack of private space. This affects trainees' ability to deliver clinical care and to engage in teaching.
- Less positive training experience at GP level.
- Concern around sustainability of the higher training programmes secondary to the number of consultant trainers available and poor trainee recruitment.

Following finalisation of the December 2020 visit report, a discussion was held between the Deanery and GMC to explore whether conditions should be placed on the continued approval of ongoing training in Tayside in General Adult Psychiatry, to help drive the required improvements. The outcome of this discussion resulted in GMC conditions being placed on the service.

The GMC Conditions are:

1. NHS Tayside must ensure learning is facilitated through effective reporting mechanisms, feedback and local clinical governance activities.

2. NHS Tayside must ensure that learners have access to an appropriate level of supervision at all times, including out of hours.

A further revisit was arranged for 8th and 9th November 2021.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

We would like to thank the department and DME office for helping us arrange this virtual visit and for the large attendance especially at the site presentation and feedback session.

On the day the panel attended a session with service leads who provided a useful update on Mental Health services across NHS Tayside since our last visit in 2020. This included short talks from Mike Winter, David Rooke and new AMD, Peter Le Fevre and provided information on investment in senior

staff roles and appointments, work of Strategic Partnership, the collaborative development of Tayside Mental Health Strategy, management/trainee engagement and ongoing work on the previous requirements. There is the clear commitment from the new management team to making further improvements.

2.1 Induction (R1.13):

Trainers: There is an extensive mental health services induction document shared with all trainees. Feedback received suggests the document is of use and welcomed. There are videos available on MS Teams with admin support provided should trainees need support. These videos can be watched at any time. There is also a live Q&A session when trainees can ask questions if they feel anything has been missed. If additional questions arise at induction or following induction these are added to the induction document. Who to contact out of hours (OOH) is detailed in the handbook as well as at ward level. There are local departmental inductions held for trainees which are more relevant to their own posts although it is recognised more guidance on what should be covered in these sessions could be valuable.

FY/GP Trainees: All trainees received a hospital induction. This was a 2-day virtual meeting with access to videos and documents and a Q&A session at the end with a CT3. This was reported as valuable. There were mixed reports of ward induction with some trainees, particularly at Murray Royal Hospital and Strathcathro, reporting very good ward inductions with involvement of nurses, however one trainee reported receiving no induction to Moredun and had to ask a nurse to show them round the ward including how to access alarms, the crash trolley and what to do with bloods. Others, predominantly at Carseview Centre, also reported fewer positive experiences with no induction packs and having to ask nurses for help. FY1 trainees who undertook shadowing prior to their post reported this being a positive experience. There were reports of trainees not receiving handbook due to email address issues.

Core Trainees: Trainees reported a 2-day online induction which was good and included a Q&A session with a CT3. Trainees thought the online videos were good but would have preferred more face-to-face content however appreciate the current challenges. Again, there were mixed reports of local ward/department inductions with some trainees having a positive experience and others having

a less than positive experience. They noted that they would value being shown round the clinical areas and meeting key people.

Higher Trainees: A trainee new to Tayside reported receiving no induction to the hospital or their department. They did not have access to a NHS email until late August and received no documentation prior to starting. While some were sent email information, they could not access it due to email issues with nhs.scot migration. Again, there were mixed reports regarding the quality of departmental inductions with some being good and others not so good.

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

Trainers: There is core teaching on a Wednesday morning followed by balint group on Wednesday afternoon following the departmental teaching which means the core trainees are unavailable all day which all team members know. Departmental teaching is on a Thursday morning which everyone is invited to, students, trainees and consultants. Core and GP trainees cover each other (buddy system) so that each group can attend their own specialty teaching. The Thursday morning teaching is regularly appraised and can be, and has been, changed due to feedback. Trainees present and are given a topic to present and a structure to follow with a consultant allocated to provide support.

FY/GP Trainees: Foundation trainees advised they can all attend their teaching. It is difficult for GP trainees to attend their teaching due to the cross cover buddy system where GP trainees buddy with other GP trainees. In order for all GP trainees to attend teaching they have to leave gaps on the ward which makes it difficult for them to attend. On Moredun there is a GPST1, CT1 and FY2 so attending the formal GP teaching which occurs once a month is difficult particularly if a trainee has been on call followed by a day off. GP trainees highlighted they have to apply for cover to attend the formal teaching. The trainees felt there was more emphasis on allowing psychiatry trainees to attend their teaching than other grades of trainees. Both Foundation and GP trainees can attend the Thursday morning teaching but this is not protected teaching and they are often called back to the ward.

