



THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Board Meeting:	26 October 2023
Agenda Reference:	Item No: 12
Authors:	Dr Callum A MacCall, Dr Natasha Billcliff
Sponsoring Director:	Prof. Lindsay Thomson, Medical Director
Title of Report:	Annual Medical Education Report

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 2022 to 31st July 2023.

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 & Dr Sheila Howitt lead 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 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 Program Placements for Undergraduate Medical Students 2022/23

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. This is discussed with students on the first day of their attachments. Given that this route was previously not leading to students accessing TSH, Dr Thomas (who coordinates the undergraduate teaching at Edinburgh University) advertised the placement with tutors, leading to NHS Borders taking up our offer. This meant that for the last academic year, two students from the Borders per block have been on placement at TSH for a week.

For the next academic year, we will also be taking regular Edinburgh University students on placement in Liaison psychiatry. The details of this are currently being discussed.

Student numbers in the last academic year are as follows:

Edinburgh University	20 students for one week placement, 16 students on day placements
Glasgow University	1 student for 2 weeks, one for a week and one for a day placement
Dundee University	1 student for 2 weeks, 2 students for a 1 day placement

There is no formal feedback gathered by the universities for TSH placements presently.

Forensic Tutorials

The 6 weekly forensic online tutorials were cancelled last year. I have been in correspondence with Dr Thomas and for the next academic year TSH will again deliver tutorials, remotely, for each of the 6 blocks of students. We will be incorporating key themes that came up with the curriculum review including the Mental Health Act and capacity, recognising the individual and social impacts of mental illness, and the wider stigma and attitudes towards mental health. If the day visit to TSH can be recommenced then the forensic lecture can once more be delivered in person. Dr Thomas has confirmed the funding for the day visit and is in the process of organising same.

Tutors Meeting

The Tutors and Clinical Teachers meeting for undergraduate students at Edinburgh University was not held this year. Dr Thomas noted that he is in the process of developing new learning outcomes from the General Medical Council and Royal College of Psychiatrists guidance for the undergraduate curriculum and will be recruiting new

tutors for the next academic year. We have let him know views from TSH that the tutors meeting would be useful, especially for services not based in Edinburgh, to keep up to date with changes to teaching.

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), both with an 80% working pattern.

First On-Call Rota

In the initial part of the past year there were gaps in our first on-call rota arising from LTFT working and a Specialty Doctor vacancy. These were filled on a locum basis, with the other doctors sharing the available locum slots between them. The picture has been much improved since early 2023 when we appointed a third Specialty Doctor, thus bringing the number of Core Trainees and Specialty Doctors on our first on-call rota up to six. This rota is now more secure than it has been in recent years, when we have frequently had at least one doctor missing from our 1:6 overnight on-call rota.

Higher Specialty Trainees

Over the past year we have had five Specialty Trainees (STs) placed with us, for periods of varying length, generally being either three or six months. One of these trainees 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, as outlined in 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 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 not occurred during the period relating to this report.

Performance on Scottish and GMC National Training Surveys

I am delighted to be able to report I have been contacted by Alex McCulloch, Senior Quality Improvement Manager at NHS Education for Scotland to advise that TSH is now within the top 2% of training sites in Forensic Psychiatry. Feedback from trainee doctors who completed both the Scottish Training Survey and the GMC National Training Survey over the past year was extremely positive across the board. A summary of the survey feedback and commentary from Alex McCulloch is included in Appendix 2.

Scotland Deanery Quality Management visit report

On 26th April 2023, we had an NHS Education for Scotland (NES) visit led by Associate Postgraduate Dean for Quality Dr Claire Langridge. The outcome of this visit was very positive. The NES team noted the provision of excellent educational resources on site, a cohesive staff group, an engaging Quality Improvement team and a high quality & amount of local teaching for trainee doctors. There were no immediate actions or any requirement for follow-up from NES after the visit. Areas for improvement have been acted upon. The full report of the visit is attached in Appendix 3.

