General Medical Council

Visit Report on the Scotland Deanery

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	The Scotland Deanery, NHS Education for Scotland (NES).
Sites visited	NES Central Office, Edinburgh.
Date of visit	11 & 12 December 2017.
Were any serious concerns identified?	No serious concerns were identified during this visit.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	1 (R1.19)	The NES digital strategy, which works across different systems and disciplines to support learners and educators.
2	2 (R2.2)	Inter-professional educational leadership demonstrated by the NES Executive team.

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	2 (R2.3)	The involvement of lay representatives in deanery quality management processes.
2	3 (R3.2)	The alignment of deanery processes across Scotland.
3	4 (R4.1)	Support for the training programme director role which provides an important link between doctors in training and the central deanery team.

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
1	N/A	The deanery must work with LEPs to address the requirements identified at the LEP visits.
2	1 (R1.10)	The deanery must take a lead in establishing a Scotland wide approach to identifying the levels of competence of learners.

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	N/A	The deanery should work with LEPs to address the recommendations identified at the LEP visits.

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.

Theme 1: Learning environment and culture

Standards
S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*   **S1.2** *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1), Dealing with concerns (R1.2) and Learning from mistakes (R1.3)

1　During our visit to LEPs as part of this review we heard from those we met with that doctors in training are encouraged to use local processes to raise concerns they may have over patient safety or the quality of their training. Examples included the use of Datix to record adverse incidents, and discussions at morbidity and mortality meetings to include such incidents into learning. We also heard from doctors in training that they would raise concerns with their supervisor or on the deanery website (by raising a notification of concern).

2　The Medical Directorate Executive Team (MDET) at the deanery encourages the involvement of doctors in training in learning from serious incidents at a local level. Although they are not directly involved in significant event analysis of clinical/workplace incidents, they monitor that this happens locally through visits and support shared learning both with doctors in training and other health boards.

3　The deanery monitors the governance of concerns throughout the year during quality visits, where doctors in training are asked about reporting processes and how concerns are monitored and acted upon. They gave us examples of learning from

mistakes, such as an incident involving the inappropriate use of social media, which resulted in the refinement of their social media policies.

Appropriate capacity for clinical supervision (R1.7) and appropriate level of clinical supervision (R1.8)

4   The deanery is facing the challenge of workforce deficits, which are also present across the UK. This has an impact on the educational value of the work being carried out by doctors in training, and on the accessibility of clinical supervision. They monitor supervision through a variety of methods such as the use of survey data from the National Training Survey (NTS) and the Scottish Training Survey (STS) a quarterly end of placement assessment used across the deanery. Any concerns identified are managed through their quality management processes, and either addressed locally or escalated centrally for action.

Identifying learners at different stages (R1.10)

Requirement 2: The deanery must take a lead in establishing a consistent Scotland wide approach to identifying the levels of competence of learners.

5   During the visits to the LEPs, we heard of a number of different approaches to the identification of learner competence. For example, at NHS Fife we found a system of colour coded name badges which appeared to work well and enabled staff, including non- clinicians to identify the levels of a learners competence. However, across our LEP visits we did not find a consistent approach and we were unclear how widely known the systems were to other healthcare professionals.

6   The MDET do have a system for identifying the level of competence of learners which they encouraged, but did not mandate, health boards to use. The visit team believe that there is an opportunity for the deanery to take a lead in establishing a common Scotland wide approach so that there is a shared understanding of the competence of learners as they move across training locations and health boards within Scotland.

Induction (R1.13)

7   Each doctor in training receives a welcome letter when they start their training with the deanery. This letter highlights the induction section of the deanery website, which contains induction videos as well as information on topics such as study leave, less than full time training, careers support, the Annual Review of Competence Progression (ARCP) and reporting concerns. We also heard that the number of visitors to their website is monitored and that the study leave page is the most visited page of their site.

8   Specific induction days for international graduates are arranged when they join the foundation programme, which covers culture and legislation in Scotland. The deanery told us that they would like to develop this to include an induction for other groups,

such as those moving to Scotland from the rest of the UK; we consider this will be helpful as this is an issue we heard about from non-Scottish graduates at NHS Lothian.

9   We met with the Scottish foundation programme training team, who told us that there is a specific induction for foundation doctors, as well as a shadowing week, with additional information provided induction for international graduates.

Multiprofessional teamwork and learning (R1.17)

10   Throughout our LEP visits as part of this review, we heard of a culture of, and opportunities for, multiprofessional working and learning across Scotland.

11   As part of our deanery visit we met with the executive team from NHS Education for Scotland (NES), and we heard about the close links between the different divisions, for example medicine, nursing and midwifery, optometry, dentistry and pharmacy.

12   The MDET emphasised the multiprofessional working which is carried out across Scotland, such as pharmacists being embedded in general practices and the introduction of the advanced nurse practitioner roles, whereby the Health Boards have developed a career framework to support healthcare support worker roles into advanced roles. The development of this role encourages multiprofessional learning for doctors and allows them to get used to working in a multiprofessional environment early in their career.

Capacity, resources and facilities (R1.19)

Area of good practice 1: The NES digital strategy which works across different systems and disciplines to support learners and educators.

13   The NES digital strategy aims to join up web platforms across all parts of NES into a cohesive package. Previous systems did not interact well with each other, so a single system was developed, the elements of which all link together.

14   One example was the development of TURAS, which is a cloud based system used across NES to bring together a number of different systems including training management, e-portfolio and more recently appraisals. The strength of this system has been recognised by the Scottish Government which are looking at widening its use across NHS Scotland.

15   NES have also developed the Scottish Online Appraisal Resource (SOAR), a platform which can be used for making revalidation recommendations to the GMC. Educational supervisors at NHS Tayside told us that SOAR was a useful tool. In addition, the online study leave application system has received good feedback from doctors in training.

Accessible technology enhanced and simulation-based learning (R1.20)

16   Whilst visiting NHS Grampian, the visit team had the chance to view the NES mobile clinical skills unit. This unit was developed to support the delivery of clinical skills training to a variety of medical professions and community groups across Scotland. The programme for the unit includes visits to all health boards across Scotland. We were told that the deanery is very proud of the unit, which allows doctors in training to obtain individual feedback on their communication skills, task prioritisation and interaction with other professions.

17   In addition, during our visit to NES, the foundation training team confirmed that NES have invested in clinical simulation training. Clinical skills simulation is being rolled out across all foundation doctors in training following a pilot in Dundee.

Theme 2: Education governance and leadership

Standards
S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*
S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*
S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

18   The Scotland Deanery was formed in 2014 from four separate regional deaneries, although the current deanery retains four postgraduate deans and five regional offices. We heard that much work had gone into reviewing and aligning deanery processes into a single national approach. Throughout all of our visit during this national review, we were assured to learn of a consistent approach to quality management as a result of this.

19   We were provided with multiple examples of the deanery quality management processes in practice. There is an annual quality review panel (QRP) for each programme, with representation from across the deanery. The aim of the QRP is to review the quality data for that programme and agree a plan of action for the coming year, for example which sites should be visited. Quality data reviewed by the QRP includes NTS data, STS data and reports from the DMEs and the Training Programme Directors (TPDs) for each speciality, alongside receiving inputs from associate deans and trainee associates. Following the review of this information, the panels decide which areas they are going to target for visits in the coming year.

20   Each QRP produces a report on each of the areas under review which sets out what action will be taken, such as an inquiry, a triggered visit, or if there will be no further action taken. These reports are shared with royal colleges and speciality training boards. In addition, good practice recognition comes out of the panels. If any areas of good practice are identified, there are letters to this effect generated by the lead dean, which is then given to the TPDs. This is also shared across Scotland for recognition of good work and shared learning.

21   There are bi-monthly speciality Quality Management Groups (sQMGs) which aim to review survey data to identify areas of concern. These panels can initiate triggered visit as a result of the information they review if the QRPs at the start of the year had not already recommended a visit.

22   We were also provided with examples of where improvements had been made to the quality management processes. 20 general practices that are not approved for GP Specialty Training now accommodate foundation doctors in training on placements, so the deanery has introduced a visiting process for this which is aligned with other visits but have their own question sets. In addition, ARCP outcomes data does not currently align with the data for the quality review panels; the deanery are working on improving this so that the data can be used at the panels.

23   The deanery is currently working on developing a programme for joint quality management between undergraduate and postgraduate education. There is a separate undergraduate QRP and we heard that there is good data sharing process between the two stages of education. They are currently undertaking a pilot for joint visits, with undergraduate representation on postgraduate visits and vice versa.

24   During our visits to LEPs as part of this review we found only one 'serious concern'. A serious concern is where the visit team identifies any potential concerns which may present an immediate risk to patient or trainee safety and further information or action is required. We raised this concern with the deanery at the close of the visit, at which point we were reassured that the deanery were aware of and working with the health board to manage the issue. This contributed to our judgement that the deanery are aware of what is happening across Scotland and have robust systems in place for identifying and managing concerns over safety or quality.

Accountability for quality (R2.2)

Area of good practice 2: Inter-professional educational leadership demonstrated by the NES Executive team.