Core Trainees: There is core teaching on a Wednesday morning and a balint group on a Wednesday afternoon. The MRCPsych teaching on Wednesdays is not relevant for CT3 trainees but CT1s are able to attend regularly. There is also teaching on a Thursday morning that is relevant to all trainees

and often included case discussions or a journal club article. This teaching is not protected but generally is not interrupted.

Higher Trainees: The majority of trainees are always able to attend the Thursday departmental teaching with some trainees missing it due to ward rounds. Two specialty trainees have taken responsibility for organising a higher teaching programmes and organise speakers for the sessions. The trainees fed back that this was very good teaching and they appreciate it being available.

2.3 Study Leave (R3.12)

Trainers: Study leave is always supported and trainees are encouraged to use it. Core trainees personal study prior to exams has now been increased from 3 days to 5 days in line with the rest of Scotland.

FY/GP Trainees: GP trainees are required to apply for study leave for each of their teaching sessions.

Core Trainees: The majority of trainees have not yet requested study leave but for those who have there was no issue having it supported. The trainees have to find their own cover to take study leave which can be difficult.

Higher Trainees: Trainees advised that they do not need to take it as they can often fit their requirements in amongst their duties but if they do need to take it there are no issues having it supported. The trainees do not need to find cover in order to take study leave.

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

Trainers: There is now a named consultant dedicated to overseeing the educational supervision of all trainees in all sites.

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

Trainers: Every trainee has a recognised trainer for educational and clinical supervision. A list of locum consultants is available which identifies them as supervising consultants. Trainees are told who they are attached to and how to raise concerns. OOH, there is always a junior trainee, higher trainee and consultant so the escalation process is clear. There has been an expansion in the number of consultants on OOH rota. A consultant has taken over responsibility for the trainee rota. There continue to be issues with black spots for mobile phone reception in Murray Royal Hospital but the AMD for Digital is looking into this. Currently consultants on the wards in Murray Royal Hospital are carrying pages so they can be contacted. There has also been a recent walkaround by the digital team in Carseview Centre as Core trainees have raised an issue with accessibility of consultants due to Wi-Fi issues. A soft phone system is proposed and a business case developed. The AMD for Mental Health has provided trainees with his mobile number in the event they cannot reach anyone on site for support. Trainers advised that GP trainees had escalated a recent issue where it had been difficult to contact a consultant in Perth. A contingency solution has been implemented and the situation is being monitored.

FY/GP Trainees: Foundation trainees advised that they are all clear who to contact and the pathways to the medical registrar should they need to contact them. As noted above, GP trainees have had issues contacting senior staff in Perth. Trainees gave examples of attending patients in Perth Royal Infirmary in their liaison role but being unable to reach senior support to approve their management plans or to discharge a patient. This has been escalated to the senior team and an action plan put in place which includes a consultant being on the ward during the day and a duty consultant being given a bleep for liaison queries. These changes have only recently been put in place and there have been some teething issues. All trainees agreed that it is easier to contact someone OOH and everyone knows who to contact.

Core Trainees: Trainees all know who is providing their clinical supervision during the day and out of hours. They are never left to work beyond their competence level in relation to their psychiatry training however they often have to provide medical support and often do not know who to contact with the medicine department for support. They usually manage to contact a medical registrar in either Ninewells Hospital or Perth Royal Infirmary who are always supportive and helpful. All clinical supervisors and consultants are approachable.

Higher Trainees: All trainees knew who their clinical supervisor was both during the day and out of hours. All are approachable and supportive and no trainees felt they were left to work out with their competence. The trainees highlighted one occasion in Perth Royal Infirmary where it had taken some time to obtain senior input resulting in the the patient being handed over to the OOH team who managed it to resolution. The trainees felt part of the issue was the split of the teams across Tayside so junior trainees do not know who to contact in the various sectors.

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

Trainers: Trainers receive regular updates about the curriculum from their Royal College and attendance at STCs. Generally, trainers supervise the same grade of trainees so they have all become familiar with the curriculum. An example was given of a trainer who was allocated a trainee at a grade they have not had before and they sought advice from colleagues in the DME team. The trainers believe there are no competencies that are difficult for trainees to achieve although some can be challenging. For example, outpatient clinics in Perth are normally run as parallel clinics for consultant and trainee but currently locum consultants are having to run ad-hoc geneal adult psychiatry clinics so it is difficult to organise for a trainee to attend. There are also challenges for trainees to get exposure to ECT sessions due to Covid-19 rules. Placement meetings are held, by the TPD, to consider the most appropriate placement for a trainee depending on the trainee's needs and supervisor availability.