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 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 for all items rated.

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, which all but one include 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 the 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. 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. During the past year, we had one visit, which took the form of a clinical attachment over a period of four weeks. Clinical attachments are a useful way for international medical graduates to get a taste of the working lives of doctors in the NHS. Our visiting doctor observed the practice of one of our Consultant Forensic Psychiatrists without having any responsibilities for patient care.

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. He also supports Core and Specialty Trainees identify opportunities for involvement in individual or group psychotherapy activities. Such work forms part of their core psychotherapy training requirements and have continued to be valued by training grade doctors on placement at The State Hospital.

Recruitment & Trends in Working Patterns

Less than full time (LTFT) working patterns have remained popular with trainee psychiatrists over the past year. Recruitment has been strong and there has been a high fill rate in Core and Specialty Trainee posts in Scotland over the past year. This trend, which appeared during the Covid-19 pandemic, appears to be continuing. With the higher availability of training grade doctors on the rotations which send us doctors on placement, and the successful recruitment of a third non-training grade Specialty Doctor at The State Hospital, we are now on a more positive footing with regard to our non-consultant grade medical workforce than we have been in a number of years.

Representation at External Committees Relevant to Medical Education

Over the past year, Dr MacCall has represented 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)

4 RECOMMENDATION

The Board is invited to note what has been a very positive year for The State Hospital with regard to medical education. We have continued to provide extensive high quality undergraduate and postgraduate medical training via a well-trained and experienced Consultant workforce. Particular strengths have included a further very positive NES Deanery visit in April 2023 and ending the year with extremely positive feedback from training surveys, placing us within the top 2% of training sites within forensic psychiatry nationally. Our recruitment and fill rate is strong and we are able to enter the forthcoming year on a positive footing.

Dr Callum A MacCall

Dr Callum A MacCall
Consultant Forensic Psychiatrist & Educational Supervisor
Honorary Senior Clinical Lecturer, University of Glasgow

5th August 2023

Date of next annual report – August 2024

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	This is an annual report to the Board on issues relevant to medical education at The State Hospital.
Workforce Implications	Nil
Financial Implications	Nil
Route to Board Which groups were involved in contributing to the paper and recommendations?	Prepared by individuals and informed by their involvement in various medical education committees.
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Nil
Equality Impact Assessment	N/A
Fairer Scotland Duty (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)	There are no identified impacts.

**Data Protection Impact
Assessment (DPIA) See IG 16.**

Tick One

- There are no privacy implications.
- There are privacy implications, but full DPIA not needed
- There are privacy implications, full DPIA included.

APPENDIX 1 – Recognition of Trainers

Consultant Psychiatrist	NES Clinical Supervisor Course or equivalent	NES Educational Supervisor Course or equivalent	Named Medical Trainer Role	Forensic, Intellectual Disabilities+ or Psychotherapy++ Higher Specialty Trainer	Recognised Trainer via Recognition of Trainers (RoT) section of Scottish Online Appraisal Resource (SOAR)
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

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

Appendix 2

TSH is very much in the top 2% in the NTS High Performers list for both change in scores and significantly high scores for that specialty. Very positive data.

Scotland Deanery Director of Medical Education Report

2.2 Departments in the top 2% for that Specialty

2.2.1 Site: State Hospital - D101H, Forensic psychiatry

Identified by: NTS All Trainee High Performers list (significant change in scores and significantly high for specialty)

GMC NTS (Trainee)

Level	Adequate Experience	Clinical Supervision	Clinical Supervision out of hours	Educational Governance	Educational Supervision	Facilities	Feedback	Handover	Induction	Local Teaching	Overall Satisfaction	Regional Teaching Reporting systems	Rota Design	Study Leave	Supportive environment	Teamwork	Workload	N	
All Trainee	W▲	W-		L▲	W▲	G▲	W▲		W-	W-	W▲	L▲	G▲		W-	W▲	G▲	W-	4
ST	W▲	W▲		G▲	W▲	G	G		G▲	G▲	W▲	G▲		W-	W▲	G▲	W▲		3

