General Medical Council

Visit Report on NHS Lothian

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

Our visits check that organisations are complying with the standards and requirements as set out in *Promoting Excellence: Standards for medical education and training.* This visit is part of a national review and uses a risk-based approach. For more information on this approach see http://www.gmc-uk.org/education/13707.asp

Education provider	NHS Lothian
Sites visited	• Royal Infirmary of Edinburgh • Royal Hospital for Sick Children, Edinburgh
Specialties and programmes	• Undergraduate (Edinburgh Medical School) • Foundation programme • Core medical training • General internal medicine • Geriatric medicine • Paediatrics
Date of visit	5-6 October 2017
Were any serious concerns identified?	No serious concerns were identified during this visit

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

In this report, we have identified a number of areas working well, have set requirements where there is evidence that our standards are not being met, and have set recommendations where we have found areas related to our standards that should be improved. Each of these areas is addressed in turn, below.

Royal Infirmary of Edinburgh, NHS Lothian

Areas that are working well

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

Number	Requirement	Areas that are working well
1	1 (R1.1)	Learners in all specialties, at all levels, told us that they receive an appropriate induction for their role.
2	1 (R1.16)	Doctors training in geriatric medicine have protected time for learning and for attending organised educational sessions and training days.
3	4 (R4.2/4.5)	Educators have time in their job plans to carry out their educational responsibilities, and feel supported in their role.

Area working well 1: Learners in all specialties, at all levels, told us that they receive an appropriate induction for their role.

1 NHS Lothian provided us with details of their clinical induction for both undergraduate and postgraduate learners ahead of our visit. When we met with the senior management team from the health board, they explained the steps that have been taken to collaborate with the other health boards in South-East Scotland with the aim of providing a consistent induction. In addition to this, we heard that they have also

recently reviewed the induction they provide to all learners as a result of feedback from doctors in training, and made some improvements.

2 Postgraduate induction is delivered via an online, interactive portal containing mandatory clinical modules that differentiate by specialty and grade. Undergraduate induction follows a similar format to that of the postgraduate portal and includes modules that have been adapted by the NHS Lothian medical education directorate. Students we spoke with confirmed they received an appropriate induction covering general information, timetables and details about teaching sessions.

3 Foundation doctors in training we met with told us they receive a valuable induction consisting of a combination of lectures and time working on the ward. This gave them a chance to learn useful techniques from the more senior colleagues and gain access to the required systems. The foundation year one trainees present described this as lasting 6 days. We heard that those that miss induction due to working night shift (more senior than year one) for example, are able to complete the induction at a time that suits them.

4 Doctors training in general internal medicine and geriatric medicine told us they receive a South East Scotland (SES) induction booklet prior to starting at the hospital, followed by an induction meeting. They also receive a separate induction booklet, specific to the LEP, including generic information. We were told that those that are due to start their rotation at a different time to the other doctors in training are able to request arrangements to be made to introduce them to the health board and the staff at a mutually convenient time.

5 We heard from doctors training in core medicine and doctors training in general practice with experience in general internal medicine and geriatric medicine that if they are away from the LEP for more than a year, then they receive a corporate induction update via the online platform when they return.

6 Doctors training in geriatric medicine told us that the health board had a robust induction process that they all attend. If they are on night shift and so miss their induction, they were taken round the ward and introduced to everyone at a future date. They were each emailed a South East Scotland (SES) induction passport and some induction documents which they said were very helpful, in addition to the generic hospital induction.

7 Educational and clinical supervisors said that they use the corporate induction to identify which of the doctors in training may need more support. They tell the doctors in training to ask if they have any issues around patient safety concerns or competency and can offer further help at this stage.

Area working well 2: Doctors training in geriatric medicine have protected time for learning and for attending organised educational sessions and training days.

8 The doctors training in geriatric medicine we spoke to told us that they are allocated a named clinical supervisor six weeks prior to the start of their placement who supports them with the requirements of their portfolio. They meet with their supervisor at the beginning and at the end of the placement but said the supervisors are accessible if they require additional support.

9 We heard that there is flexibility within the rota they are given, and they have the opportunity to discuss their rota before it is finalised. Rotas are designed by an educational supervisor, who we heard prioritises educational requirements and accommodates study leave appropriately.