FY/GP Trainees: Foundation trainees are able to achieve their competencies and now that there is a consultant dedicated to providing educational supervision, it is easier. Foundation trainees noted they tend to have a significant role in managing general medical care rather than psychiatric care . GP trainees feel that they are asked to work above their competence when working as liaison in Perth, particularly if they are being asked to detain a child. An example was given when advice was given over the phone but the senior trainee did not come over to see the patient. GP trainees in Perth do benefit from attendance at clinics. GP trainees at Carseview Centre are not given experience at clinics. The consultant overseeing educational supervision put trainees in touch with the outpatient team to organise attendance at clinics themselves. The buddy system makes attending clinics difficult as the trainees have to organise cover themselves to attend.

Core Trainees: Attendance at outpatient clinics is challenging at the current time due to most of the appointments being by telephone. CT1s do not have timetabled clinics. Some trainees arrange home visits to compensate for the lack of clinics, but they organise these themselves as they are not part of their rota. Psychotherapy sessions are also difficult for some trainees to access. There are no Learning Disability clinics to attend. CT1s reported undertaking tasks of little educational value as no other staff regularly undertake these tasks, for example, ECGs and bloods. This limits them gaining psychiatry experience.

Higher Trainees: Psychotherapy cases are difficult for all trainees to get access to.

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

Trainers: Trainers advised that as the junior doctors work with them regularly, completion of assessments is quite easy. Any trainee is able to contact a consultant on a ward anywhere if they are struggling to get an assessment completed. There are also many opportunities OOH to have them completed. No issues regarding assessment completion have been raised through the ARCP process.

FY/GP Trainees: No issues were raised regarding assessment completion.

Core Trainees: It can be challenging completing mini CEXs due to the time it takes but no issues with any other assessments.

Higher Trainees: It can be challenging to get assessments completed by consultants as trainees and trainers are not always on the ward at the same time or clinics occur on different days but there was no major concern about the completion of general WPBAs.

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

Core Trainees: There is MDT learning available in a some sub-specialties across Tayside but not universally. Trainees report positive learning experience with psychologists.

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

N/A

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers who have trainees with them at clinics or on the ward provide feedback to the trainee. Out of hours there is a good feedback mechanism from both the registrar and consultant on call. Trainees receive feedback at their supervision meetings and can arrange a meeting for further feedback.

FY/GP Trainees: Trainees advised if they attend an assessment with a registrar then they receive feedback. On Moredun in Murray Royal Hospital there are only ad-hoc ward rounds and consultants do not ask a trainee to go with them so there is no opportunity to observe senior consultants or for consultants to observe them. The trainee checks the consultant entry in the notes. On other wards, there are team discussions that involved a consultant, a trainee and a nurse discussing the patients and making plans for a few days. There are weekly ward rounds in both Carseview Centre and Stracathro Hospital.

Core Trainees: There are not many opportunities to receive feedback but when trainees do receive it the feedback is always constructive.

Higher Trainees: Trainees advised that as they are speaking with a consultant during the day they do get feedback which is useful. OOH, if consultant disagrees with a trainee management decision the trainees do not get direct feedback they just see a change in the plan. When they get feedback it is constructive.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers seek feedback from trainees regarding induction and there is a Survey seeking feedback on the teaching sessions. Informal feedback is requested at supervision sessions. Trainers have been encouraged to be more proactive in seeking feedback from trainees. There is a trainee group where trainees can discuss issues and reps from this group can feed these into the Teaching

and Training Management Group (TTMG) meeting. Trainees regularly present at the Thursday morning teaching and receive feedback on their presentation.

FY/GP Trainees: There are mechanisms in place for trainees to feedback through peer group.

Core Trainees: Trainees feed into the peer group which is then discussed at the TTMG meeting and with service leads. Trainees also feedback to their supervisor during their weekly supervision meetings.

Higher Trainees: Trainees described a meeting recently with the DME and senior management team asking for feedback and encouraging trainees to discuss issues as they arise. There is also a trainee representative who sits on TTMG and they have taken issues to the group and had them discussed. It was felt that although concerns were discussed, suggestions put forward by trainees were, on occasions, not always actioned and no feedback given as to why (see rota example later).