Scottish Training Survey

Level	Clinical Supervision	Discrimination	Educational Environment & Teaching	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees					W	W	W-		W-				2
All Trainees	W-												(9 aggregated)
ST					W	W	W-		W-				2
ST	W-												(6 aggregated)

GMC Trainer Survey

Specialty	Appraisal	Educational Governance	Handover	Professional development	Resources to Train	Rota Issues	Support for Training	Supportive environment	Time to Train	Response rate
Forensic psychiatry	W	W	W	L	L	W	W	W	W	38%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

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Alex McCulloch
 Senior Quality Improvement Manager
 NHS Education for Scotland
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Please note I am currently working from home and will be available via email



Key to survey results

Scottish Training Survey (STS)

Key	
R	Low Outlier - well below the national benchmark group average
G	High Outlier – performing well for this indicator
P	Potential Low Outlier - slightly below the national benchmark group average
L	Potential High Outlier - slightly above the national benchmark group average
W	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
—	No significant change from last year*
	No data available
	No Data

** A significant change in the mean score is indicated by these arrows rather than a change in outcome.

GMC National Training Survey (NTS)

Key	
R	Result is below the national mean and in the bottom quartile nationally
G	Result is above the national mean and in the top quartile nationally

P	Result is in the bottom quartile but not outside 95% confidence limits of the mean
L	Result is in the top quartile but not outside 95% confidence limits of the mean
W	Results is in the inter-quartile range
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year
	No flag / no result available for last year

No Aggregated data is available this year

- The information used to create the STS Triage lists is from Scotland only. The NTS triage lists are based on UK data.
- If criteria is met from any of the following lists (bottom 2%), they will be noted on the triage list; NTS All Trainee list, NTS Level of trainee list, STS All Trainee List, STS Level of trainee List and NTS Trainer Survey Data List. The criteria used for the triage list are: Number of red flags, significant change in scores, significantly low scores for Specialty, excess triple red flags, aggregated low scores for Specialty and number of aggregated red flags (if applicable).
- If criteria is met from any of the following lists, they will be noted on the High Performers list (top 2%); NTS All Trainee list, NTS Level of trainee list, STS All Trainee list, STS Level of trainee list and NTS Trainer survey data list. The Criterion for the High Performers list are: Triple green flags, significant change in scores, number of green flags, persistent high score, high scores for specialty
- A site can be on both the High Performers and Triage lists because of different scores for the different criterion being in the top or bottom 2%. Two departments with similar results can have different outcomes because of the 2% threshold, as they may be just either side of the threshold meaning one is on the main part of the DME report.
- Please note the number of trainees may not always tally due to the inclusion of programme trainees within the data. For example, Dermatology trainees in a post may actually be part of the Medicine Programme.

Scotland Deanery Quality Management Visit Report



Date of visit	26 th April 2023	Level(s)	CT & ST
Type of visit	Triggered	Hospital	State Hospital
Specialty(s)	Forensic Psychiatry	Board	National Facility
Visit panel			
Dr Claire Langridge	Visit Chair - Associate Postgraduate Dean – Quality		
Dr Daniel Bennett	Associate Postgraduate Dean		
Dr Manjit Cartlidge	Trainee Associate		
Mr Bill Rogerson	Lay Representative		
Mrs Natalie Bain	Quality Improvement Manager		
In attendance			
Mrs Susan Muir	Quality Improvement Administrator		

Specialty Group Information			
Specialty Group	Mental Health		
Lead Dean/Director	Professor Clare McKenzie		
Quality Lead(s)	Dr Alastair Campbell & Dr Claire Langridge		
Quality Improvement Manager(s)	Mrs Natalie Bain		
Unit/Site Information			
Non-medical staff in attendance			
Trainers in attendance	8		
Trainees in attendance	1xST, 3xCT		