10 We also heard from the doctors in training we spoke to that they have protected time to attend clinics and teaching sessions, including regional days. Regional days take place every two months and the doctors in training told us the quality of teaching is very good. Their departmental teaching does not take place in protected time but is effective and sufficiently frequent. They told us they also attend the consultant meeting once a week which gives them opportunities to give and receive feedback to and from other members of staff within the hospital.

11 The multi-professional learning opportunities that the doctors training in geriatric medicine receive are, we heard, varied and useful and there is a good working relationship between the doctors training in geriatric medicine and those in pharmaceutical medicine and dietetics, who share information and teach each other.

12 The doctors training in geriatric medicine we spoke to were aware how the quality of their education and training is managed by the Scotland Deanery and NHS Lothian. They receive emails from the deanery asking them to feedback on any issues which are then fed back through the deanery and on to the health board. The Associate Director of Medical Education said that he holds focus groups with the doctors in training. These give the management team the chance to identify strong areas and also any areas for improvement.

Area working well 3: Educators have time in their job plans to carry out their educational responsibilities, and feel supported in their role.

13 We heard from the NHS Lothian senior management team that a declaration of time in their job plans is part of the educator appraisal process, and that educators cannot be deemed ready for recognition by the educational officer without completing this section on the Scottish Online Appraisal Resource (SOAR). We heard that the use of electronic job planning software is an effective tool to support this.

14 The educators we met with from both general internal medicine and geriatric medicine said that they have protected time in their job plans for their roles. They

meet weekly to discuss any issues relating to education, and they discuss their job plans which help them to calculate the amount of time they can offer each learner. Of those we spoke to, 60% confirmed they have a formally recognised educational role, and all have completed training to develop their skills.

15 We heard from the educators we met with that NHS Lothian's clinical educator programme has helped them to build on their skills as educators. In addition, the programme gave them the opportunity to meet with like-minded clinicians in similar roles across the hospital, as well as the opportunity to share their experiences of managing the balance between service and training. We found a strong culture of collaboration between educators, and evidence that they consistently work together to streamline NHS Lothian's approach to education and training across different specialties at the LEP.

16 We also heard from the educators that they use service as a training opportunity, and that they try to contextualise every scenario and consider every handover or treatment of a patient such an opportunity.

17 We met with medical students from Edinburgh Medical School who had undertaken a clinical placement at the Royal Infirmary of Edinburgh. They confirmed they were well supported by their supervisors, and in the pre-visit survey of medical students that we carried out before our visit, the majority rated the placements at the LEP as either 'good' or 'very good'. During the visit they told us they have protected time for learning, including both formal and informal teaching. All said that their supervisors were able to meet with them for support when needed.

18 The foundation doctors in training that we met with all had a named clinical supervisor whose role was explained to them. We heard that the supervisors helped them to understand their learning objectives and what was required to progress in their training. We also heard they were given time to meet with their supervisors on a regular basis throughout each block.

19 Doctors training in core medicine and general practice with experience of general internal medicine and geriatric medicine also told us they have a named clinical supervisor. They meet with them at the start, middle and end of each rotation in order to check their e-portfolio and provide guidance. The frequency of additional meetings in between e-portfolio checks is less structured and dependent upon the individual supervisor. All of the doctors in training we met with were satisfied with the quality and quantity of contact they have with their supervisors.

20 It was clear from those we met with that there is a strong culture at the LEP which supports educators to carry out their role.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
		No requirements were identified during this visit.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
1	Theme 1 (R1.14)	NHS Lothian should review arrangements for handover between A&E, AMU and MOE.
2	Theme 1 (R3.5)	NHS Lothian and NES should consider support for learners transitioning between educational organisations outside of and those in Scotland.
3	Theme 5 (R5.9)	NHS Lothian should consider formalising their approach to multidisciplinary teaching.

Recommendation 1: NHS Lothian should review arrangements for handover between A&E, AMU and MOE.

21 There are some inconsistencies in approach to handover, although we also heard that handover is under review.

22 Foundation doctors in training we met with told us that although patients receive good continuity of care in general, there were some examples of patients transferring from different wards without adequate handover or information. We heard that some wards are better at informing the team when a new patient has arrived, and that

when a patient arrives, the doctors in training must check the patient notes instead of receiving a formal handover. We heard from the doctors in training that if they had a serious concern about the approach to handover then they would feel comfortable raising it with a senior member of staff, but have not currently felt the need to.