2.12 Culture & undermining (R3.3)

FY/GP Trainees: Trainees had not experienced any behaviour that had undermined their confidence, performance or self-esteem. They reported that there is an openness to discuss and raise issues.

Core Trainees: Trainees had not experienced any behaviour that had undermined their confidence, performance or self-esteem. If any issues did arise the trainees would speak to their supervisor.

Higher Trainees: An incident was alluded to but the trainee did not wish to discuss this further with the panel. A trainee highlighted an incident which had been well managed.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The main issue is vacancies in senior consultant posts and especially in General Adult Psychiatry. Two new consultants have joined the team recently. The Core and GP trainees work on a buddy system so they can cross cover wards and vacancies when issues arise. The Higher trainee rota has gaps however is adequate to support the OOH rota. The rota accommodates all the various curriculums for all trainees and all posts are mapped to curricula.

FY/GP Trainees: Trainees advised there are currently no gaps on the rota. There is a rota co-ordinator who oversees the rota and proactively asks when they wish annual leave. Trainees are not involved in rota design. If gaps occur there is a rota co-ordinator who gets in touch with all trainees to ask someone to fill the gap and if it cannot be filled they contact a registrar to cover it. Foundation trainees in Murray Royal Hospital work some shifts as 9am-5pm followed by being on call from 5pm-9am. If they have 5 hours uninterrupted sleep they work 9am-1pm the following day, if they get less than 5 hours they get the full day off. One trainee gave an example of working 21 hours and advised they did not feel safe making decisions following that shift. GP trainees do not feel the rota accommodates their learning, they feel they have to identify their own learning opportunities and arrange cover with a colleague to attend. This is complicated by the buddy system where GP trainees are allocated a GP trainee buddy. An issue of a 7-day working week was raised by the trainees as being of concern. The trainees stated they have to work four 9am to 5pm shifts Monday to Thursday followed by three 9am to 9pm shift Friday to Sunday with a day off the following Monday before returning to work on Tuesday 9am-5pm. The trainees have to do this shift pattern once every 6 months but were concerned how safe the decisions they made following that week were as they were exhausted. Trainees did not report any wellbeing issues due to the rota.

Core Trainees: There is one clinical fellow vacancy at the moment but this does not affect the OOH rota. Any gaps are emailed round by the rota administrator for volunteers and if not covered, a locum agency would be contacted. This process works for short term gaps but not long term, there is no process for long term which is an issue that has been raised through the peer group and taken to TTMG. There is consultant oversight of the rota since the summer which is helpful and trainee input to the rota design. Advanced Nurse Practitioner introduction is helpful. The trainees agreed the rota meets their learning needs and is not compromising their wellbeing.

Higher Trainees: There are more trainees on the rota than in the past which is an improvement. The trainees feel the rota is not good for trainee wellbeing. There are weekend shifts where trainees have been unable to meet their 5-hour rest requirement and are required to work the following week which they feel is not safe. The trainees have suggested a discontinuous rota however this would require a consultant to be second on-call and has not been taken forward. The trainees feel this aspect of the rota is unsustainable and have raised the issue again through the peer group but have received no feedback. Thr trainees are concerned about their safety when accessing the building at night.

2.14 Handover (R1.14)

FY/GP Trainees: Handover is not face to face it is by email only but trainees agree it is safe for patients and it works. The handover is not a learning opportunity as there is no discussion about the patients being handed over. Trainees suggested that there could be guidance provided at induction as to what information is relevant for the handover to aid consistency. There is a capacity and flow meeting at midday followed by an email to everyone with an update. Trainees receive the email but do not feel they need to attend the meeting.

Core Trainees: The trainees agreed the handover procedure is safe but it is not designed as a learning opportunity.

2.15 Educational Resources (R1.19)

N/A

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

N/A

2.17 Raising concerns (R1.1, 2.7)

Trainers: There is an escalation process through the Educational or Clinical Supervisor and the charge nurse on the ward. This is highlighted at induction. The department tries to address concerns as they arise by the senior team being accessible. There is now a trainee peer group where issues are discussed and can be escalated to the Specialty Training Committee or TTMG. Trainees can also raise issues at their weekly supervision meetings. These routes can also be used for raising concerns about education and training.

FY/GP Trainees: Trainees advised they know how to raise patient safety issues and feel comfortable to do that. Trainees gave an example of raising a concern which was listened to and acted upon.

Core Trainees: Trainees are comfortable raising concerns and feel supported when they do. The trainees have raised concerns and met with the clinical lead and had action agreed as a way forward but the agreed action is still awaited. Concerns regarding training can be raised during weekly supervision meetings.