Feedback session: Managers in attendance	Chief Executive	x	DME	x	ADME	x	Medical Director	x	Other	
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Date report approved by Lead Visitor	15 th May 2023
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1. Principal issues arising from pre-visit review:

The Mental Health Quality team at Scotland Deanery triggered a visit in view of survey data relating to Forensic Psychiatry at The State Hospital, National Facility. The visit team planned to investigate the red flag at ST level in the 2022 National Training Survey for clinical supervision out of hours (see section 2.21), as well as pink flags in relation to adequate experience, clinical supervision, educational governance, educational supervision, induction, overall satisfaction, rota design, supportive environment and workload. The visit team also used the opportunity to gain a broader picture of how training is carried out within the hospital and to identify any points of good practice for sharing more widely.

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

2.1 Induction (R1.13):

Trainers: The trainers reported that the induction is very comprehensive and managed with excellence by a consultant. Trainees would receive an induction pack prior to beginning in post to review. When trainees attend induction on site, they would receive highly informative talks from the specialty doctor around the core duties of the junior doctor as well as more specialised induction talks from other doctors on site, for example risk assessment training. It was noted that trainees are not oncall in the first weeks until they have completed a full induction to the site. Trainees are also equipped with all the items required to beginning working, for example, a mobile phone, a laptop and access to the necessary IT portals during the first day of induction. The trainers stated that they have sought feedback on the induction programme and have acted upon this feedback to create a more streamlined and balanced programme. The trainers emphasised that if a trainee began in post out with the standard changeover times, then they would ensure that the trainees are directed to the appropriate people for induction to site and be given a full induction. The trainers also noted that any follow up sessions would be given on an individual basis.

Trainees: The trainees reported all receiving an induction to The State Hospital. The trainees stated that induction was well organised and spread out over most of the first week in post. Time was allocated for trainees to meet the team and those they would be working alongside. Although it was noted that there were some communication errors at the recent induction, therefore parts of the induction timings were adjusted. This meant that some sessions has less time dedicated to it, however information was still given and any questions that arose were answered promptly. It was noted by some that although induction was good, it can be improved. It was stated that there are anxieties associated with beginning a post at The State Hospital and it would be helpful if induction included:

- A more detailed overview of the role of the junior doctor on a day-to-day basis,
- Further guidance on completing Care Programme Approach (CPA) documents
- What external opportunities are available to trainees, for example prison clinics
- Guidance on how to approach and complete WBA's at The State Hospital, as there is not a large number of new admissions.

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

Trainers: The trainers reported that there is an understanding that trainees attend their regional teaching on the specific days for the cohort of trainees and trainees are encouraged to attend this. The trainers believe they have a flexible approach to allow trainees to attend both their regional and local teaching. It was noted that there is an awareness of the teaching programme site wide, therefore the specialty grade doctors would hold the bleep to ensure that teaching for the trainees remains bleep free. The trainers described a wealth of local teaching opportunities they provide to trainees that receive positive feedback. The site offers a 'six-part-lecture series,' monthly seminars with the opportunity to present or be presented to. In addition, there is a fortnightly Balint group and 'a new to forensic psychiatry course' that is well structured and trainees receive a qualification certificate upon completion.

Trainees: The trainees reported that there are many local teaching opportunities available. There is a 'six-part-lecture series' and weekly supervision sessions which are both highly rated by the trainees. The trainees also reported that there is 'a new to forensic handbook' that is a guided course with added discussion during supervision meetings. Both core and higher specialties trainees are able to

attend their regional teaching on a regular basis. Some trainees report that on-call commitments can impact the ability to attend the regional teaching, however this is only occasionally. The trainees also noted that they attend the Monday morning medical meeting and this is used as a learning opportunity. There is opportunity to present and be presented to at the medical case discussions.

2.3 Study Leave (R3.12)

Trainers: The trainers are supportive of study leave and there are no known issues with approval of study leave.

Trainees: The trainees reported no concerns with accessing study leave.