23 Doctors training in core medicine and doctors training in general practice with experience in general internal medicine and geriatric medicine also felt handover could be improved. There are gaps in how patients are moved from triage to the unit, and it is felt that this handover is not currently used as a learning opportunity. There is a traffic light system being developed by the triage department, but at present the requirement to handover a patient is a judgement call on the part of the clinician. There is a 'key handover information' box in Trak (tracking online programme for patients), however we were told that this is frequently incomplete.

24 The clinical and educational supervisors in general internal medicine and geriatric medicine said there was an ongoing piece of work to look at how to make sure handover provides continuity of care, as it can be a challenge. They also mentioned the new traffic light system that will be used to prioritise patients based on scoring provided by the nursing team. They told us that handover tales place simultaneously in two bases but there is only one consultant, which means their time is split between the two units. A new electronic information transfer system has been in place since September 2017 and the health board believes this will facilitate access to records and handover.

Recommendation 2: NHS Lothian and NES should consider support for learners transitioning between educational organisations outside of and those in Scotland.

25 There are differences in law and terminology between Scotland and the rest of the UK, and we heard from the doctors in training we met with that they received no formal guidance on these differences. One example was from foundation doctors in training who had graduated from a medical school outside of Scotland, who told us that some of the teaching on the process for issuing death certificates, and Adults with Incapacity (Scotland) Act 2000 contained terminology they were unfamiliar with.

Recommendation 3: NHS Lothian should consider formalising their approach to multidisciplinary teaching

26 NHS Lothian includes information on opportunities for multi-professional learning within their induction documentation.

27 The medical students we met with told us they are able to attend multi-disciplinary meetings on the majority of rotations, and had experience of working with social workers which involved discussion and observation which they found very useful.

28 Foundation doctors in training we met with told us that there were no formal multidisciplinary courses or set teaching for them to attend and that they do not receive any dedicated time for this. Simulation sessions were accessible and involved teaching with different levels of learners but might benefit from some multidisciplinary components.

29 Within general internal medicine and geriatric medicine there are opportunities for multi-professional working, and the working environment involves shared learning with other professions. However, the sessions for simulated learning were not always accessible.

30 All of the different hospital departments that we met provided us with examples of multidisciplinary learning, and the learners we met with during our visit told us that they engage in multidisciplinary learning in various formats; however the team believes a strategy would help this become embedded, consistent and sustainable.

Royal Hospital for Sick Children, NHS Lothian

Areas that are working well

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

Number	Theme	Areas that are working well
1	1 (R1.12)	Rotas and timetabling are appropriately designed to include time for supervision, professional development and suitable learning opportunities at all stages of training.
2	1 (R1.15)	Learning points are effectively shared via a weekly email that provides learners with feedback on real life performance and learning opportunities.
3	1 (R1.15, 1.19)	Learning is embedded within the culture at the Royal Hospital for Sick Children and learners are supported at all levels.
4	2 (R2.1)	Educational governance was found to be effective and this was evident at each stage of training and education at this site.
5	3 (R3.10)	Access is provided to doctors in less than full-time training to the necessary systems and information they require and this is structured effectively by the management team.
6	5 (R5.3, 5.9)	The curricula are covered well within undergraduate and postgraduate posts.

Area working well 1: Rotas and timetabling are appropriately designed to include time for supervision, professional development and suitable learning opportunities at all stages of training.

31 We met with year five medical students who told us that they received information on their placement prior to their start date and with appropriate notice. They received a personalised timetable with sufficient detail pertinent to each area they were due to work in.

32 Foundation doctors in training told us that the rotas they received were well designed and that they rarely worked beyond their contracted hours. Rotas supported attendance at local and regional teaching, as well as study leave.

33 Doctors training in paediatrics also commented on the quality of their rotas and said they only worked the hours they were rostered to. We heard that there is a good balance of day shifts and out of hours shifts, with sufficient breaks between shifts. We heard some examples of delays in getting requests for annual leave approved, but requests were always agreed and trainees are aware the person responsible for organisation of leave is extremely busy. They echoed the positive comments of the foundation doctors in training regarding the balance of service and training and said they thought the teaching they receive during ward rounds, the handovers throughout the day and availability of their supervisors, mean their shifts are educationally valuable.