25   NES is made up of a variety of different healthcare disciplines and as part of our visit, we had the opportunity to meet with representatives from these areas, including medicine, nursing and midwifery, optometry, dentistry and pharmacy.

26   During our visit, we were provided with clear examples of inter-professional working and learning across the different disciplines. For example, NES recognised that there is a lot of work being done on patient safety across the different disciplines and so multi-disciplinary teams worked to bring initiatives together.

27   NES has a variety of groups which allow the different disciplines to work alongside each other, such as the shared intelligence group and educational leadership group which focuses on identifying best practice. In addition, the various disciplines are working together to resolve common challenges. For example, we heard that nursing and medicine have similar workforce issues and are working together to find practical solutions.

28   We were also told that NES have encouraged multi-professional meetings such as morbidity and mortality meetings and encouraged multi-professional simulation

exercises by the use of the mobile clinical skills unit which is open to all disciplines to use, including agencies outside health care, such as coast guards.

Considering impact on learners of policies, systems, processes (R2.3)

Area working well 1: The involvement of lay representatives in quality management processes.

29   During the visit, we met with a group of lay representatives. Lay representatives are involved in a variety of areas within the deanery, such as ARCPs and recruitment. The representatives we met with explained that they had been through a rigorous recruitment process, and gave details of their induction which includes generic induction to the role, ongoing additional training such as equality and diversity or recruitment, and attendance at an annual conference. The representatives spoke highly of the induction process, especially of the opportunity to meet other lay representatives.

30   We also heard that the deanery distributes work fairly between the lay representatives and that they are always briefed before any meetings or visits. They told us that they always feel included and that their input is valued by the deanery. We heard positive examples of involvement in work, such as GP recruitment and appeals and told us that they were impressed with how the deanery supports doctors in difficulty, exploring every avenue to help them.

31   In addition, the deanery promotes the involvement of doctors in training in quality management by the appointment of a cohort of 20-30 'trainee associates'. We heard on our visit that they participate in all deanery quality management processes including visits.

32   We also met with a group of trainee representatives who described themselves as a direct link between the deanery and their fellow doctors in training. They told us that they are able to escalate issues directly to the deanery which haven't been able to be resolved at TPD level. We heard from those we met with that they felt well supported and gave an example of an issue which had been raised with the deanery which had then been extremely proactive in resolving it.

33   The trainee representatives also told us of their involvement with quality improvement, such as with improvements to induction packs, which some of them had co-written. The representatives felt that their input was appreciated by the deanery.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

34   The MDET told us that they recognised the limitations on collecting and analysing equality and diversity data, but gave examples of how they are currently working on improving this. For example, we heard that equality and diversity information is not

mandatory on TURAS, and therefore they do not have the full picture of the make-up of their workforce. However, from summer 2018 the introduction of the transfer of information forms for the foundation programme will mean that they have a full set of equality and diversity data which they can then analyse.

35 In addition, we heard about the ongoing work by the deanery in the area of differential attainment. The deanery has been one of the pilot organisations for the GMC differential attainment project and their action plan, which involves all stakeholders in Scotland, and is recognised as being an exemplar by the GMC project team. The project will be rolled out across the UK in 2018 and the Medical Directorate Team told us that they have aspirations to continue their work in this area, for example: due to the limited data they have they cannot tag outcomes of learners with protected characteristics, which is something they wish to address.

Theme 3: Supporting learners

Standard
S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Learner's health and wellbeing; educational and pastoral support (R3.2)

Area working well 2: The alignment of deanery processes across Scotland

36   The deanery performance support unit (PSU) is an example of a process that has been aligned as a single unit under the deanery. Previously support for doctors in training was managed on a regional rather than national basis. The PSU was launched in 2016.

37   We met with those responsible for educational and pastoral support and heard that the goal of the PSU is to provide consistent support to learners across Scotland, and promote early identification of learners who may need additional support and to support local action. Once these learners have been identified, the unit supports their supervisors with a plan to address any difficulties.

38   The PSU provides a range of services such as pastoral support, signposting learners to the resources they need, return to work support and exam failure toolkits. As the unit was new, they are still in development and have plans to develop further resources such as a toolkit for performance issues. In addition, there are plans to look at all referrals to the unit over the first twelve months to see if there are any trends with the nature or outcomes of referrals.

39   Learners should be receiving the same guidance and policies no matter where they are in the country, which promotes and solidifies the one deanery approach which NES is striving for.

Undermining and bullying (R3.3)

40   Those with responsibility for supporting learners told us that they did not feel that there was a culture of bullying and undermining in Scotland, however they have mechanisms in place for learners to report this type of behaviour if it occurs. They told us that learners are signposted to the policies for reporting this behaviour during their deanery and hospital induction process and that this is reiterated throughout their education.

41   The STS, in addition to the GMC NTS may pick up on bullying and undermining issues, which the deanery then reviews and actions.

42   The PSU signpost learners to resilience training which includes tools which they can access online at any time. NHS Education for Scotland are currently piloting

additional training called 'thriving in medicine' with Foundation trainees in Dundee. In addition, we were told the deanery offers various mentoring schemes to learners to support them with any issues they come across. This includes schemes for specific groups such as women in medicine or ethnic minorities.

Reasonable adjustments (R3.4)

43   Each Health Board has a regular meeting with the PSU to discuss any learners who require reasonable adjustments. This includes discussions with the Occupational Health Unit about those returning to work after a period of absence and what adjustments they may require, be it long term or short term. Although reasonable adjustments are ultimately the employer's responsibility, the deanery takes an overview of whether the adjustments are allowing a learner to meet their outcomes.

Less than full time training (R3.10)

44   There is an associate dean in each region who has responsibility for learners in less than full time training, and in addition there is a specific board which looks at these learners across Scotland. This ensures that all learners in less than full time training are identified and offered appropriate support. The NES board ensure consistency of this support across the regions.

45   During our visits, we encountered multiple doctors who were in less than full time training and no issues with the process were flagged to us. Those we spoke with found no issues with arranging less than full time training and found the organisations involved, including the deanery to be supportive.

Support for learners in difficulties (R3.14)

46   Those with responsibility for supporting learners told of the support offered to those in difficulty. They felt that the key in successfully helping a learner in difficulty was the identification of them at an early stage. Following their identification, the deanery can then look at case management and potential solutions, depending on what the issue is.

47   There are tools in place to support learners, such as the simulated ward environment in Dundee which learners who are struggling with their clinical skills can be referred to. In addition, learners are signposted to the GMC to review their guidance on support.

48   The deanery are currently working on improving the methods for identifying those learners with recorded multiple low level concerns in order to identify and assist those in this position. In order to do this, the deanery are encouraging all those involved in education across Scotland to document all concerns about a learner, as without proper documentation, they will be unable to identify those learners in need of support.

Career support and advice (R3.16)

49 The deanery has a careers strategy in place which is aligned across Scotland. The strategy begins at undergraduate level with a workshop and careers evening in year 4. In the foundation programme, careers advice is part of the curriculum.

50 The deanery expects that when learners begin the foundation programme, they should be taking responsibility for self-management of their career pathway, including undertaking their own research and arranging taster sessions for specialties of interest. However, we were told that those needing more support can speak to associate post graduate deans and that any trainee who is being seen by the performance support unit is offered additional career advice and support.

51 The deanery website includes a section on careers advice in the foundation programme. In addition they run sessions for those interested in general practice and also arrange 'speed dating' sessions for different specialties. The deanery told us that the biggest issue doctors in training have with careers support is being able to be released from their roles to attend the taster sessions and that in order to combat this, they are looking at rearranging the format of the taster sessions so doctors in training attend them on single days across five weeks, as opposed to attending them in a five day block. The foundation training board should continue their work on this.

Theme 4: Supporting Educators

Standards
S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*
S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

Area working well 3: Support for the training programme director role which provides an important link between doctors in training and the central deanery team.

52 During our LEP visits, we met with educational and clinical supervisors from the four specialties we looked at as part of the review, and whilst visiting the deanery we met with a number of TPDs across these specialties. They told us that their role was to ensure that the curriculum is delivered appropriately across different LEPs.

53 The TPDs were well prepared for their role, and described their induction and training course as 'outstanding'. They were happy with the time allocated in their job plans and with the appraisal system. We were also told that the deanery have planned for the future, by offering the training course as a career development opportunity to those who are not currently TPDs, therefore ensuring succession planning.

54 They gave examples of how they provide a link between doctors in training and the deanery, such as having trainee representatives on the specialty training boards, and giving doctors in training responsibility for looking at areas for improvement, such as gaining feedback from fellow doctors in training on the training programme, to feed back to the TPDs.

Time in job plans (R4.2)

55 During our visits to LEPs, we heard that, on the whole, supervisors had time factored into their job plans for them to undertake their educational responsibilities. We heard of difficulties balancing the role with clinical commitments; however none of the supervisors we spoke to were unable to complete their educational role.

