

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Board Meeting:	28 October 2021
Agenda Reference:	Item No: 10
Authors:	Educational Supervisor & Consultant Forensic Psychiatrist
Sponsoring Director:	Medical Director
Title of Report:	Medical Education Report
Purpose of Report:	For Noting

### 1 SITUATION

The General Medical Council (GMC) Quality Improvement Framework for Undergraduate and Postgraduate Medical Education in the UK sets out expectations for the governance of medical education and training. GMC standards specifically refer to Board governance and it is within this context that this report is being presented to the Board. This report covers the period 1st August 2020 to 31st July 2021.

### 2 BACKGROUND

The Educational Supervisor at The State Hospital (TSH) is responsible for postgraduate medical training while a Consultant Psychiatrist leads on issues relating to medical undergraduates.

The medical staff group within the State Hospital hold a 3 monthly training committee meeting which is chaired by the Educational Supervisor. This committee reviews training issues of relevance to the Hospital. The Educational Supervisor reports within the State Hospital to the Medical Director. Reports are submitted externally to the Training Programme Director for Forensic Psychiatry Higher Training in Scotland, and to local Training Programme Directors for Core Training.

### **3 ASSESSMENT**

#### **3.1 UNDERGRADUATE TRAINING**

##### **Teaching Programme for Edinburgh Undergraduate Medical Students**

##### **Day Visit and Clinical Attachments**

The day visit and clinical attachments have been unable to occur this year due to Covid-19 restrictions on visitors to the site.

##### **Teaching with Covid-19 Restrictions**

To substitute for the afternoon lectures on forensic psychiatry which previously took place during the afternoon of the day visit, a one hour online live tutorial was organized. It takes place with forty students in four break out rooms with a TSH consultant psychiatrist allocated to each group. The teaching took place on six occasions during this academic year. The students have been somewhat reluctant to engage with numbers attending being low and many opting out of using their camera making small group teaching difficult. This has been the experience of online teaching across the board and is not limited to TSH teaching sessions. Teaching will continue on a virtual basis meantime and hopefully in-person teaching will be able to resume at some point in the future.

#### **3.2 POST GRADUATE TRAINING**

##### **Core Training**

Over the past year we have had six Core Trainees on placement at TSH, four from the West of Scotland and two from the East. To varying extents over that time these placements have been affected by the ongoing consequences of the Covid-19 pandemic, however this does not appear to have led to any significant detriment to the quality of their training. At points the management of physical health problems in our patient population has featured more heavily than it ought to as a consequence of reduced General Practitioner availability at TSH and because of additional pressures on NHS 24 resulting from the pandemic. It is notable that the GMC UK National Training Survey has recorded significant increases in levels of burnout across all medical specialties, including psychiatry, between 2019 and 2021. We have sought to support our trainees as much as possible at all stages of the pandemic and the implementation of largely single hub based working practices for trainee doctors working at TSH has been positively received and will continue, where possible, going forward. While there have understandably been challenges during the pandemic period there have also been training opportunities - for example trainee psychiatrists have been able to contribute to TSH Covid-19 Clinical Care Support documentation and their knowledge of physical healthcare gained from recent employment in general hospitals has been invaluable to the hospital during the past year.

### **First on call rota**

Our first on call rota remained rather fragile over the past year, particularly during the period August 2020 to February 2021. We have a one in six overnight first on call rota which was populated by only four Doctors during the first part of the year. This meant that one third of overnights shifts had to be covered on a locum basis. The reason for this was that of our three Specialty Doctor posts only one was occupied at the time (one was vacant and another individual was on maternity leave). The situation improved somewhat in the period February 2021 to August 2021, however one of the six on call slots continued to be filled on a locum basis. Our Core Trainees and Specialty Doctors also work on a day time duty rota. Feedback received from Trainees indicated that operating the one in six rotas with only four doctors is too tight to give reasonable flexibility with regard to prospective cover.

### **Higher Specialty Trainees**

Over the past year we have had three Specialty Trainees, two of whom were less than full time, working 50% and 60% respectively. This reflects a growing tendency in recent years for Trainee Doctors to prefer less than full time (LTFT) working, usually for either family or lifestyle reasons. We additionally had one Specialty Trainee who visited the hospital for special interest sessions with the Intellectual Disability Service for two months during September and October 2020. Our Specialty Trainees work under the supervision of Consultant Trainers, of which we have eight currently working at the State Hospital - see Appendix 1.

Specialty Trainees spend part of their weekly timetable undertaking research and special interest activities and overall generally spend less time at the State Hospital than Core Trainees and non-training grade Specialty Doctors. Their role is distinct, represents a progression from core training and maintaining appropriate distinction in their role from those of other non-Consultant Grade Doctors is important as they progress towards readiness for Consultant hood.

Senior Specialty Trainees in their final year of training can act up as a Consultant for a maximum period of 12 weeks. This has not occurred over the past year.

