



**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Board Meeting:	27 October 2022
Agenda Reference:	Item No: 14
Authors:	Dr Callum A MacCall, Dr Natasha Billcliff Consultant Psychiatrists
Sponsoring Director:	Medical Director
Title of Report:	Annual 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 2021 to 31st July 2022.

**2 BACKGROUND**

Dr Callum A MacCall is Educational Supervisor at The State Hospital (TSH). He is responsible for postgraduate medical training while Dr Natasha Billcliff leads on issues relating to medical undergraduates. The Educational Supervisor reports within the State Hospital to Professor Lindsay Thomson, Medical Director. He reports externally to the recently appointed new Training Programme Director for Forensic Psychiatry Higher Training in Scotland, Dr Partha Gangopadhyay, and to local Training Programme Directors for Core Training.

**3 ASSESSMENT**

**3.1 UNDERGRADUATE TRAINING**

**Teaching Programme for Undergraduate Medical Students 2021/22**

## **Day Visit and Clinical Attachments**

The day visit will hopefully be restarted this academic year. Prior to the Covid-19 pandemic, students from Edinburgh University had the opportunity to visit TSH in a group of 40 to 50 students on six occasions throughout the year. They had small group teaching on the wards in the morning, with the opportunity to interview patients. In the afternoon, lectures were delivered on forensic psychiatry, with a clinical emphasis.

Elective attachments have been re-started after a period when we were not accepting students due to Covid restrictions. From Edinburgh University we have had seven students for one day visits and one student for a two-week placement. From Glasgow University we have had one student attend for a day visit. We have had two students attend for elective placements of 4 weeks from Dundee University. We had one student from Nottingham University for a three-week placement.

During the elective placements the students engage with both patients and the Multidisciplinary Team. They have the opportunity to visit prison and other forensic services (e.g. medium secure units) to ensure they have a broad experience of Forensic Psychiatry. Feedback received included the following: "I just wanted to say a massive thank you for organising my Elective. I learnt so much from my time at the State Hospital. I really appreciate it. I had an absolutely amazing time. I am definitely going to be considering a career in Forensic Psychiatry, its top of my list right now."

We continue to offer Edinburgh University students the opportunity of a two-week placement which can be arranged via their clinical tutors on an ad hoc basis. There have been no requests for these placements during the last academic year, however Dr T. Idris has recently taken over the role of organising the psychiatry timetable and will advertise this opportunity for students for the forth coming year.

Over the past year new links have also been established with the NHS Lanarkshire Clinical Teaching Fellow in Psychiatry, opening up the possibility of undergraduate placements at TSH of medical students from Glasgow University occurring on a regular basis.

## **Teaching with Covid 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, thus making small group teaching difficult. This has been the experience of online teaching across the board and is not limited to TSH teaching sessions. Once the day visit restarts, these lectures will be in person at TSH, as noted above.

The Tutors and Clinical Teachers meeting for undergraduate students at Edinburgh University meets on an annual basis and Dr Billcliff attends as the State Hospital representative. Additionally, Dr Howitt presented on "Deprivation in Forensic Settings" at the National Student Psychiatric Conference on 6<sup>th</sup> February 2022.

## **3.2 POST GRADUATE TRAINING**

### **Core Training**

Over the past year we have had six Core Trainees (CTs) on placement at TSH, four from the West of Scotland and two from the East. In common with the growing tendency in recent years two of these Doctors were less than full time (LTFT), 60% and 80% respectively. The continuing effects of the Covid-19 pandemic have loomed large and have undoubtedly placed additional pressures on these Doctors over the past year. Trainee doctors have had fewer opportunities to meet in-person with multi-disciplinary colleagues and their peers over the last year due to ongoing pandemic restrictions, and the reliance on virtual methods of communication and MS Teams/video-conferencing for meetings has remained high. The management of physical health problems in our patient population has featured more heavily than usual and has been variously affected by challenges in the provision of our General Practitioner Service at points over the past year. This has probably been compounded by additional pressures on NHS 24 resulting from the pandemic. Despite these challenges there does not however appear to have been any significant detriment to the quality of their training and available feedback from Core Trainees remains generally positive.

### **First On-Call Rota**

For the first six months of the past year, August 2021 to February 2022, our one in six first on-call rota had six Doctors undertaking on-call shifts, however there were some gaps arising from the fact that one of the Core Trainees worked 60% LTFT. These were filled on a locum basis, with the other Doctors sharing the available locum slots between them.

For the second six-month period, February 2022 to August 2022, a similar picture existed, although there were fewer available locum slots as one of our Core Trainees worked 80% LTFT.