Accessible resources for educators (R4.3)

56 The foundation training team told us that the deanery provides excellent support for foundation programme directors alongside the support they receive from the health boards. They told us that the corporate induction was very good, and they also valued the opportunity to attending the Scottish Medical Education Conference which allowed them to continually develop their knowledge of medical education and network with their counterparts to share learning.

Educators' concerns or difficulties (R4.4)

57 The TPDs told us that providing support to educators had been difficult over the past few years due to workload, however the support they can offer has improved with the introduction of the education supervisor booklet, which explains what the educators are required to achieve and allows the TPDs to use it as a guide to support them.

58 In addition, the TPDs now run a forum for any educational supervisors to be given updates on the curriculum and that during this forum the education supervisors are asked to complete feedback forms about the TPDs which is used to improve the support they offer.

59 The role of the TPD was greatly valued by supervisors across Scotland. Supervisors at NHS Tayside described the role as pivotal and told us that their TPD was the first point of contact with any concerns about patient safety or issues with a doctor in training. Supervisors at NHS Lothian told us that their TPDs are always approachable and have an open door policy for them to contact them for support. We were provided with an example of the support provided by the role of the TPD.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 *Medical School curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*   **S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.*

Undergraduate clinical placements (R5.4) and Postgraduate clinical placements (R5.9)

60   The delivery of curricula across Scotland is reviewed regularly to ensure that doctors in training are able to meet the learning outcomes required of them. We were told that if a new site was used for placements, this would be visited after six months and the curriculum coverage would be discussed with both staff and doctors in training. If there were concerns that the curriculum was not being covered correctly, they would ask the LEP and associated medical school to undertake curriculum mapping with the site.

61   The deanery does not expect one placement to be able to deliver the whole curriculum so they look at the placements a learner is offered as a whole. We were told that the TPD is responsible for ensuring that the package of placements a learner receives allows them to meet all outcomes. This is monitored through such mechanisms as surveys and pre-visit questionnaires.

62   The Medical Directorate Executive Team told us about the work they have undertaken to develop remote and rural medicine. They realised that they needed to give learners experience of remote and rural settings at an early stage of their education. They see remote and rural education as a challenge, but also as a strength as learners generally have a positive experience on these placements and they are therefore valuable to their education. Learners report that they appreciate the personalised approach given in these small environments, where all staff know who they are and make them feel like part of the team. This was reiterated during our visits to NHS Shetland and NHS Western Isles where learners told us that they felt like part of the community whilst on placement in these Health Boards.

63   The challenge with remote and rural medicine was that there is limited resilience in the services in remote placements, and so therefore there is sometimes a large dependence on the learners to run the service. During our visit to NHS Shetland, although they were positive about their experience, some foundation doctors in training agreed with this as they told us that they sometimes felt heavily relied on to run the service. However doctors in training at NHS Western Isles felt that the balance between service and training on their placements was very good as they were not required to work overnight.

64   The Medical Directorate Executive Team told us that they want to encourage learners to work in remote and rural areas once they have completed their training and feel that the Scottish Graduate Entry Programme (ScotGEM) which is due to take its first cohort of students in September 2018 is part of the solution to resolve recruitment and retention issues in remote and rural areas.

Team leader	Professor Jacky Hayden
Visitors	Dr Steve Jones Dr Barry Lewis Dr Richard Tubman
GMC staff	Robin Benstead, Principal Education QA Programme Manager Kate Bowden, Education Quality Analyst Eleanor Ewing, Education Quality Analyst Sophie Elkin, Education Quality Analyst Steve Cunliffe, Head of Operation Development (observer)
Evidenc e base	00 - GMC Evidence Return Document List 01 - NES Medical Directorate Triennial Review Document 2016 02 - Scotland Deanery QM-QI Framework 03 - Differential Attainment in PGMET in Scotland 04 - Taskforce to Improve the Quality of Medical Education (TIQME) Programme and Minutes 05 - Medical Workforce Supply - Understanding Flows Through Training May 17 06 - International Medical Graduate Induction Programme 07- Deanery Weblinks 08- Postgraduate Medical Education and Training Annual Report 2017 09- SLA on Arrangements to Support the Delivery of Undergraduate and Postgraduate Medical Education and Training in Scotland between NES and Health Boards 10- Scottish RoT Framework 11- Royal Infirmary of Edinburgh – GIM Visit Report (8/1/17) 12 - Example STC Minute 13 - NES Educational Governance Framework 14- Educational Governance of Postgraduate Medical Education and Training in Scotland – MDET September 2016 15 - NES Medical Directorate Risk Register 16 - Scotland Deanery QM - QI DQMG Risk Register 17 - Example ERGC Minute 18 - Example MDET Minute 19 - Example STB Minute 21 - The Scotland Deanery Annual Quality Report 2016 22 - SCREDS Annual Report 23 - ACT Regional Accountability Report 24 - NES Equality Outcomes and Mainstreaming Report 2017-2021 25 - Inclusive Education and Learning Policy 26 - NES Recruitment Policy 27 - NHS Scotland Duty of Candour Guidance - Implementation Letter 28 - FP Curriculum 2016

Acknowledgement

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

2017 National Review of Scotland
Action plan for Scotland Deanery

General Medical Council

Report	QA Code	Type	Description	Due Date	Action taken by organisation since the visit (if applicable)	Further action planned by organisation	Led by	Deanery
Scotland Deanery	QA10453	Good Practice 1	The NES digital strategy, which works across different systems and disciplines to support learners and educators.	Ongoing		The NES digital strategy will remain a key part of our operational plan and organisational strategy, fully supported by our Chief Executive and Board.	NES Chief Executive & Medical Director / Deputy Chief Executive	This recognition of good practice will be shared with Scottish Government for dissemination and with NES Board and the Education and Research Governance Group. DR to be updated
Scotland Deanery	QA10454	Good Practice 2	Inter-professional educational leadership demonstrated by the NES Executive team.	Ongoing		This approach remains at the heart of our organization- for example, this year (April 2018) our annual education conference will include Nursing & Midwifery and Pharmacy colleagues.	NES Chief Executive & Medical Director / Deputy Chief Executive	This recognition of good practice will be shared with NES Board and the Education and Research Governance Group. DR to be updated
Scotland Deanery	QA10455	Area Working	The involvement of lay representatives	Ongoing			Professor Alastair	The quality workstream Lead Dean-Director will continue to

		Well 1	in deanery quality management processes.				McLellan	lead the quality team in developing the valued roles and contributions of our cohort of lay representatives. The lay involvement will undergo further evaluation to inform improvements. DR to be updated.
Scotland Deanery	QA10456	Area Working Well 2	The alignment of deanery processes across Scotland.	Ongoing			NES Medical Director and Medical Directorate Executive Team	Medical Directorate Executive Team will continue to ensure consistent working of single process across Scotland Deanery. DR to be updated.
Scotland Deanery	QA10457	Area Working Well 3	Support for the training programme director role which provides an important link between doctors in training and the central deanery team.	Ongoing			Professor William Reid, Professor Clare McKenzie, Professor Moya Kelly, Ms Anne Dickson	Deanery will reflect upon this positive feedback through its TPD networks and national APD meeting structures to build on the current strengths of this system. DR to be updated.
Scotland Deanery	QA10458	Requirem ent 1	The Deanery must work with LEPs to	Action plan by	Composite action plan in response to GMC feedback	Implementation of action plan to be monitored as	Professor Alastair	Joint action plans to be coordinated by quality

			address the requirements identified at the LEP visits.	16th April 2018 & progress reports at 6months.	to Deanery and LEPs prepared and submitted.	outlined through established Deanery-led quality management approach.	McLellan, Professor David Bruce, Mr Duncan Pollock	workstream lead on behalf of Deanery and in collaboration with the Boards' DMEs.
Scotland Deanery	QA10459	Requirement 2	The Deanery must take a lead in establishing a Scotland wide approach to identifying the levels of competence of learners.	TIQME meeting within 6months and update at 6months.		To capture key learning from implementation of the 'SayNotoSHO' campaign in NHS Fife to inform wider roll out over next 2 months.	Professor Clare McKenzie	Foundation QMG Lead Dean Director with NHS Fife DME to showcase QA10410 (AWW1) at TIQME in Q2/3– to support further implementation of the 'SayNotoSHO' campaign across Health Boards. Evidence of status of implementation will be reported through DR at 6 months.
Scotland Deanery	QA10460	Recommendation 1	The deanery should work with LEPs to address the recommendations identified at the LEP visits.	Action plan by 16th April 2018 & progress reports at 6months.	Composite action plan in response to GMC feedback to Deanery and LEPs prepared and submitted.	Implementation of action plan to be monitored as outlined through established Deanery-led quality management approach.	Professor Alastair McLellan, Professor David Bruce, Mr Duncan Pollock	Joint action plan to be coordinated by quality workstream lead on behalf of Deanery and in collaboration with the Boards' DMEs.
NHS Ayrshire &	QA10370	Area Working	The multi-professional team	December 2018	Positive practice and feedback shared with	The Director of Medical Education, supported by	Dr Hugh Neill	Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on**