34 The educators we met with told us that rotas are monitored regularly by looking at work shift pattern data, and this enables them to identify and solve any shift pattern issues. They said that they were encouraging innovative design of the rotas and gave the example on the foundation doctors' rotas of 'blue week'. In this week, the doctors in training can request a whole day shadowing a team working in a specialty they have an interest in and might want to specialise in, such as anaesthetics.

35 The senior management team affirmed their wish to sustain effective rotas and said that they have an undertaking to get the rota to each new cohort of doctors in training eight weeks before they start. They have some challenges getting the details of learners from the Scotland Deanery, but the Associate Director of Medical Education attends a weekly dean's meeting where they can ask for this information.

Area working well 2: The doctors training in paediatrics we met with told us about an email that was circulated weekly which shared learning points and provided feedback on real life performance and learning opportunities.

36 We heard examples of learning opportunities being maximised by NHS Lothian. One example the team found to be working well was the use of an email sent after the safety briefing meeting every week. The email followed up on learning points resulting from handover meetings that week, and enabled learners to refer back to the information at their convenience.

37 The doctors training in paediatrics told us that they regularly reviewed the weekly email for information about adverse events and found them a useful learning tool. Whilst the email contains information regarding all NHS Lothian hospitals, they can easily access information relevant to their placement.

38 Clinical supervisors in paediatrics told us that they identify learning points from handover and use these to create a weekly summary that is shared with learners. This summary helps learners to revisit past cases, view information and guidance

from days where they may not have been present and discuss the facts at a later date. The process is suitably reinforced by the fact the learning environment is small enough to allow clinical supervisors to meet with their doctors in training at least once a week, to discuss the learning points and feedback on performance.

Area working well 3: Learning is embedded within the culture at the Royal Hospital for Sick Children and learners are supported at all levels.

39 Year five medical students with experience in paediatrics we met with said NHS Lothian provided all the necessary information and support, such as induction and rota, as well as resources such as supervision and study leave for them to achieve their learning requirements and to feel supported. They received appropriate feedback whether working on the ward or after an assessment.

40 Foundation doctors in training told us they had been provided with a shadowing period before starting their first rotation in year one in which they were shown how to use the systems. They felt very prepared as a result. Despite some initial problems around system accessibility, the e-learning access was provided prior to starting which the foundation doctors found very helpful to gain information before their first shift. They were each assigned a clinical supervisor, who is also their educational supervisor, within a few weeks of starting. They said that they feel very well supervised and are aware of the requirements of their e-portfolio and their objectives as a result of regular meetings with their supervisors. The breadth of their experience was sufficient to cover their assessment requirements and they commented that the feedback they received after assessment was constructive.

41 Doctors training in paediatrics, in years one and two, said that they received an induction which was thorough and included an introduction to simulated learning with clinical skills relevant to the specialty they were starting. The induction lasted one day and showed them how to use the online 'Trak' system. They found the e-learning they received prior to starting useful and had a protected period of 48 hours to complete the learning before they started. They see their clinical supervisor regularly in a clinical setting and have no issues arranging time to meet them. They did comment that they can feel a little over-protected at times but are satisfied that this means there is always support available when needed. The health board has changed the rota in response to feedback from the previous cohort of doctors in training about how to cover busier periods.

42 All levels of student and doctor in training agreed they could meet their educational requirements, felt well-supervised and did not have to work above their level of competency. The system for feeding back when an area could be improved is efficient and has been demonstrated to work.

43 The educational and clinical supervisors and undergraduate educators for paediatrics that we met with confirmed that the hospital provided a good learning environment. They said they had enough time in their job plans for educational supervision but that

sometimes other responsibilities mean they exceed their contracted hours. They opted to become supervisors because they want to improve medical education and because they find it interesting.

44 All supervisors are allocated the same amount of time to cover their continuing professional development (CPD) as well as supporting professional activities (SPAs) which means they can attend the required training sessions. If the educators have any concerns they are able to contact the Associate Director of Medical Education, or can speak to the Training Programme Director.