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

Trainers: The trainers reported that they are allocated to the trainees as soon as the site has an awareness of who will be rotating there. It was noted the timing of this can be variable due to the information being filtered through from recruitment. The trainers emphasised that they are supported to do their role and have access to any information required to be successful in their role. The trainers highlight that there is peer networking support, as well as a good team culture amongst the trainers as a consultant group to support one another. It was stated that there has been much more focus on recognition of trainer status and this has been a supportive avenue to support training as well as develop trainers skills. The trainers have allocated time in their job plan and their role is considered during their appraisal. It was stated that the trainers would be reliant on the local programme lead (LPL) to share any information about trainees who require any support at The State Hospital. The trainers note that they would seek to speak with the trainees and the LPL to either modify or address any concerns during the placement. It was emphasised that this process is well led with effective communication and those with the knowledge of the issues.

Trainees: The trainees reported that they would meet with the educational supervisor on a regular basis. Trainees state that their educational supervisors are supportive and available when required. The educational lead on site will also meet with trainees and ensure that training is going well.

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

Trainers: The trainers stated that following the Deanery quality management visit in 2019, colour coded badges to distinguish between grades of trainees were implemented and still in use on site. The trainers reported that there is a formal day time on call rota and all consultants are easily contactable by the control room, should the trainees need support. Due to the nature of the work on site, the processes would more often require the presence of the responsible medical officer (RMO), therefore, the trainees do not regularly work autonomously or beyond their competence. The trainees however are encouraged to be present on the ward to be actively involved in the cases. The trainers note that they ask for the non-training grade staff members to contact the trainees ahead of the RMO's to expose them to adequate experiences. As there is a frequent need to give consent, the trainees are regularly having discussions and planning within the scope of individual patient needs.

All Trainees: The trainees reported they are aware at all times who is providing clinical supervision both during the day and OOH. The trainees feel that the trainers are supportive and approachable, whilst also ensuring trainees do not work beyond their competence.

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

Trainers: The trainers reported that they are all aware of the curriculum updates and feel they are up to date with all the changes to curriculum requirements. The trainers stated that there is an awareness of being able to balance the exposure to opportunities with both internal and external processes. The trainers noted that the clinical supervisors have a key role in hosting this for individual trainees to ensure the trainees have adequate exposure to all aspects of the job. Although the trainers do state that there is an expectation that they are initiative-taking in seeking out opportunities, for example, the referral services and prison visits. The trainers highlighted that each stage of training have different focal areas, therefore trainers would meet with trainees to focus on areas they wish to develop and look to facilitate these opportunities. The trainers reported that there is a standard list issued at induction that details the consultant areas of interest, and trainees can make relevant contact, to gain further experience in any specific area.

All Trainees: Some trainees reported that there were no particular competencies that they find difficult to achieve. The staff at The State Hospital go above and beyond to support trainees with educational opportunities. Other trainees had concerns about completing ACES prior to ARCP deadlines. Although trainees did feel that opportunities were there, they had to actively seek them out. The trainees reported that the post allowed them to develop skills in managing an acutely unwell patient, but from a core trainee perspective there are less opportunities in this area, due to the nature of the patients and the limited number of admissions. Further concerns were voiced around the administration of completing the many CPA reports as well as minuting the meetings. Some trainees felt that this did not contribute towards their training and there is limited involvement in management decisions of the patient.

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

Trainers: The trainers reported that there were no issues with gaining portfolio assessments. The trainers have not been able to benchmark their assessments against other trainers, but they commented that some sense of this can be gained from the ARCP processes and outcomes.

All Trainees: The trainees reported that there can be issues getting certain WPBA's as described in section 2.6. However, the assessments that are completed are always fair and consistent.

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

Trainers: The trainers reported that there is plenty of formal and informal opportunities to gain experience with the wider staff group. The trainers encouraged trainees to get involved with teaching for the nursing staff. It was highlighted that the feedback from these sessions were positive and the nurses were appreciative of it. The MDT holds regular reflective practice groups that are also attended by the nursing staff. The trainers reported that there is plenty of informal learning together as well as formal learning, as the seminar series is open to all staff to attend.