Arran		Well 1	provides a positive and supportive learning environment for both undergraduate and postgraduate learners.		multi-professional team.	Assistant DMEs, will plan a programme of specialty reviews across both hospital sites and use this to disseminate good practice. Shared Learning events will be used to promote cross-specialty and inter-professional learning.	(Director of Medical Education), Dr David Wilkin and Dr Janie Collie (Assistant DMEs)	**culture within the education & training environment** including topic: **supportive multiprofessional team** (showcasing good practice - NHS A&A QA10370, NHS GG&C – QA10352) DR to be updated thereafter
NHS Ayrshire & Arran	QA10371	Area Working Well 2	Trainers are well supported to meet their educational responsibilities and have sufficient time in their job plans to carry out their role.	August 2018	The value of supporting trainers, including appropriate time for their roles, has been shared with the Board through the Medical Workforce Delivery group.	The organization will support trainers with time and development to meet the requirements of the Improving Surgical Training Pilot from August 2018.	Dr Crawford McGuffie (co Medical Director) and Dr Hugh Neill (Director of Medical Education)	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Support for trainers, job planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support addressing requirement -NHS GG&C – QA10355; NHS Shetland – QA10435) DR to be updated thereafter
NHS Ayrshire & Arran	QA10372	Requirem ent 1	NHS Ayrshire & Arran must ensure doctors training in	August 2018	A standard operating procedure for endoscopy consent that does not	The new process described within the SOP is being enacted. Ongoing audit and	Dr Philip Korsah (Associate	Medicine Quality Management Group to receive update on consenting protocol (across

			medicine take consent only for procedures appropriate to their level of competence.		involve trainees has been agreed with all stakeholders. The SOP has been disseminated to all members of the multi-professional team including all medical staff and nurses through clinical leadership teams. Adherence to the SOP will be audited with feedback to ensure that trainees are not inappropriately being requested to obtain consent.	feedback to ensure that the process is happening reliably all the time in all areas with revision if required to ensure that trainees are not being asked to obtain consent for procedures that are not appropriate for their level of competence.	Medical Director) and Dr Hugh Neill (Director of Medical Education)	Medicine & Surgery) in 6months, and to update DR with further actions based on evidence of progress.
NHS Ayrshire & Arran	QA10373	Requirem ent 2	NHS Ayrshire & Arran must design rotas that provide learning opportunities which allow learners to meet the requirements of their curriculum.	August 2018	A minimum requirement for clinic attendance has been described and agreed for trainees within all training programmes (Foundation, GP, Core and Specialty) and performance against this will be reviewed on an ongoing basis. Additional locum junior doctors have been appointed to support	Additional locum doctors have been appointed. New Advanced Nurse Practitioner posts will be appointed for August alongside a recruitment drive to increase the non-training grade medical workforce. Clinic attendance targets have been agreed for all groups of trainees and achievement of targets will be monitored on an ongoing basis. A bespoke new locally delivered GPST	Dr Crawford McGuffie (co Medical Director) and Dr Hugh Neill (Director of Medical Education)	UHC-Medicine underwent a further Deanery Medicine Quality Management Group triggered revisit on 6th March 2018, following the GMC visit to followup similar issues, noted previously. Medicine QMG to receive update on adequacy of experiences of training in medicine in the context of the rota and rota gaps in 6months and will monitoring via NTS, STS and freetext comments, and to update DR with further actions

						workload to improve the balance between service provision and training for trainee doctors. On a longer term basis the Board has supported funding of additional Advanced Nurse Practitioner workforce to support trainees and improve opportunities for training. Similarly the Board has supported funding and expansion of the non-training grade medical workforce to provide a sustainable means of ensuring an appropriate balance of service provision and training for trainee doctors. Specifically, General Practice training posts will be reviewed to ensure that they are relevant and tailored to the needs of future general practitioners. This is	teaching programme has been implemented since October 2017 and will continue as a 2 year rolling programme.		based on evidence of progress.

NHS Ayrshire & Arran	QA10374	Requirement 3	NHS Ayrshire & Arran must ensure the transfer of patients within the acute medical pathway out of hours is organised to provide continuity of care for patients.	October 2017	complemented by a bespoke new locally delivered educational programme for trainees in general practice, led by a consultant "GP champion".			
					The standard operating procedure for transfer of patients within the acute medical pathway during the out of hours period was revised and immediately enacted following the GMC visit. The revised SOP ensures that patients are not transferred from the Combined Assessment Unit to an in-patient ward prior to consultant review. Audit of this process through daily safety debriefs and multi-disciplinary hospital safety huddles has provided assurance that the revised SOP is being reliably adhered to and achieving the aims of improved	Completed. Audit and feedback provides assurance that the revised SOP has improved acute patient pathways with patients no longer transferred from the Combined Assessment Unit prior to consultant review and a cohort process for medical boarder patients similarly improving continuity of patient care.	Dr Elaine Spalding and Dr Mahanth Manuel (Clinical Directors)	UHC-Medicine underwent a further Deanery Medicine Quality Management Group triggered revisit on 6th March 2018, following the GMC visit to followup similar issues, noted previously including this patient safety issue. The indications are that this safety concern has been fully addressed. Medicine QMG to monitor via NTS, STS and freetext comments for sustained resolution and to report progress via DR.

					continuity of care for patients within acute medical care pathways.			
NHS Fife	QA10410	Area Working Well 1	The use of the coloured name badges to help staff identify the level of competence of learners is effective and becoming well-embedded.	Ongoing	NHS Fife continue to use this system with each new intake. Wards have posters with the explanation of the colour coding. At each Undergraduate (UG) induction the medical students are given a pink badge holder (Fife only) so that staff and patients can identify them easily as medical students. They are shown the poster of the trainee doctors colour coded badges so they are aware of the competency of the doctors they meet on the wards.	The colour coding of trainees badges is a NHS Education Scotland (NES) / Director of Medical Education (DME) led Scotland wide agreement. Different Boards have implemented it in different ways.	M Clark	Foundation QM Lead with NHS Fife DME to showcase QA10410 (AWW1) at TIQME in Q2/3– to support further implementation of the 'SayNotoSHO' campaign across Health Boards. Evidence of status of implementation will be reported through DR.
NHS Fife	QA10411	Area Working Well 2	Induction is viewed positively by learners and is accessible to all, including those who start out of phase.	Ongoing	Induction practices are constantly reviewed and feedback is taken and acted upon to implement changes for the better.	The Medical Education Quality Manager has a process in place whereby asynchronous starts are managed on an individual basis and provisions are made to ensure they receive all appropriate materials in	M Clark	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Induction** (showcasing good practice - NHS Fife-QA10411, NHS

						preparation for their placement. This includes corresponding with the relevant Rotamaster to ensure someone provides orientation on their arrival.		Lothian – QA10357; also to support with requirement – NHS Grampian – QA10421; NHS Shetland – QA10436) DR to be updated thereafter
NHS Fife	QA10412	Area Working Well 3	The weekly paediatric simulation group is valued by the learners we met with.	Ongoing	The weekly simulation groups continue to be held and continued and informal feedback from the trainees remains positive.	We intend to look into how the success of simulation in Paediatrics can be rolled out to other departments.	M Wood	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: S**imulation in the training environment** (showcasing good practice NHS Fife – QA 10412) DR to be updated thereafter
NHS Fife	QA10413	Area Working Well 4	The management and control of the quality of education and training benefits from the good relationships between NHS Fife, associated medical schools, and the Scotland Deanery.	Ongoing	We are active in ensuring that we continue good relationships and quality communication between Boards, NES and Universities. Clinical staff are encouraged to take up regional posts such as Trainee Programme Directors (TPDs), Foundation Programme Directors (FPDs) and the Medical Education team and management actively support and enable staff	With the implementation of the single employer scheme in Scotland NHS Fife/Lothian/Borders are developing: 1) Joint performance & Support Group to meet quarterly 2) Share single systems such as TURAS/TURAS people 3) Systems (joint) re: Compliance with Mandatory training (VIP) 4) All trainees to have	M Wood	Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on culture within the education & training environment** including: **supporting quality control** (showcasing good practice – NHS Fife – QA10413) DR to be updated thereafter

					to do this. The 2018 annual liaison visits between NHS Fife and the 3 Universities have been planned / are being planned to continue the good relationship and to share ideas of improvement for the upcoming academic year.	nhs.net email addresses All these developments will improve communication and working relationships further.		
NHS Fife	QA10414	Area Working Well 5	Strong leadership within the medical education team helps maintain a balance between service and education.	Ongoing	The DME continues to lead Medical Education in NHS Fife with the same level of effectiveness as seen at the time of the visit. Support continues to be given to senior colleagues throughout the Board and a continued balance between service and education is maintained.	Recruitment of two Associate Directors of Medical Education (ADME) has allowed the DME to delegate duties to allow for additional support of colleagues and thus enhancing the strength of leadership and team spirit within the education team in NHS Fife.	M Wood	Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on culture within the education & training environment** including: **Effective leadership of the education team** (showcasing good practice - NHS Fife QA10414) DR to be updated thereafter
NHS Fife	QA10415	Area Working Well 6	Educational and pastoral support is readily available to both learners and educators.	Ongoing	The Medical Education team and the DME continue to provide support for all trainees, students and educators. The UG local module leads continue to provide exemplary support for UG	CEP team are developing workshops such as Advanced Educational Supervisors Workshops to be delivered by July 2018. Continue to encourage educators to attend	M Wood	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: S**upport for trainers, job**

| | | | | | students and the recognized supervisors and TPDs do the same at postgraduate (PG) level.