Area working well 4: Educational governance was found to be effective and this was evident at each stage of training and education at this site.

45 The Royal Hospital for Sick Children is a small site, and we heard this aids communication between teams and departments. The senior management team told us that they interact on a regular basis with learners as they are all based together, on site. The roles and responsibilities of the senior staff are made clear to new starters when they attend induction.

46 During our visit we heard about the management structure within the organisation, including the educational governance systems. There are regular focus groups with learners, and this helps escalate the views of learners to the senior management team. Action plans are created and monitored by the Associate Director of Medical Education, and an annual 'Director of Medical Education' (DME) report is presented to the executive board; the DME has monthly update meetings with the executive medical director who takes medical education, training and workforce matters to the executive management team for discussion.

47 The health board manages challenges effectively and thoroughly and we heard from the senior management team of examples where these have been overcome successfully. One such example is less than full time (LTFT) training. A third of doctors across all levels at the hospital work LTFT hours which equates to 10% of all doctors across NHS Lothian. They understand and recognise the importance of retaining their workforce and maintaining the balance between LTFT arrangements, educational requirements and service needs. They have shared their learning with the adult hospitals within the NHS Lothian health board and supported this with a 'Draft Principles and Policy' document.

Area working well 5: Doctors in less than full-time training have access to the necessary systems and information they require and this is structured effectively by the management team.

48 The senior management team told us that a third of doctors across all levels at the hospital work less than full time (LTFT) and that they recognise the importance of their educational requirements and the processes required to manage this group of learners. The funding structure can be a challenge, but the Scotland Deanery has put

some LTFT money back into the system in the form of full time posts. The team said they are reassured by the flexibility of the deanery and that the number of LTFT doctors in training has had minimal impact on the way that educators deliver training. The number of those being referred to the performance support unit (PSU) is equivalent to, or lower than, those working in full time training.

49 The majority of LTFT learners are returning from maternity leave. They follow a return to work process that makes sure they give notice when they intend to return. If their return date does not align with the induction date, their supervisor will provide a bespoke induction for them. The health board implemented a mentoring programme as a way to connect the LTFT doctors in training to systems and colleagues. They have also increased the bank of online teaching sessions within the educational directorate available to those working LTFT.

50 Year five students we spoke to knew that if they needed any reasonable adjustments they could contact their student support officer. None of them had needed to at this point. The year six students we spoke to also said that they felt supported to raise any requests for reasonable adjustments but had not personally had to request any.

51 Educators confirmed that whilst there are pressures on their time, they are well-supported in their own development and have time to cover teaching. They said it can be more of a challenge to see the LTFT doctors in training face to face, but that they do not receive any less teaching because they are on site less often.

52 LTFT pastoral care has been rolled-out across all groups we met with. Both the programme and the supervisors are the same for the doctors in LTFT training as for those who are full time, and that it is the return to work that creates the challenge, rather than the provision of education or supervision. Despite this, the education team have reviewed this and assessed how to guide the learners through the process. To guarantee an effective return to work, they have implemented 'keeping in touch days', a process helping to prevent attrition and sustain the learning of doctors in training.

53 The health board has made considerable efforts to meet the educational needs of LTFT doctors in training. As a result, there has been complete engagement from the teams within the health board. The management team intends to learn from this site and build it into the LTFT process across the whole of NHS Lothian.

Area working well 6: The curricula are covered well within undergraduate and postgraduate posts.

54 Year five students that we met with told us that they have clearly defined learning outcomes on their medical school's online system. A star system allows them to identify which areas of learning to prioritise by indicating the importance of the subject area. Learning takes place on the ward, with their supervisors, in simulated learning sessions and via video lectures on the online system, which are valued by

the students. They receive good written feedback via a postcard system and feel supported to feed back to their student support officer easily, should they have any issues.

55 The year six students we spoke to said that their outcomes in the online portal have been refined to be more specific and that they had no issues getting their work signed-off. Their supervisors are very busy, but are approachable and understand that the students need their work to be signed-off and are happy to help.