The State Hospital has performed strongly in recent years in terms of the quality of training for our Psychiatric Trainees. Last year trainee surveys were suspended due to the Covid-19 pandemic. It is understood that these went ahead during 2021 however at the time of reporting, the Scottish trainee survey results for Psychiatry were not available. The GMC UK National Trainee Survey for all medical specialties has however been published. A brief summary of the results of this survey are as follows:

## **GMC UK National Trainee Survey – What trainees and trainers told us**

- Almost nine in ten trainees described their clinical supervision as good or very good. And three quarters said that virtual learning environments were being used effectively to support training.
- Eight out of ten trainees told us they felt confident they'd be able to progress to the next stage of training.
- Worryingly, half of secondary care trainers said they always or often felt worn out by the end of the day. The risk of burnout among trainees and trainers has reached the highest level since we introduced questions on this in 2018.
- Despite these pressures, 91% of trainers told us they enjoy their role. And 78% of secondary care trainers felt their working environment was fully supportive.

## **Teaching Programme**

A series of six lectures is delivered by Consultant Psychiatrists to Trainee Doctors during the first three months of their placement at the State Hospital. The current programme encompasses six lecture topics which broadly cover the fundamentals of Forensic Psychiatry and related practice. A system allowing trainees to provide feedback on the quality of the lectures delivered has been developed. Over the past year six evaluation forms were returned. 28/30 (93%) of individual responses rated the lectures as 'excellent/strongly positive' while 2/30 (7%) responses rated the lectures as 'good/positive'.

## **Monthly Educational Programme**

Due to the Covid-19 pandemic the weekly Journal Club was suspended in March 2020. Recently a monthly educational forum delivered using a "webinar" format has been introduced, organised by Dr Jana De Villiers. This gives Trainee Psychiatrists the opportunity to present cases, papers and audit/research, as well as to be educated by other internal and external speakers. This is important for their training and portfolio development and so far has been received positively.

## **New to Forensic Programme**

A joint venture between NHS Education for Scotland (NES) and the School of Forensic Mental Health (SoFMH) the 'New to Forensic (N2F)' education programme is designed to meet the needs of clinical and non-clinical staff, both new and already working within forensic mental health services. The programme is designed to promote self-directed learning and is multi-disciplinary and multi-agency in approach. The mentee is supported throughout their period of study (recommended six months to one year depending on previous experience) by a mentor who is an experienced mental health worker. The programme has 15 chapters, each of which (excluding chapter one) includes case scenarios of patients in various settings, from high secure to community psychiatric care.

Over the past year seven trainee psychiatrists have undertaken this programme, mentored by their Consultant clinical supervisors (in some cases doctors have already previously completed the programme elsewhere or on previous placements at TSH and/or are already very experienced in working within forensic settings). At the

point of commencement with TSH the medical secretary, who provides administrative support to the Educational Supervisor, liaises with staff at the Forensic Network to ensure new doctors are registered with N2F and provided with the materials to allow them to complete the programme under supervision during their post.

### **State Hospital Visits**

Occasional requests for “taster visits” by Foundation Grade Doctors / Core Trainees / non-forensic Specialty Trainees are received on an intermittent basis. Generally speaking, these Doctors are curious to find out more about Forensic Psychiatry and in some cases they have an interest in pursuing Forensic Psychiatry as a career. Over the past year these visits have not been facilitated for reasons of infection control.

### **Psychotherapy Training**

We have part-time input from a Consultant in Forensic Psychotherapy. This provides Balint / Reflective Practice sessions for non-Consultant Grade Doctors. Such work forms part of the core psychotherapy training requirements and feedback for same has remained positive.

### **Flexible/off-Site Working in common with other professional staff**

Over the past year Trainee Psychiatrists have been provided with a mobile phone and laptop, and in most cases the laptop has been provided with a token to allow remote access to TSH systems, thus enabling them to undertake some of their duties off-site, as agreed with their supervising Consultant or when self-isolation is mandated. This approach is flexible, efficient and maximises productivity while reducing the risk of the introduction of viral & other transmissible infections to the TSH site.

### **Recruitment & Trends in Working Patterns**

Reports via the Specialty Training Committees indicate improved levels of recruitment to training grade posts over the past year. Similar trends appear to be feeding through to recruitment to non-training grades (such as Specialty Doctors posts). TSH was previously unsuccessful in recruiting to our third Specialty Doctor post, however in July we offered the post to an individual who has accepted the post and will hopefully start work in August this year. This will assist in relieving some of the pressures of the past year with regard to trainee workload and gaps in our first on-call rota.

There are various schools of thought as to how the recent improved level of recruitment has arisen, however one likely reason is that travel restrictions have prevented doctors leaving the UK to work in other countries, commonly Australia and New Zealand for example. If this is the case then it would follow that in the future when travel restrictions are eased then it would be likely that we would again see gaps arising in training rotations and non-training grade posts, as has been the case in the years prior to the pandemic.

Furthermore, the Board are asked to note the growing tendency recently for Trainee Psychiatrists to work on a less than full time (LTFT) basis. If this trend continues and is aligned to vacancies arising from a return to overseas work placements, then the State Hospital could again become exposed to future recruitment difficulties and/or rota gaps.