Team working continues to be engendered in trainees at all levels in all departments. Rotamasters and supervisors work together to support trainees' needs and trainees are encouraged to support each other and work together as a cohesive team in all departments.

The Clinical Educator Programme (CEP) and other equivalent accredited training courses continue to be promoted by the Medical Education team and all named supervisors and local module leads must provide evidence of completion before being allowed to supervise trainees / UG in NHS Fife as per the RoT GMC guidelines. | accredited training courses.

Ensure recognised trainers keep up to date with the latest policies involving pastoral support at both UG and PG levels.

We intend to implement further NES plans for revalidation/re-recognition of trainers in 2018. | | **planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Fife – QA10415; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support addressing requirement -NHS GG&C – QA10355; NHS Shetland – QA10435)

Supporting leaners incl pastoral support (showcasing good practice - NHS Fife-QA10415; NHS Shetland – QA10432; NHS Western Isles – QA10448)

DR to be updated thereafter |

| NHS Fife | QA10416 | Requirement 1 | NHS Fife must ensure that doctors training in general internal medicine are able to access clinics. | April 2018 | The DME in conjunction with colleagues in Medicine have established a clinic timetabling system whereby clinic availability across GIM is collated and made available to trainees on a monthly basis. Trainees are able to book themselves in for suitable clinics. Clinics that are more suited to UG students will be offered exclusively to the UG cohort and will not therefore be made available to PG trainees. This system has been developed by the DME in conjunction with trainees (ST3 & ST4) and the Directorate IT staff. The clinic spreadsheet will generate automatically on a monthly basis. | One trainee at ST3 level and one at CMT1 level will oversee the Clinic timetabling system and drive improvements.

The Professional Compliance Analysis Tool (PCAT) is to be implemented in GIM. This is being led by a senior trainee and the Clinical Director for Emergency Medicine.

The use of e-rostering across all rotas is in use by General Medicine. The educational and service benefits from e-rostering have been clearly identified in other departments within NHS Fife and other Boards. | M Wood | Medicine Quality Management Group to receive update on clinic access for trainees in medicine in 6months, with monitoring by NTS, STS and freetext comments and to update DR with further actions based on evidence of progress. |
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| NHS Fife | QA10417 | Recommendation 1 | NHS Fife should develop the use of Datix as an | Ongoing with progress report at | Medical Education held 2 meetings with the DATIX team. | It is important that we learn from incidences of excellence in practice in order that these can be shared to generate | M Clark | April 2018 TIQME to feature workshop on learning from incidents to share good practice (eg NHS Tayside AAW QA10438 & |

			educational tool.	6 months.	There is now agreement for every DATIX report featuring a trainee as either the reporter or as a significant party, to be collated and fed back to both the ADME and DME on a monthly basis. This will allow common themes involving either a single trainee, departments or trainee cohorts to be detected and fed back in an appropriate manner. Feedback mechanisms will be department in-service training, induction, grand rounds and individual trainee feedback as judged appropriate by the medical education team. From September 2017, there has been an automated feedback system in place so that anyone that reports an incident in Datix will receive a feedback email once the incident has been reviewed and closed. The feedback email contains details of	both improvements in service and encouragement to the trainees involved. Furthermore it will provide trainees with evidence for appraisal and revalidation and will help with resilience and general wellbeing. To this end the Board is planning to adopt excellence reporting. This will use the existing DATIX system but with a separate form to record incidences of good practice which can be fed back to the trainee involved via their department head. The Board is investigating the feasibility of introducing serious success reviews to further spread applicable good practice to other areas of the Board. A Learning and Sharing Meeting has been convened (See Action note in 4th column) that is specifically designed to help share good practice related feedback or as it is known locally "GREATIX". This meeting is attended by the Medical		NHS Lothian QA10364) to support improvement in relation to NHS Fife QA10417, and in relation to learning opportunities around clinical governance meetings – NHSShetland QA10437)). Update at 6 months and DR to be updated thereafter.

					the incident, causes identified during the investigation and improvement actions. Ongoing improvements are being made to the feedback delivery system. The data in Datix (i.e. Incidents, Complaints/Compliments) is available for analysis by clinicians with appropriate access for e.g. Mortality and Morbidity reviews. Reporting by medical staff is encouraged heavily at Trainee Doctors Corporate Induction by the Associate Medical Director.	Director, The Director of Medical Education, The Head of Nursing, Senior Clinicians and the DATIX management team. NHS Fife as a whole continue to improve the culture around Datix, a weekly newsletter is circulated by the Risk Management department as part of an increased awareness of the role Datix holds. The good practice undertaken by Paediatrics will be shared "if a member of staff submits a Datix incident then they usually discuss it with the relevant individual right away to see if there are any learning points. All Datix incidents are reviewed at the patient safety meeting and if there are themes then these are addressed e.g. prescribing errors - enhanced prescribing teaching in induction plus learn pro module."		

| NHS Fife | QA10418 | Recommendation 2 | NHS Fife should resolve the issues around access to IT systems. | Ongoing | Medical Education met with the Head of IT and others to discuss the concerns raised about IT systems. Various initiatives have begun to try and address the deficiencies.

ADME has become a member of the eHealth Decision Making Group on behalf of Medical Education.

Medical Education arranged weekly meetings with the eHealth General Manager. From June 2018 TrakCare Order Comms will be in place; all laboratory and radiology results will be accessible on this system and there will no longer be a need to use multiple systems or the issue of inadequate licenses for Lab Centre.

Dundee students have two dedicated computers hardwired into the Dundee university systems but are also able | We intend to ask ehealth to consider looking into an improved response time for fault correction in order to reduce the number of incidents of trainees not having access to computers or printers and the possibility of providing a direct line for clinical priority eHealth related matters.

Access to printers will be improved following agreement that all networked printers will have signage indicating the nearest alternative printer should a printer develop a fault.

In order to calculate the approximate number of additional devices we need in the wards, we will be surveying the leavers of NHS Fife after April 2018 changeover asking what the usage/availability was like on their ward. Depending on available funds, a bid will be submitted to eHealth for more devices.

Medical Education requested | M Clark | This is noted to be primarily an issue relating to access for medical students, and the Medicine QMG will receive an update in 6months and update the DR accordingly. |
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| | | | | | to access Dundee systems via multiple internet linked computers in the education centre. In addition NHS Fife has a free public wifi system through which trainees can access the internet and therefore their universities systems via their own internet enabled devices.

As regards excessive security of NHS Fife computer systems we, in view of upcoming legislation, believe that this is actually a strength of NHS Fife and an area of good practice as patients data security is of the highest importance. Trainees are given specific information regarding trust IT policies at induction and the login screen of all trust computers states our "fair warning policy". | that all results on H&SC Portal be accumulated on one screen rather than having to click multiple different tabs – the eHealth General Manager is looking into this. Improvements also need to be made to cumulative alerts.

We have also requested additional read only accounts for medical students. A new system will be in place in Summer 2018 called MyAccount and this will enable all students to have their own accounts set up with unique username and passwords, which will be a more secure system available to all. | | |
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NHS Grampian	QA10419	Area Working Well 1	The culture within the Health Board promotes medical education and training.	Ongoing	Another new GLINT group with 12 members has been established and two new modules have been written	There are plans for new groups to be launched in May/June. A research project to show impact of GLINT will be conducted in July/Aug	Dr Kim Milne, DME, and Medical Education Team	Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on culture within the education & training environment** including: **Culture embedding training** (showcasing good practice – NHS Grampian – QA10419; NHS Lothian QA10365) DR to be updated thereafter
NHS Grampian	QA10420	Area Working Well 2	The responsiveness of NHS Grampian to feedback from learners.	Ongoing		We will share the good practice of departments using novel approaches to gathering feedback from their trainees. We will continue to work with departments to understand their feedback and improve where needed as well as share good practice	Dr Kim Milne, DME, and Medical education team and divisional teams	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on *culture within the education & training environment* including: **Responding to feedback** (showcasing good practice – NHS Grampian – QA10420; NHS Tayside – QA10442) DR to be updated thereafter
NHS Grampian	QA10421	Requirem ent 1	NHS Grampian must ensure that all learners have access to induction and that induction	Ongoing	1) Work on 4 modules on the "dynamic platform" online induction. This platform makes the	1) Departmental check lists for induction 2) Shortening of face to face induction programme planned for	Dr Kim Milne, DME, and Medical Education team and	Medicine Quality Management Group to receive update on hospital and departmental induction processes (for Foundation trainees generally and

			is consistent and fit for purpose across specialties.			induction material more easily accessible and interactive. We can adapt it moving forward to ensure topics covered are up to date and relevant to local issues.
						   a. "Grampianise" material
						   b. Ensure up to date protocols etc
						2) Corporate induction for doctors in training new to NHSG has run in Dec and Feb, plan to run in April
						3) Collation/ Audit of all induction material delivered in departments to avoid overlap with corporate material
							August with plan to make more material electronic, using the "dynamic platform" this will allow doctors in training to get to departmental induction early in the day
							3) Continue to ensure all new doctors in training who come to NHSG attend corporate induction - both face to face and e-learning material regardless of when they start
							4) Better communication with departments around timings of new corporate induction programme to avoid overlap
							Statutory and mandatory training to be loaded onto the dynamic platform which will allow it to be a one stop shop for trainees to access all induction training as well as mandatory.
								Learning and Development	for trainees in Medicine & Paediatrics) in 6months, and to monitor for resolution via NTS, STS and freetext comments and to update DR with further actions based on evidence of progress.
									