56 The foundation doctors were well prepared by their induction which included e-learning on various specialisms and gave them a suitable base of knowledge to begin their new rotation. They were made aware of their curriculum's requirements through the syllabus contained within their online portfolio. Their objectives were created with each of their supervisors and they found it easy to arrange time to meet with their supervisors in order to do this. They felt that the requirements for compulsory sign-off were not explicit, however the range of assessments they received covered their curriculum well. They received thorough feedback after their prescribing and simulation exams as well as after their case based discussions.

57 Doctors training in paediatrics received protected time for e-learning prior to starting their rotation. They told us that their induction comprised of some simulation and clinical skills along with training on the systems within that unit. Progression within the specialty has been appropriate and the doctors in training indicated that the teaching they receive is mapped to the curriculum. They told us that teaching is provided on ward rounds and at handover sessions throughout the day and that they considered the amounts of service and training to be balanced. They receive adequate experience working on ward rounds. They have never had to work beyond their competence and feel effectively supported.

58 The senior and education management team told us that they support the undergraduate educators, and the postgraduate educational and clinical supervisors, within the health board to deliver the requirements of the curricula. Once educators have been appointed, they complete an internal continuing professional development (CPD) programme that develops the knowledge and skills of the educators across all areas of their professional practice. This is covered within protected time.

59 We heard from the senior management team that there have been issues in the past with increasing numbers of learners attending teaching on the ward. They have rectified this in the short term by filming the teaching and showing it via video link to a second group of learners in a different room. They are mindful however of the comments they have received from students, who stated that they feel they cannot access patients as often as they would like. The health board senior management team are always trying to find innovative ways to remedy this and are considering the use of community based learning. By providing clinics in a community based setting, instead of within the hospital, they hope to provide education for paediatrics in more varied settings.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
		No requirements were identified during this visit.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
1	2 (R2.3)	NHS Lothian should consider the impact on learners of policies, systems or processes when moving to a different site.

60 The senior and education management team told us of the challenges they faced providing education in an old building, built in 1860. The departments within the building have changed over the years and the current intention is that the hospital will move to be on the same site as the Royal Infirmary of Edinburgh, Little France. The new building in Little France will also accommodate the department of clinical neurosciences who will move across from the Western General Hospital and the department of Child and Adolescent Mental Health Service (CAMHS) who will move from the Royal Edinburgh Hospital. The plans have been delayed by construction issues including contractors going into administration and poor weather.

61 The new site will have 233 beds compared to the 110 beds at the current hospital. This increase will create an entirely different learning environment, and it is important that the strengths of training we identified that benefit from a smaller scale are not lost as they move to a larger site. Improvements to technology could result in

increased opportunities for simulated teaching along with the delivery of upgraded Wi-Fi and a bigger library, which will all support learners educational needs. These developments, however, should be counterbalanced with the provision of education and training that meets the GMC's standards set out in *Promoting Excellence: standards for medical education and training*.

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Evidence base	1. NHS Lothian Induction 2. MED QC Focus group guide 3. GMC Survey Reporting Timeline 4. NHS Lothian Performance Support and return to work Policy 5. MED CD Development Day Dec '16 6. Example of departmental induction 7. Clinical placement guide 8. NHS Lothian RoT Guidance 9. ESCALATION BOARD JULY 2016 10. HAN 2016-17 full year count 30.01.2017 11. SHO TIQME2017 12. PCAT Information Pack and summary of trial within NHS Lothian 13. Principles around obtaining consent final Dec 2016 14. SEFCE 15. Excellence in UG Education NHS Lothian 16. ACT Feedback 17. QA Med Ed Lothian 18. Postgraduate Dean Meetings 2015-2017 19. LTMF Terms of Reference 20. Corporate Learning & Development Strategy & MED Action Plan 21. MED Organisational Chart 22. HR Online Job Planning Guidance 23. Equality Diversity and Human Rights Policy 24. Sickness absence SOP 25. LTFT Draft Principles & Policy 26. Lothian Simulation Strategy 2020 Vision 27. MED Innovation in Learning Environment 28. Foundation Teaching Programme & LLiL 29. MED website 'concerns' screenshot 30. Rota Survey Report Dec 2015 31. Raising Concerns - 2016-17 draft V1 32. NHS Lothian Values and Behaviours Report

Acknowledgement

We would like to thank NHS Lothian and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.