All Trainees: The trainees reported that there is plenty of exposure to the wider multi professional team as they routinely collaborate closely with one another. It is noted that the team as a whole are all very supportive.

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

Trainers: The trainers reported that there is a well-functioning clinical quality department. The trainees are informed of this at induction and they are encouraged to seek out and make close links with the department. The trainers highlighted that the site has spent 3-4 years developing the quality improvement infrastructure of the hospital and there are staff that have formal QI training. There is a QI forum that trainees can attend and bring any ideas for discussion and be supported by the group. The trainers emphasised that there are plenty of prospects for QI project and many previous trainees have completed excellent projects.

All Trainees: The trainees reported that there is a good established QI team on site and they are supportive of trainees completing quality improvement projects. The trainees noted that they can contribute to the team with ideas of what they are interested in and the team would support the progression of the project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers reported that feedback is given to trainees during their weekly supervision sessions as well as on the ward real time feedback. If there are any issues during out of hours (OOH) this would also be spoken about during supervision although direct supervision would also be available at the time if needed. The trainers state that the ward round setting is an ideal opportunity to get feedback. Trainees are encouraged to be fully involved in the discussion for the management plans for patients, as this is a fantastic way to walk through the decision-making process for patients. The trainers emphasise that they would always be supportive of the trainees throughout.

All Trainees: The trainees reported that they all regularly receive feedback on their clinical decision both during the day and OOH and it is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers reported that they seek feedback in the form of a questionnaire on the formal teaching that is provided by the site. The feedback gained from this is fed back to the consultants and used to improve the teaching, as well as any suggestions for future topics. The trainees would also complete an iMatter survey, the line manager would use this feedback and create an action plan to address any concerns raised. The trainers stated that trainees can also raise any concerns via the training committee that is held every 3 months or the medical advisory committee that is held monthly, where there is a standing item for trainee feedback. It was also noted that there is a weekly medical staff meeting where trainees can raise concerns should they wish to. The trainers highlighted that there are both informal and formal avenues for feedback to be given. Trainees are also encouraged to raise any concerns during supervision sessions. The trainers highlighted during the presentation from site that they recently conducted a WeCare survey, following this they have begun to address and implement the improvements suggested from the feedback.

All Trainees: The trainees reported that they can use supervision to feedback any concerns. There is also a weekly medical staff meeting and the trainees forum meeting. The trainees stated that any issues that had been raised are being addressed and the communication following has been excellent. It was noted that the issues with the administration of CPA documents has been raised and management are looking to address this with support from the administration team for minute taking purposes.

2.12 Culture & undermining (R3.3)

Trainers: The trainers reported that there are many systems in place to ensure that the trainees are aware of how to raise any culture and undermining issues. The trainees are made aware of the whistleblowing policy and they have access to the wellbeing service. However, the trainers noted that they are mindful to address any concerns as they arise. The trainers highlighted that their behaviours have a functional impact on the training environment in order to maintain a high standard of what behaviours are acceptable. The trainers are not aware of trainees experiencing any comments that were felt to be less supportive or undermining.

All Trainees: The trainees reported that they have not witnessed or experienced any bullying or undermining behaviours. The trainees feel comfortable to approach their clinical supervisor, the

education lead or the consultants if they witnessed any behaviours they deemed to be bullying or undermining. The trainees felt that their concerns would be listened to and addressed in an appropriate manner.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers reported that they believe the rota accommodates for specific learning opportunities as there are many trainers with different special interests and the trainees can approach them at any point to gain further experience in that area. The trainers gave an overview of the rota provision on site during the presentation and it was noted that although there are occasional rota gaps, locums usually fill them quickly. The trainers reported that they are fully aware of the impact on well-being whilst working at The State Hospital. The trainees can be exposed regularly to traumatic stories and patients. Although trainers have developed coping mechanisms, the trainers are fully aware that trainee may feel exposed and triggered by what they are experiencing. To address this the trainees have accessed the psychotherapy consultant to discuss any issues they may be having. The trainers also noted that they try to establish a conducive working environment on site. The trainers feel that by having good access to the trainers both informally and formally establishes a good support mechanism for trainees. There is also a sports club on site that provides a stress release to trainees and create a bond between those on site.