									And, Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including:
									
									Induction (showcasing good practice - NHS Fife-QA10411, NHS Lothian – QA10357; also to support with requirement – NHS Grampian – QA10421; NHS Shetland – QA10436)
									
									DR to be updated thereafter

NHS Greater	QA10349	Area working	Initiatives to involve learners in	Ongoing			Development of the Chief Resident role throughout	Dr Lindsay Donaldson	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on

Glasgow and Clyde		well 1	educational governance appear to be working well.			NHSGGC. This includes standardisation of role, development sessions and engagement with NHSGGC senior leaders. The first development session has already been undertaken with NHSGGC Medical Director and GMC council member.	(DME), Dr Michael Brett (ADME), supported by Dr Jennifer Armstrong (NHSGGC Medical Director)	*culture within the education & training environment* including: **Educational governance (including involvement of leaners)** (showcasing good practice – NHS GG&C – QA10349; NHS Lothian – QA10366 and supporting recommendations – NHS Western Isles – QA10451) DR to be updated thereafter
NHS Greater Glasgow and Clyde	QA10350	Area working well 2	Clinical and educational supervision is working well.	Ongoing		Increasing Faculty development opportunities within the organisation in line with Recognition of Trainers. Multiple site events to allow ease of access for all trainers and potential trainers.	Directorate of Medical Education	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: S**upervision** (showcasing good practice – NHS GG&C – QA10350; NHS Tayside – QA10439) DR to be updated thereafter
NHS Greater Glasgow and Clyde	QA10351	Area working well 3	Medical students value the support of clinical teaching fellows.	Ongoing		In collaboration with the University of Glasgow we have advertised for a further 9 Clinical Teaching Fellows this year. These posts are valued by the organisation,	University of Glasgow in collaboration with the Directorate	Noted to be an undergraduate issue. Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and*

							our students and also those undertaking the role as a significant development opportunity.	of Medical Education	*learners* including: **The place of clinical teaching fellows** (showcasing the good practice – NHS GG&C – QA10351 DR to be updated thereafter
NHS Greater Glasgow and Clyde	QA10352	Area working well 4	Learners value the opportunities to work with and learn from members of the multi-professional team.	Ongoing		Continuing engagement with our multidisciplinary teams and the acute clinical governance structures to ensure learning is cascaded to all learners. Utilisation of clinical risk structure to inform content of NHSGGC Online Induction major clinical risk module to inform all trainees of areas of high risk within the organisation	Clinical risk department and Directorate of Medical Education	Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on culture within the education & training environment** including topic: **supportive multiprofessional team** (showcasing good practice - NHS A&A QA10370, NHS GG&C – QA10352) DR to be updated thereafter
NHS Greater Glasgow and Clyde	QA10353	Area working well 5	The curriculum is covered well within undergraduate posts.	Ongoing		Continuing over-site by Hospital Sub-deans in conjunction with the Clinical Teaching Fellows to ensure all students receive teaching in all aspects of the curriculum	Hospital Sub-Deans and Clinical Teaching Fellows in collaboration with Directorate of Medical Education	No Deanery action

NHS Greater Glasgow and Clyde	QA10354	Requirement 1	NHS Greater Glasgow & Clyde must design rotas to allow doctors in training to meet their curriculum outcomes.	Progress report at 6 months	NHSGGC is committed to training and education. Current challenges with rotas are exacerbated by long standing gaps, the disestablishment of the 4 year GPST posts, failure to recruit to locum shifts and last minute cancellations by locums. The rota design would allow trainees to achieve their curriculum requirements when there is a full complement of trainees. Unfortunately, recruitment to these posts is historically disappointing. NHSGGC are currently recruiting to Clinical Development Fellow posts within the Clyde sector. These posts are designed with the development of the post holder in mind and are hopefully a positive incentive to recruitment. Our aim is to fill vulnerable rotas		Dr Chris Jones (Chief of Medicine) Marie Farrell (Director, Clyde) Medical Staffing Leads	Medicine Quality Management Group to receive update on service-training imbalance with compromise to training in medicine (including Foundation) in 6months, with monitoring by NTS, STS and freetext comments and to update DR with potential for escalation if curricular needs are not being achieved.

					therefore supporting patient safety and facilitate the training experience to spiral upwards. This immediate action plan will allow time for service development to be redesigned in line with patient need.			
NHS Greater Glasgow and Clyde	QA10355	Requirem ent 2	NHS Greater Glasgow & Clyde must ensure that time for education, training and supervision is clearly defined when designing jobs plans for educators.	Progress report at 6 months	NHSGGC utilise the electronic job plan system ALLOCATE. This will allow transparency around time for training. We are working in line with Recognition of Trainers to ensure all trainers have time within their job plan for educational activity. As ALLOCATE utilisation increases there will be an opportunity to review time for training within NHSGGC as a whole.		Dr Chris Jones (Chief of Medicine) Marie Farrell (Director, Clyde) Medical Staffing Leads	Medicine Quality Management Group to receive update on time for training in educators' job plans in 6months, and to update DR with further actions based on evidence of progress. Also, Deanery Quality Lead & DME to lead Q3 **TIQME session on supporting educators and learners** including: **Support for trainers, job planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Fife – QA10415; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support addressing requirement -NHS

								GG&C – QA10355; NHS Shetland – QA10435) DR to be updated thereafter
NHS Greater Glasgow and Clyde	QA10356	Recommendation 1	NHS Greater Glasgow & Clyde should improve the quality of facilities available to doctors in training.	Progress report at 6 months	Following the building works within IRH the rest facilities were upgraded for trainees. This room has now been handed back as rest facilities and the onsite team will ensure that this continues to be monitored and improved.		Dr Chris Jones (Chief of Medicine) Marie Farrell (Director, Clyde) Dr Michael Brett (ADME, Clyde)	Medicine Quality Management Group to receive update on (rest) facilities available to doctors in training (to include Medicine) by 6months and to update DR with further actions based on evidence of progress.
NHS Lothian (Royal Infirmary of Edinburgh)	QA10357	Area Working Well 1	Learners in all specialties, at all levels, told us that they receive an appropriate induction for the role.	Ongoing		SES Regional Virtual Induction Passport and doctors learnpro platform has been presented at the NES Medical Education Conference, to Scottish Government and to Health Education England. Further promotion Scotland –wide continues to take place	NHS Lothian Induction lead	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Induction** (showcasing good practice - NHS Fife-QA10411, NHS Lothian – QA10357; also to support with requirement – NHS Grampian – QA10421; NHS Shetland – QA10436) DR to be updated thereafter

NHS Lothian (Royal Infirmary of Edinburgh)	QA10358	Area Working Well 2	Doctors training in geriatric medicine have protected time for learning and for attending organised educational sessions and training days.	Ongoing		This finding will be promoted at the NHS Lothian Clinical Director Development day (June 2018)	Director Medical Education	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Access to teaching and learning** (incl protected time (to showcase good practice – NHS Lothian QA10358); technology enabled access – NHS Shetland – QA10433; use of 'google classroom' – NHS Tayside – QA10440 also to support with recommendations – NHS Western Isles – QA10452) DR to be updated thereafter
NHS Lothian (Royal Infirmary of Edinburgh)	QA10359	Area Working Well 3	Educators have time in their job plans to carry out their educational responsibilities and feel supported in their role.	Ongoing		Continual monitoring of set time tariffs through the Recognition of Trainer process, and highlighting importance to Clinical Directors	Medical Education Directorate, all Clinical Directors	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Support for trainers, job planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Fife – QA10415; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support

								addressing requirement -NHS GG&C – QA10355; NHS Shetland – QA10435) DR to be updated thereafter
NHS Lothian (Royal Infirmary of Edinburgh)	QA10360	Recomme ndation 1	NHS Lothian should review arrangements for handover between A&E, AMU and MOE.	Progess report at 6 months	A Short Life Working Group has been running since October 2017 reviewing the processes involved	This will be monitored via the NHS Lothian Quality Control Process	Clinical director Acute Medicine, CD MOE and CD Emergency Medicine	Medicine Quality Management Group to receive update on handover arrangements by 6months and to update DR with further actions based on evidence of progress.
NHS Lothian (Royal Infirmary of Edinburgh)	QA10361	Recomme ndation 2	NHS Lothian and NES should consider support for learners transitioning between educational organisations outside of, and those in, Scotland.	Progress report at 6 months	The Regional Induction (NHS Lothian, NHS Borders, and NHS Fife) will be coordinated to specifically mention salient differences relating to Scottish law.		Directors of Medical Education NHS Lothian, NHS Borders, NHS Fife and NHS Lothian Induction Lead	Development of an induction programme focusing on how NHS Scotland's healthcare system differs from rest of UK will be developed jointly for use by all health boards in Scotland, by DMEs including DME for NHS Lothian and a LDD for Foundation QMG for August 2018 inductions. Content will be evaluated to inform its development. Update to be provided via DR
NHS Lothian	QA10362	Recomme ndation 3	NHS Lothian should consider formalizing	Progress report at	This recommendation will be taken to the Regional		Director of HR, NHS	Medicine QMG to receive an update in 6months and will