Higher Trainees: Trainees reported being able to raise concerns with their supervisor.

2.18 Patient safety (R1.2)

Trainers: Trainers reported that the system is under stress but not unsafe. Bed capacity is often over 100% for General Psychiatry beds and there is now a daily capacity and flow meetings that are attended by General Adult Psychiatry consultants and the senior nursing management team. Trainees receive emails and can attend. The peer group have raised issues particularly about Murray Royal Hospital and action has been taken to address that issue.

FY/GP Trainees: Trainees feel the nursing staff are stretched at Strathcathro. At Murray Royal hospital there is a lack of senior staff which can affect the time to obtain a senior review. They have no concerns about OOHs.

Core Trainees: Due to senior staff shortages in some subspecialties in Carseview Centre, trainees do have some concerns about the frequency of patient review at times. OOH is challenging due to the pressure on beds and there are some patients that are not admitted because there is no room for them. Trainees felt that there are insufficient community resources to send patients home. The interview room in Carseview Centre has been regularly used for in-patients which is not felt to be appropriate. Subsequent information from NHS Tayside advises that this situation has now been resolved.

Higher Trainees: Trainees have no concerns.

2.19 Adverse incidents (R1.3)

Trainers: Trainees will get feedback on a Datix if they report it but not necessarily if they were not named on the report. The verifier should get back to the individual who reported the Datix. If there is

an incident, there should be a debrief on the shift by senior nurse. There is a Team Based Quality Review (TBQR) group that meets quarterly and reviews Datix submission. If there is wider learning to be gained from the review of Datix then it is shared at the teaching sessions with trainees presenting the data supported by a consultant. Trainees are encouraged to attend the quarterly TBQR meetings. The various subspecialties are encouraged to undertake adverse event reviews. Trainers are trying to address issues as they arise and trainees are encouraged to raise them through their peer group and through their supervision meetings. An example of trainees raising a concern via their peer group was given and how the agreed action has been implemented.

FY/GP Trainees: No trainees had reported an incident on Datix. Trainees highlighted a very valuable teaching session where there was shared learning following an incident which was presented by the trainee and consultant who had investigated the incident. Another example was given where the senior undertook a debrief of the incident for everyone and then produced a report that was shared.

Core Trainees: There are quarterly meetings to discuss adverse incidents and these meetings are recorded and accessible to all. A number of the subspecialties hold incident review meetings to discuss incidents and share learning. Trainees reported that they felt supported

Higher Trainees: Trainees reported being invited and aware of quarterly TBQRs, Contingency meetings and adverse event reviews. Some subspecialties have multi-disciplinary review meetings.

2.20 Other

Trainers: The most pressing challenge is the recruitment to consultant substantive posts. Many trainers have multiple students and trainees to supervise. There has been service level change to address the issues and the creation of a peer group for all trainees is a welcome addition. There has been a shift in working practices during the pandemic.

FY/GP Trainees: Foundation trainees appreciate the weekly supervision meetings.

Core trainees: Trainees highlighted a lack of senior support on site in Carseview Centre and Strathmartine Hospital. The CT3 trainees are now based on other sites so CT1s have fewer senior trainees immediately available to them to provide support. Inpatient GAP in Carseview Centre has a

disconnect between trainees and Clinical Supervision with a locum consultant based on the ward the Clinical Supervisor being based in the community meaning the supervisor has less knowledge of trainees' ability. The trainees feel they are not getting enough community experience and being asked to plug a gap.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

Immediate action - The known technological issue preventing trainees from contacting senior support on site at Murray Royal Hospital must be resolved urgently.

Positive aspects of the visit:

- Trainees value the Thursday teaching sessions.
- There is continuing improvement of the culture with trainees reporting that they are able raise concerns to the departmental senior team relating to either their education or patient safety.
- The panel noted the implementation of an adverse incident review system and whilst not fully embedded in all subspecialty areas, is recognised by all trainee groups as a learning opportunity. Further roll out of the team-based review is to be encouraged.
- The development of a regular capacity and flow meetings which trainees are aware of and can attend.