The first on-call rota will remain fragile, as from August 2022 we will have one Specialty Doctor (non-training grade) vacancy which has remained unfilled despite a recent round of recruitment.

### **Higher Specialty Trainees**

Over the past year we have been fortunate in having seven Specialty Trainees (STs) placed with us, generally for six month periods (with the exception of one ST who was with us for only three months). Two of these ST's worked 60% LTFT.

Our Specialty Trainees work under the supervision of Consultant Trainers. We are well positioned with regard to our availability of experienced trainers across a variety of specialties – see Appendix 1.

Specialty Trainees spend part of their weekly timetable under taking 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 an appropriate distinction in their role from those of other non-Consultant grade Doctors is important as they progress towards readiness for Consultant hood.

Senior Speciality Trainees in their final year of training (ST6) can act up as a Consultant for a maximum period of 12 weeks. This has occurred once over the past year (for the period May-July 2022). This was to enable State Hospital Consultants to provide interim cover for the Scottish Government Principle Medical Officer (Forensic Psychiatry) role.

The Royal College of Psychiatrists (RCPsych) have introduced a new higher specialty curriculum for Specialty Trainees (ST4 to ST6) which is being introduced from August 2022. The new curriculum has been shared with Consultant Psychiatrists at the State Hospital, along with details of the curriculum implementation hub on the RCPsych website and an e-learning course about the new curriculum.

Each year (with the exception of 2020) Trainee Doctors are asked to provide feedback on their experience of training via the GMC National Training Survey and the Scottish Training Survey. In 2022 the results of the GMC National Training Survey were less favourable than the last year we have results from, namely 2019. Feedback was provided by only three trainees over the relevant period, and comparisons with other training venues in Forensic Psychiatry across Scotland is not possible because of the numbers of trainees providing feedback in these other settings was too small. There was a trend for an overall reduced level of satisfaction from trainees in Forensic Psychiatry across the West region (8 percentage points below the UK mean, ranking 8<sup>th</sup> out of 10) and in Forensic Psychiatry - NHS Education for Scotland (1.6 percentage point below the UK mean, 7<sup>th</sup> out of 13).

I have been working with the new Training Programme Director in Forensic Psychiatry, Dr Partha Gangopadhyay, to understand the trend for reduced training satisfaction over the past couple of years. While undoubtedly the Covid-19 pandemic has been hugely impactful on training, this has been the case equally across the country and hence does not necessarily wholly explain the expressed reduced training satisfaction from, admittedly, a small number of Scottish Specialty Trainees. The issue of the validity of the Training Surveys in Scotland has been raised with Dr Gangopadhyay, who in turn has indicated he will raise this with the Deanery.

One area of dissatisfaction I am aware of over the past training year is that certain trainees from the North of Scotland have felt somewhat disadvantaged by their placement at the State Hospital, as compared to Specialty Trainees from the West and East of Scotland. Specifically, the issue has centred around the availability of on-call work at the State Hospital for STs from the North of Scotland. No funding is available for Specialty Trainees from the North of Scotland to undertake on-call at the State Hospital during their time with us, and the geographical distance from their home Board presents challenges in undertaking on-call shifts there while working during the day time at the State Hospital. While the State Hospital has sought to be as flexible and accommodating as possible in this regard, the issue has not entirely been solved. I have discussed this extensively with members of the Specialty Training Committee and State Hospital Managers. The resolution has been to seek to plan ahead as far as possible for visiting Specialty Trainees from the North of Scotland and to seek to tailor their training on an individual basis. Trainees visiting us from the North of Scotland are relatively few in number and infrequent.

Work has recently begun to improve on-call handovers by employing the functionality of MS Teams for this purpose. This was one of the areas in the Training Surveys where room for improvement was identified. I fully anticipate further discussion around this during upcoming Specialty Training Committees, with continuing efforts to improve ST satisfaction as their views are more fully understood.

Paper No: 22/91  
**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 deliver feedback on the quality of the lectures delivered has been developed. Trainees are asked to rate the teaching according to their agreement with statements on how engaging the lecture was, how well the content met expectations, the helpfulness of the knowledge & skills taught, the relevance of the presentation materials and the overall quality of the presentation. Over the past year nine evaluation forms were returned. 100% of received feedback for the lectures was positive, being in either the 'agree' or 'strongly agree' categories.

**Monthly Educational Programme**

A monthly Educational Forum delivered using a webinar format has continued over the past year, 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 is well received.