(Royal Infirmary of Edinburgh)			their approach to multidisciplinary teaching.	6 months	Workforce Group for consideration		Lothian	update DR accordingly.
NHS Lothian (Royal Hospital for Sick Children)	QA10363	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.	Ongoing		This will be shared with the CDs at the CD development day and highlighted as good practice at the Undergraduate excellence session (June 2018)	Director Medical Education	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Rotas supporting training** (showcasing good practice – NHS Lothian – QA10363; NHS Western Isles – QA10446) DR to be updated thereafter
NHS Lothian (Royal Hospital for Sick Children)	QA10364	Area Working Well 2	Learning points are effectively shared via a weekly email that provides learners with feedback on real life performance and learning opportunities.	Ongoing		This will be shared with the CDs at the CD development day and highlighted as good practice at the Undergraduate excellence session (June 2018)	Director Medical Education	April 2018 TIQME to feature workshop on learning from incidents to share good practice (eg NHS Tayside AAW QA10438 & NHS Lothian QA10364) to support improvement in relation to NHS Fife QA10417, and in relation to learning opportunities around clinical governance meetings – NHSShetland QA10437)). DR to be updated thereafter
NHS Lothian	QA10365	Area Working	Learning is embedded within	Ongoing		This will be shared with the CDs at the CD development	Director Medical	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on

(Royal Hospital for Sick Children)		Well 3	the culture at the Royal Hospital of Sick Children and learners are supported at all levels.			day and highlighted as good practice at the Undergraduate excellence session (June 2018)	Education	*culture within the education & training environment* including: **Culture embedding training** (showcasing good practice – NHS Grampian – QA10419; NHS Lothian QA10365) DR to be updated thereafter
NHS Lothian (Royal Hospital for Sick Children)	QA10366	Area Working Well 4	Educational governance was found to be effective and this was evident at each stage of training at this site.	Ongoing		This will be shared with the CDs at the CD development day and highlighted as good practice at the Undergraduate excellence session (June 2018)	Director Medical Education	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on *culture within the education & training environment* including: **Educational governance (including involvement of leaners)** (showcasing good practice – NHS GG&C – QA10349; NHS Lothian – QA10366 and supporting recommendations – NHS Western Isles – QA10451) DR to be updated thereafter
NHS Lothian (Royal Hospital	QA10367	Area Working Well 5	Access is provided to doctors in less than full time training to the	Ongoing		This will be shared with the CDs at the CD development day and highlighted as good practice at the	Director Medical Education	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on *culture within the education & training environment*

for Sick Children)			necessary systems and information they require and this is structured effectively by the management team.			Undergraduate excellence session (June 2018)		including: **Supporting LTFT training** (showcasing good practice – NHS Lothian-QA10367) DR to be updated thereafter
NHS Lothian (Royal Hospital for Sick Children)	QA10368	Area Working Well 6	The curricula are covered well within undergraduate and postgraduate posts.	Ongoing		This will be shared with the CDs at the CD development day and highlighted as good practice at the Undergraduate excellence session (June 2018)	Director Medical Education	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on *culture within the education & training environment* including: **Ensuring curriculum coverage** (showcasing good practice – NHS Lothian QA10368) DR to be updated thereafter
NHS Lothian (Royal Hospital for Sick Children)	QA10369	Recomme ndation 1	NHS Lothian must consider the impact on learners of policies, systems or processes when moving to a different site.	Progress report 6-9months after the opening of the new site	The continuous work to maintain the high quality training environment will be ongoing		Director Medical Education and Associate Director Medical Education Royal Hospital	Deanery's O&G-Paediatrics Quality Management Group will conduct a routine 'check visit' of the new site, 6-9 months after the move (as is our usual practice) to ensure high quality training continues to be provided in the new hospital. Finding will be reported in DR.

								Sick Children	
NHS Shetland	QA10432	Area Working Well 1	The educational and pastoral support for learners at Gilbert Bain Hospital.	Ongoing	Educational and pastoral support for learners remains a high priority for NHS Shetland. Maintaining a positive learning culture is seen as central to the Gilbert Bain Hospital status as a Local Education Provider.	To fully embed the role of mentorship within the team. Clinical Development Fellows acting as mentors for medical students and the more experienced trainees acting as mentors for the Foundation doctors, all under the supervision of the Educational Supervisor.	Pauline Wilson, Interim Director of Medical Education (DME) alongside the Medical Educational Governance Group.	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Supporting leaners incl pastoral support** (showcasing good practice - NHS Fife-QA10415; NHS Shetland – QA10432; NHS Western Isles – QA10448) DR to be updated thereafter
NHS Shetland	QA10433	Area Working Well 2	The use of technology to help provide learners with remote access to regional educational activity.	Ongoing	The use of technology in providing access to education is well embedded within NHS Shetland.	Access technology will be enhanced by the introduction of new VC Facilities in the resuscitation room in A & E (funded by the Trauma Network). Work is planned to provide a dedicated teaching and training suite in the Gilbert Bain Hospital. This will provide improved access to technology in order to link into regional/external	Dr Gilbert Ozuzu, Medical Director (MD) and Executive Lead for the Educational Facilities Project.	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Access to teaching and learning** (incl protected time (to showcase good practice – NHS Lothian QA10358); technology enabled access – NHS Shetland – QA10433; use of 'google classroom' – NHS Tayside – QA10440 also to support with recommendations – NHS Western

						education activity. The education Suite will be within the acute service facility ensuring students and staff can attend virtual education activity with ease at all times of the day. There is a plan to relocate the educational facilitators to the education suite thus enhancing the support given to learners in accessing the technology.		Isles – QA10452) DR to be updated thereafter
NHS Shetland	QA10434	Area Working Well 3	The balance between service and training at the LEP.	Ongoing	The generalist model of healthcare shapes both the service provision and training delivered at the Gilbert Bain Hospital.	NHS Shetland has designed the junior doctors' rotas with though given to the educational needs of the trainees. The rotas design takes into account the curriculum requirements for each grade of trainee. To keep sight of curriculum requirements and match these to any rota redesigns.	Pauline Wilson, Interim DME alongside the Medical Educational Governance Group	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Balancing service & training** (showcasing good practice – NHS Shetland – QA10434; NHS Western Isles – QA10450) DR to be updated thereafter

NHS Shetland	QA10435	Requirement 1	NHS Shetland must ensure that all educators have enough time in their job plan for their educational role(s).	May 2018	Job Planning meeting schedule has been outlined by the Medical Director following discussion at the Consultants Group and Area Medical Committee.	All doctors to keep a 4 week work diary. To be completed by the end of May 2018. Group/departmental job planning meeting to held by the end of April 2108. Individual job plans to be completed by the end of June 2018. The job planning process will take into account the time required for educational roles such as DME, educational and clinical supervision as well as undergraduate block lead role.	Dr Gilbert Ozuzu, MD.	Medicine Quality Management Group to receive update on time for training in educators' job plans in 6months, and to update DR with further actions based on evidence of progress. Also, Deanery Quality Lead & DME to lead Q3 **TIQME session on supporting educators and learners** including: **Support for trainers, job planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Fife – QA10415; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support addressing requirement -NHS GG&C – QA10355; NHS Shetland – QA10435) DR to be updated thereafter
NHS Shetland	QA10436	Recommendation 1	NHS Shetland should ensure that induction for learners covers all aspects of the role	Pilot rural bootcamp in April 2018,		Work is underway to benchmark induction processes, approaches and content across the North Region to ensure accuracy	Dr Gilbert Ozuzu, MD. & Dr Pauline	Foundation Quality Management Group to receive update on arrangements for induction (to all roles and responsibilities) for Foundation trainees (all