Less positive aspects from the visit:

- The training provided for GP trainees requires to be reviewed across the sites to ensure consistency and compliance with the GP curricular requirements.
    - The known issue of difficulties ensuring readily accessible daytime senior support within Murray Royal Hospital needs to be reviewed to ensure the implemented changes are effective
    - The trainee buddy system to provide cross cover (where GP STs buddy GP STs) does not support attendance at formal departmental and specialty teaching and requires to be reviewed
    - GP STs in Carseview Centre are not able to attend clinics

- Core trainees and GP STs in Carseview Centre continue to undertake significant amounts of non-educational tasks resulting in little psychiatry training
- The panel was pleased to note that there is consultant oversight of the trainee rotas however there are ongoing issues which require to be addressed
    - There is a need to review and respond to the issues raised by senior trainees regarding their rota including concerns about wellbeing and safety.
    - There is a need to roster educational sessions so that core trainees and GP STs do not need to arrange cover to attend educational sessions.
- Senior trainees do not receive feedback about their OOH patient management.
- Difficult for some senior trainees to access psychotherapy cases.
- While hospital/department induction is good, there is no guidance for the delivery of local induction with both very good and very poor experiences reported.

Requirements from previous visit on 19th October 2019 and assessment following November 2021 visit:

- A regional teaching programme for the General Adult Psychiatry training programme must be established and supported by a Consultant/Training Programme Director – **Partially Met**
- The culture of blame, fear of raising concerns and undermining must continue to be addressed – **Met**
- The department must work with the Board in implementing changes to improve the educational environment for all grades of doctors in training – **Partially Met**
- There must be consultant oversight of trainee Rota's, including a Rota with named duty consultants for all sites with a working process to cover unexpected leave –**Met**
- Review of the workload for trainees within General Adult Psychiatry programme to improve educational experience - **Partially Met**
- Trainees must receive feedback on incidents that they raise and there must be a forum for learning from adverse events. - **Partially Met**
- A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction. - **Met**
- Handover must be formalised and happen consistently in all areas for all levels to ensure safe handover and continuity of care. **Met**
- All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements. **Met**
- All trainees must have timely access to IT passwords and system training through their induction programme. **Met**
- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced. - **Not Met**
- Trainers within the department must provide more regular informal 'on the job' feedback, particularly in regard to trainee decisions and care planning. - **Partially met (varied by grade)**
- Clarity on who to contact for Liaison services at Perth Murray Royal should be given and timely support available. – **Partially Met**

Requirements from previous visit on 14th and 17th November 2020 and assessment following November 2021 visit:

- There must be an increase in relevant training opportunities for GP trainees. – **Not Met**
- The department must build on the current work to improve the culture and promote raising and addressing concerns. - **Met**
- The department must work with the Board on implementing changes to improve the educational environment for all grades of doctors in training. – **Met**
- There must be consultant oversight of trainee Rotas to ensure supervision at all times including a Rota with named duty consultants for all sites and with a working process to cover unexpected leave of any grade. **– Partially Met**
- Trainees must receive feedback on incidents that they raise and there must be a forum for learning from adverse events. – **Partially Met**
- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced. – **Not Met**
- Trainers within the department must provide more regular informal 'on the job' feedback to facilitate learning, particularly in regard to trainee decisions and care planning. This applies particularly to In Patient areas and is separate to "supervisions". **– Partially Met**
- The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs. This must include computers, headsets and cameras in all sites. – **Met**

4. Areas of Good Practice

Ref	Item	Action

5. Areas for Improvement

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

Ref	Item	Action
5.1	For GP and CT1 level trainees there is limited psychiatry specific training in these environments.	
5.2	Support to be provided for senior trainees to access psychotherapy cases.	
5.3	The regional teaching programme for the General Adult Psychiatry training programme should be supported by a Consultant/Training Programme Director to ensure sustainability.	
5.4	A shortage of substantive consultants is impacting on the training experience of trainees. Available consultants are supportive but overstretched.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Clinical supervision must be available at all times and technological issues preventing this must be resolved urgently.	6 months	All
6.2	There must be an increase in relevant training opportunities for GP trainees.	6 months	GP
6.3	Local clinical area induction must be provided which is consistent across the subspecialties and sites to ensure trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	6 months	All
6.4	Barriers, such as lack of rostered time, preventing GP and Core trainees attending their dedicated educational sessions (formal teaching and clinics) must be addressed.	6 months	GP and Core
6.5	The department must ensure that there are clear systems in place to provide feedback to trainees about patient management undertaken in in-patient areas and out of hours.	6 months	All
6.6	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced, particularly at Carseview Centre.	6 months	Core and GP
6.7	The new systems which have been developed to learn from incidents should be expanded to embed shared learning by all staff.	6 months	All

6.8	Senior support must be readily accessible to all trainees. The new system at Murray Royal must be kept under review.	6 months	All