**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 all trainee Psychiatrists arriving on placement at TSH who have not previously done the programme (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) have been registered with N2F and provided with the materials to allow them to complete the programme with their Consultant clinical supervisors. TSH Medical Secretary Claire McCrae, who provides administrative support to Dr MacCall, helpfully liaises with staff at the Forensic Network at the point of commencement and it is then the responsibility of the mentee and mentor to ensure the programme is completed. Three trainees have so far been formally signed off as having completed the programme with the Forensic Network over the past year, while others are currently in the process of concluding same.

**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 we have had four such visits. In September 2021 we had a visiting Specialty Trainee for one

Paper No: 22/91

week and in January/February 2022 we had one Accident & Emergency Doctor visiting for a day and two Foundation trainees visiting for one week.

### **Psychotherapy Training**

We have part-time input from a Consultant in Forensic Psychotherapy, Dr Adam Polnay. He provides Balint/ Reflective Practice sessions for non-Consultant grade Doctors. Such work forms part of the core psychotherapy training requirements and they have continued despite the challenges of the pandemic.

### **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**

Generally speaking, recruitment to training grade posts at Core and Specialty Trainee level has been strong recently. Whether or not this remains the case as the world opens up more to international travel post pandemic, remains to be seen. It is possible recruitment levels will drop as higher numbers of UK Doctors return to work in other countries, commonly Australia and New Zealand for example. The Board are also 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, the State Hospital could again become exposed to reduced placements of Trainee Psychiatrists.

The recruitment climate for non-training grade Specialty Doctors remains challenging and is relevant because the absence of non-training grade Doctors has an impact on the overall workload of all State Hospital medical staff, including Trainee Psychiatrists on placement with us. For example, for the next six-month period we will have three fewer non-consultant grade Doctors than we had for the period February to August 2022.

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

Dr MacCall represents The State Hospital at the following:

- West of Scotland Specialty Training Committee (STC)
- National Forensic Psychiatry Specialty Training Committee (STC)
- Bi-annual 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 that the State Hospital continues to provide extensive undergraduate and postgraduate medical training via a well trained and experienced Consultant workforce. Strengths have included our high quality in-house lecture & educational programmes and the positive experiences of Core Trainees & multiple visiting Doctors on educational placements. The past couple of years have however been extremely challenging due to the inevitable impact of the pandemic on in-person training opportunities. Whilst feedback from Core Trainees has remained positive, a small cohort of Specialty Trainees have reported reduced training satisfaction since our last comparative data in 2019, though the validity of the results are questionable and based on a low response rate, an issue which is being raised with NES. Efforts will continue to understand whether this arises from dissatisfaction of Trainees from the North of Scotland with regard to the availability of on-call funding at the State Hospital, whether some Trainees feel geographically disadvantaged by the distance of the State Hospital from their home boards, or whether other factors are responsible for these findings (such as the greater than ideal reliance on virtual methods of communication for infection control reasons). These issues will continue to be closely monitored, particularly whether they are part of a continuing trend or are instead a temporary phenomenon.

*Dr Callum A MacCall*

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**Consultant Forensic Psychiatrist & Educational Supervisor**  
**Honorary Senior Clinical Lecturer, University of Glasgow**

4<sup>th</sup> August 2022

Date of next annual report – August 2023

**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 – Recognition of Trainers**

<b>Consultant Psychiatrist</b>	<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>Recognised Trainer via Recognition of Trainers (RoT) section of Scottish Online Appraisal Resource (SOAR)</b>
Consultant Forensic Psychiatrist	Yes				Yes
Consultant Forensic Psychiatrist	Yes				Yes
Consultant Forensic Psychiatrist	Yes		Undergraduate Supervisor	Yes	Yes
Consultant ID Psychiatrist	CEP* Level 2			Yes+	Yes
Consultant Forensic Psychiatrist	CEP* Level 2		Undergraduate Supervisor		Yes
Consultant Forensic Psychiatrist	Yes	Yes		Yes	Yes
Educational Supervisor	Yes	Yes	Postgraduate Supervisor	Yes	Yes
Consultant Forensic Psychiatrist	CEP* Level 2			Yes++	Yes
Consultant Psychiatrist in Psychotherapy	CEP* Level 3		Psychotherapy Tutor (Lothian)	Yes++	Yes
Consultant Forensic Psychiatrist	Yes			Yes	Yes
Medical Director	Fellow HEA**	Yes		Yes	Yes

**Paper No: 22/91**

\*CEP = Clinical Educator Programme \*\*HEA = Higher Educational Academy