## **Training Committee**

This committee reviews medical training issues of relevance to the Hospital. It has continued in a modified form over the past year, chaired by the Educational Supervisor, taking account of the unique challenges of the period and the additional pressures experienced by trainee doctors arising from the pandemic. There has been greater utilization of small group meetings, either virtually or in-person when meetings restrictions allowed. It is expected this approach will continue for the time being.

## **GMC Recognition and Approval of Trainers (RoT)**

Implementation of the GMC led recognition of secondary care trainers is now properly embedded and allows formal recognition of trainer status via the annual appraisal process of Doctors who have one or more of the following roles:

- a) Named Clinical Supervisor in postgraduate training
- b) Named Educational Supervisor in postgraduate training
- c) Lead Co-Ordinators of undergraduate training at each local education provider
- d) Doctors responsible for student's educational progress for each medical school

As shown in Appendix 1, the State Hospital remains in a strong position with regard to recognition of trainers, having capacity for providing training for doctors in Forensic Psychiatry, Intellectual Disabilities and Psychotherapy.

## **Representation at External Committees Relevant to Medical Education**

The Educational Supervisor represents The State Hospital at the following:

- West of Scotland Specialty Training Committee (STC)
- National Forensic Psychiatry Specialty Training Committee (STC)
- NHS Education for Scotland Annual Review of Competence Progression (ARCPs)
- Taskforce for the Improvement of Medical Education (TIQME)

## **4 RECOMMENDATION**

The Board is invited to note the following:

- i) The continuing high standard of undergraduate and postgraduate medical training provided by the State Hospital, despite the challenges brought about by the Covid 19 pandemic.
- ii) The hospital has a well trained and experienced Consultant workforce which is well positioned to continue to provide high quality training for medical students and post-graduate trainees in Forensic Psychiatry, Intellectual Disability and Psychotherapy.

- iii) The pandemic has brought with it additional demands for Trainee Psychiatrists to provide physical healthcare for our patients which has been compounded by reduced General Practitioner availability within the hospital over the past year. Demands on Core Trainees were particularly high during the first six months of the year due to the absence of one third of our non-Consultant grade medical staff complement. This has shown an improving picture over the last six months and it is hoped that successful recruitment of a third Specialty (non-training grade) Doctor will add strength to our first tier medical cover and thus reduce the service demands on Psychiatric Trainees.
- iv) Changes brought about initially by the pandemic, principally single hub working for Trainee Psychiatrists where possible, and the provision of technology to support more flexible/off-site working have been positively received and it is recommended that these should continue.
- v) The reintroduction of a monthly educational programme has been positive and hopefully will continue to support the training and development of doctors on placement at the State Hospital, as well as other professional staff.
- vi) The Board are asked to noted that non-Consultant grade medical recruitment has improved lately. This may be a temporary phenomenon related to the Covid-19 pandemic. Future easing of pandemic travel restrictions is likely to lead to a return to doctors travelling abroad to work and is likely to be aligned to the existing growing tendency for less than full time (LTFT) working amongst doctors. I would recommend that this is carefully monitored with regard to contingency plans for future non-Consultant grade medical staffing at TSH.

**Consultant Forensic Psychiatrist & Educational Supervisor**

3<sup>rd</sup> August 2021

Date of next annual report – August 2022

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>This is an annual report to the Board on issues relevant to medical education at The State Hospital</p>
<p><b>Workforce Implications</b></p>	<p>Nil</p>
<p><b>Financial Implications</b></p>	<p>Nil</p>
<p><b>Route to Board</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Prepared by individuals and informed by their involvement in various medical education committees</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>N/A</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>Nil</p>
<p><b>Equality Impact Assessment</b></p>	<p>N/A</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do)</p>	<p>There are no identified impacts.</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  <input checked="" type="checkbox"/> There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>



**APPENDIX 1**

	<b>NES Clinical Supervisor Course or equivalent</b>	<b>NES Educational Supervisor Course or equivalent</b>	<b>Named Medical Trainer Role</b>	<b>Forensic, Intellectual Disabilities+ or Psychotherapy++ Higher Specialty Trainer</b>	<b>Self-declared Recognition of Trainers (RoT) section of appraisal (or do you intend to do so at next appraisal)?</b>
Consultant Psychiatrist	Yes				Yes
Consultant Psychiatrist	Yes				Yes
Consultant Psychiatrist	Yes		Undergraduate Supervisor	Yes	Yes
Principle Medical Officer	Yes			No	Yes
Consultant Psychiatrist	CEP** Level 2			Yes+	Yes
Consultant Psychiatrist	CEP** Level 2		Undergraduate Supervisor		Yes
Consultant Psychiatrist	Yes	Yes		Yes	Yes
Educational Supervisor	Yes	Yes	Postgraduate Supervisor	Yes	Yes
Consultant Psychiatrist	CEP** Level 2			Yes++	Yes
Consultant Psychiatrist	CEP** Level 3		Psychotherapy Tutor (Lothian)	Yes++	Yes
Consultant Psychiatrist	Yes			Yes	Yes
Medical Director	Fellow HEA***	Yes		Yes	Yes

\*Employed by Scottish Government \*\*CEP = Clinical Educator Program \*\*\*HEA = Higher Educational Academy