			they are taking on.	progress report 6months.		and relevancy of induction. This is to be enhanced by a new approach to preparation for Rural Practice being undertaken in collaboration with North Region Colleagues and involving medical and surgical education staff from Shetland (Rural Boot Camp pilot planned for April 2018 hosted in Inverness). NHS Shetland is also undertaking a review of paediatric service on the Island. Part of this work will look at re-defining pathways of care. These measures should ensure practical preparation and relevant induction for trainees in the Remote and Rural settings.	Wilson, Interim DME alongside the Medical Educational Governance Group	specialties) but also for GPST and other trainees at 6months, and with monitoring of NTS, STS and freetext comments and to update DR with further actions based on evidence of progress. And, Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Induction** (showcasing good practice - NHS Fife-QA10411, NHS Lothian – QA10357; also to support with requirement – NHS Grampian – QA10421; NHS Shetland – QA10436) DR to be updated thereafter
NHS Shetland	QA10437	Recommendation 2	NHS Shetland should review arrangements for educational and clinical governance	March 2019	NHS Shetland has identified a space within the Gilbert Bain Hospital for the provision of teaching and training	A dedicated project team will be established to include all relevant stake holders. Team to meet in May 2018 to develop the existing sketch	Dr Gilbert Ozuzu, Medical Director (MD) and	Medicine Quality Management Group to receive update on progress in establishing educational and clinical governance meetings that support

			meetings so as to maximise learning opportunities from these meetings.		suite. Capital funds have been allocated to the project for 2018/19 in the sum of £ 50,000. Interim measures are in place. Space has been allocated within the Gilbert Bain Hospital for educational and clinical governance meetings. These meetings have taken place since December 2017.	scheme design and agree detailed for the design tender and works. Target completion – March 2019.	Executive Lead for the Educational Facilities Project. & Project Team.	education in 6months, and to update DR with further actions based on evidence of progress. April 2018 TIQME to feature workshop on learning from incidents to share good practice (eg NHS Tayside AAW QA10438 & NHS Lothian QA10364) to support improvement in relation to NHS Fife QA10417, and in relation to learning opportunities around clinical governance meetings – NHSShetland QA10437)). DR to be updated thereafter
NHS Tayside	QA10438	Area Working Well 1	The use of the Datix system as an educational tool.				DME	April 2018 TIQME to feature workshop on learning from incidents to share good practice (eg NHS Tayside AAW QA10438) to support improvement in relation to NHS Fife QA10417). DR to be updated thereafter
NHS Tayside	QA10439	Area Working Well 2	Clinical supervision, which is always available.				DME	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including:

								Supervision (showcasing good practice – NHS GG&C – QA10350; NHS Tayside – QA10439) DR to be updated thereafter
NHS Tayside	QA10440	Area Working Well 3	The google classroom system is an innovation valued by learners.				DME	Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Access to teaching and learning** (incl protected time (to showcase good practice – NHS Lothian QA10358); technology enabled access – NHS Shetland – QA10433; use of 'google classroom' – NHS Tayside – QA10440 also to support with recommendations – NHS Western Isles – QA10452) DR to be updated thereafter
NHS Tayside	QA10441	Area Working Well 4	Good relationships between NHS Tayside and Dundee School of Medicine.				DME	No Deanery action required
NHS Tayside	QA10442	Area Working	The supportive culture in the				DME	Deanery Quality lead & DMEs to lead Q4 TIQME workshop on

		Well 5	paediatric department, and the use of feedback to improve training.					*culture within the education & training environment* including: **Responding to feedback** (showcasing good practice – NHS Grampian – QA10420; NHS Tayside – QA10442) DR to be updated thereafter
NHS Tayside	QA10443	Recommendation 1	NHS Tayside should make sure doctors in training are aware of the means for taking consent.	Progress report in 6 months	The supply of consent forms in endoscopy has been reviewed with significantly larger stocks of forms being directly available to medical staff. In addition to this extra forms can be provided if required, both medical staff and non medical staff know how to access more forms if required. Information regarding consent is now included in the General Surgery Foundation Doctor handbook.	OGD and colonoscopy videos to be made. All videos to be housed on the NHST Junior Doctor Handbook making them available to all trainee doctors.	DME	Surgery Quality Management Group to receive update on consenting protocol in 6months, and to update DR with further actions based on evidence of progress.

					ERCP consent video has been made and is being "piloted" on a focus group of FYs.			
NHS Tayside	QA10444	Recommendation 2	Dundee School of Medicine should review the process for providing students with IT access at NHS Tayside to ensure it is consistent.			NHS Tayside will work in partnership with the University of Dundee Medical School as they take this forward.	DME	Action for Dundee medical school
NHS Tayside	QA10445	Recommendation 3	NHS Tayside should review the balance between service and training for foundation doctors' in the Theatre Assessment Unit.	Progress report in 6months	The input of Foundation doctors into "theatre Admission Suite" (TAS) has been discussed with the lead Clinician for TAS. There is agreement that Foundation doctors would only attend TAS in a more limited capacity and specifically if there was an unwell patient. Routine tasks that were previously undertaken by Foundation doctors have been reduced, with other staff groups undertaken these roles.	The 'Theatre Admission Suite' (TAS) in Ninewells Hospital aims to process the majority of major elective pre-operative admissions. This will divert considerable activity from the elective wards, particularly during the busy 8-10am period. Our intention is that TAS will be a fully nurse led unit, with support from prescribing pharmacists and the operating teams. We are working towards zero input in TAS from foundation	DME	Foundation Quality Management Group to receive update on the balance between service and training in the 'theatre assessment unit' in 6months, and to update DR with further actions based on evidence of progress.

					This has been discussed with the new rotation of foundation doctors at their induction and will be monitored moving forward.	trainees.		
NHS Western Isles	QA10446	Area Working Well 1	The doctors in training we met with were positive about their rotas, which supported both training and service.	Ongoing	n/a			Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: **Rotas supporting training** (showcasing good practice – NHS Lothian – QA10363; NHS Western Isles – QA10446) DR to be updated thereafter
NHS Western Isles	QA10447	Area Working Well 2	Handover in the hospital was described as thorough, educational and multi professional by the learners we met.	Ongoing	n/a			No Deanery action – handover in R&R setting noted to be important, as in all patient care and training centres.
NHS Western Isles	QA10448	Area Working Well 3	Learners felt well supported during their time at	Ongoing	n/a			Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and*

			Western Isles Hospital.					*learners* including: **Supporting leaners incl pastoral support** (showcasing good practice - NHS Fife-QA10415; NHS Shetland – QA10432; NHS Western Isles – QA10448) DR to be updated thereafter
NHS Western Isles	QA10449	Area Working Well 4	Educators are supported in their roles.	Ongoing	n/a			Deanery Quality Lead & DME to lead Q3 TIQME session on *supporting educators and learners* including: S**upport for trainers, job planning and time for training** (showcasing good practice - NHS A&A-QA10371; NHS Fife – QA10415; NHS Lothian – QA10359; NHS Western Isles – QA10449 and to support addressing requirement -NHS GG&C – QA10355; NHS Shetland – QA10435) DR to be updated thereafter
NHS Western	QA10450	Area Working	The balance between service	Ongoing	n/a			Deanery Quality Lead & DME to lead Q3 TIQME session on

Isles		Well 5	and training at the LEP was appropriate, and the generalist model appeared to meet the educational needs of learners.				*supporting educators and learners* including: **Balancing service & training** (showcasing good practice – NHS Shetland – QA10434; NHS Western Isles – QA10450) DR to be updated thereafter
NHS Western Isles	QA10451	Recommendation 1	NHS Western Isles should continue to develop the junior doctor forum.	December 2017	Lunch is now provided at the forum and all junior doctors are sent diary invites, emails and receive a personal reminder on the day. Notes are taken of the meeting and matters arising from the previous meeting are addressed.	Continue as at present	Dr Angus McKellar Medical Director/DME	Medicine Quality Management Group to receive update on progress around embedding the junior doctors' forum in 6months, and to update DR with further actions based on evidence of progress. Also, Deanery Quality lead & DMEs to lead Q4 **TIQME workshop on culture within the education & training environment** including: **Educational governance** (including involvement of leaners) (showcasing good practice – NHS GG&C – QA10349; NHS Lothian – QA10366 and supporting recommendations – NHS Western

								Isles – QA10451)
								DR to be updated thereafter
NHS Western Isles	QA10452	Recommendation 2	NHS Western Isles should continue to ensure that learners in remote and rural locations are able to access educational activity.	August 2018	Report to be prepared on ability of NHSWI junior doctors to access educational activity compared to their mainland peers. This report to be considered at the NHSWI Med Ed forum		Caroline Picker QEM	NES will also engage colleagues within its Remote and Rural Healthcare Alliance (RRHEAL) to support NHS Western Isles to enable improved access to educational activities. Medicine Quality Management Group to receive update on progress accessing educational activity (from both NHS Western Isles and RRHEAL), and to update DR with further actions based on evidence of progress. Also, Deanery Quality Lead & DME to lead Q3 **TIQME session on supporting educators and learners** including: **Access to teaching and learning (incl protected time** (to showcase good practice – NHS Lothian QA10358); technology enabled access – NHS Shetland – QA10433; use of 'google

								classroom' – NHS Tayside – QA10440 also to support with recommendations – NHS Western Isles – QA10452) DR to be updated thereafter