All Trainees: The trainees reported that there are occasional gaps on the rota and they are filled with locums. The site allows trainees first refusal of these shifts, however there is no burden on trainees to fill these gaps. The trainees are able to discuss the rota with the rota co-ordinator easily and were contacted ahead of beginning in post to arrange shifts accordingly. The trainees felt that the workload is manageable and fairly divided. The trainees do not feel that the rota compromises their well-being. However, the policy relating to attending work following an on-call shift where trainees have been called late into the night could be clearer about what time they attend work the following day.

2.14 Handover (R1.14)

Trainers: The trainers reported that handover is informal during the week but will be conducted either face to face, e-mail & use of MS Teams messaging service. At the weekends, a formal handover meeting occurs on Saturday & Sunday mornings at 9am via MS Teams. It was highlighted that there

is a pre-weekend huddle that trainees are invited to attend as well as the weekend handover. There is a 24hr security report that covers mental/physical health issues that are ongoing that trainees would be required to be aware of. The trainers stated that this is emailed every morning at 7am and trainees have access to this.

All Trainees: The trainees reported that there is a daily hospital report sent via email to all staff that contains information from all the hubs. The trainees found this update useful as it highlighted awareness any ongoing concerns with patients and the site as a whole. The trainees noted that if there is anything specific that the trainees would want to handover, they would do this face to face with the junior trainees. Trainees felt that handover is safe for patients, however it is not routinely used as a learning opportunity. At weekends, the trainees reported that there is a pre-weekend handover held on a Friday afternoon via Teams. It was noted that there is some confusion around who should attend this, as it felt that those who were on a day off, still had to attend this. The trainees felt that there should be clarification around who should attend this meeting prior to being on-call over the weekend.

2.15 Educational Resources (R1.19)

Trainers: The trainers reported that there is an excellent learning centre and a library with access to a librarian. The learning centre has satisfactory IT facilities and technology that supports learning.

All Trainees: The trainees reported that they have excellent facilities on site, as there is access to a library and learning centre. It was also highlighted that the trainees felt the access to the Forensic Network was beneficial to them.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: The trainers noted that trainees have local support mechanism in the form of their trainers to discuss and address any concerns they may be having. It was also highlighted that trainees can access the NES trainee well-being service as well as the occupational health service. The trainers report that they provide career support to trainees during their time at The State Hospital and this can

be shown through those who seek employment there following the completion of their forensic training.

All Trainees: The trainees were unsure if the site provides support to those who are struggling with the job, however they have had no experience with this, therefore were unaware of the pathways to follow if there were any issues. However, it was noted that trainees who were working less than full time (LTFT) felt that they have been supported to fulfil their duties whilst working LTFT.

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

Trainers: The trainers reported that they have a clear educational governance structure and this is demonstrated through the use of the forensic network and the committees that are regularly attended by all.

All Trainees: The trainees reported that they would be able to raise concerns with their clinical supervisor and the weekly medical staff meeting has a specific agenda item to raise concerns, as well as giving updates on previously raised issues. There is a local trainee forum for ST trainees and the CT would raise concerns at the monthly meeting.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers reported that there are mechanisms in place for raising concerns and they are used in conjunction with the governance of the site. The trainers noted that concerns would be raised through supervision and escalated appropriately. Any patient safety concerns would usually be resolved locally. The trainers stated that trainees can raise concerns about their education through the education leads on site, clinical supervisors, as well as the LPL's.

All Trainees: The trainees reported that they would raise concerns at their supervision and believe that they would be escalated appropriately as required.

2.19 Patient safety (R1.2)

Trainers: The trainers reported that security is the prime aspect of the State Hospital, therefore trainees are not left alone with dangerous patients and there is a robust system in place to ensure this. The first induction the trainees receive is their safety induction and they will not have direct face to face interactions with the patients until this is completed.

All Trainees: The trainees have no concerns about the quality of care that The State Hospital provides to the patients.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: The trainers reported that trainees would use the DATIX system to report any adverse incidents and trainees are encouraged to input into this system. It is highlighted that there is a robust system of duty of candour and this would link in with the DATIX system. The trainers highlighted that there is a debrief following any serious adverse event, but there is also support available during the Balint groups. Any incident that occurs, will be categorised and reviewed by the trainers. The trainers note that if anything went wrong with patient care, they would always be supported in communicating to the patient affected.

All Trainees: The trainees reported that they have little experience with adverse incidents during their post. However, they are aware that they can use DATIX to submit any concerns and there are local adverse event reviews held following any incidents.

2.21 Other

It was noted during the visit that the NTS red flag referred to in section 1 of this report relates to specialty trainees experience in their local health board and not their experience in the State Hospital.

Summary

Is a revisit required?	Yes	No	Dependent on outcome of action plan review
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Positive aspects of the visit:

- The panel felt that the trainers and management engaged with the training and trainees and see training as a priority for the site.
- The trainees appreciated the constructive and useful feedback that is provided to them during clinical interaction as well as during their weekly supervision meetings.
- The trainees expressed that any concerns that are raised are addressed and acted upon appropriately, and the communications following any concerns are given in a timely manner.
- The panel heard that the site has an excellent Quality Improvement team, who provide support and assistance to trainees who are undertaking QI projects.
- There are excellent educational resources on site and the trainees highly value this.
- It was noted that there is ample local teaching opportunities for trainees and it was noted that the '6 series lecture' is well received. The panel heard that there are limited barriers for trainees to attend their regional teaching held in their home board.
- It was strongly felt that all Healthcare staff across the site are a cohesive group, and they all positively engage with one another, to help create a positive working environment.
- The panel noted that the site are flexible to allow trainees to gain experience to further progress their careers.

Less positive aspects from the visit:

- Although teaching is wholly accessible, it would be useful to review the rota to ensure that any potential clashes are addressed ahead of time to allow trainees to attend both local and regional teaching days.
- The panel heard that there should be an awareness of the impact of the new clinical model and the ability of trainees to be able to complete their curriculum requirements if they are designated to only one specific area.
- Trainees felt that being able to timetable clinic opportunities, for example prison visits would enable them to have further training opportunities and complete more WPBA's.
- While induction is comprehensive and robust, trainees would benefit for further clarification around the role of the junior doctor and guidance about completion of CPA's.
- It would be useful to clarify what the arrangements are for the weekend handover and who should attend this meeting.

Areas of Good Practice

Ref	Item	Action
4.1	The provision of the excellent educational resources on site	n/a
4.2	The Healthcare staff across the site are a cohesive group, and they all positively engage with one another, to help create a positive working environment.	n/a
4.3	There is an engaging Quality Improvement team on site and the trainees highly benefit from this.	n/a
4.4	The high quality and amount of local teaching provided is appreciated and valued by all.	n/a

Areas for Improvement

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

Ref	Item	Action
5.1	The ability to timetable clinic opportunities, for example prison visits would enable them to have further training opportunities and complete more WPBA's.	
5.2	It would be helpful clarify to all trainees who should attend the weekend handover meeting on a Friday afternoon.	
5.3	Further clarification around the role of the junior doctor and guidance about completion of CPA's during induction would be appreciated.	
5.4	There should be an awareness of the impact of the new clinical model and the ability of trainees to be able to complete their curriculum requirements if they are designated to one specific area.	

5.5	A review of the rota and OOH commitments ahead of time will ensure that any potential clashes are addressed ahead of time to allow trainees to attend both local and regional teaching days.	
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Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	n/a		