



THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Board Meeting:	24 October 2024
Agenda Reference:	Item No: 12
Author(s):	Consultant Forensic Psychiatrist & Educational Supervisor
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 2023 to 31st July 2024.

2 BACKGROUND

Dr Prathima Apurva is Educational Supervisor at The State Hospital (TSH). She 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 and reports externally to the Training Programme Director for Forensic Psychiatry Higher Training in Scotland, Dr Michelle McGlen, and to local Training Programme Directors for Core Training.

3 ASSESSMENT

3.1 UNDERGRADUATE TRAINING

Teaching Program Placements for Undergraduate Medical Students 2023/24

Student numbers in the last academic year are as follows:

Edinburgh University	100 student placement days with 50 students total.
Glasgow University	9 student placement days with 7 students total
Dundee University	5 student placement days with 1 student total.
All Universities	114 student placement days with 58 students total

These figures represent a significant change from the previous academic year, where 144 student placement days occurred for 40 students. The decrease in total student placement days may possibly be attributed to a change in the methodology for counting these. However, we are encouraged to see a 45% increase in the total number of students achieving placement at TSH.

We continue to offer Edinburgh University students the opportunity of a placement at TSH. This can be arranged via their clinical tutors on an ad hoc basis and is discussed with students on the first day of their psychiatry blocks. 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 directly. This has led to a new arrangement with NHS borders, who now send students to TSH as part of their placement. For the last two academic years, this has proved a successful arrangement, with students from the Borders having regular placements at TSH.

During this academic year we were approached by the undergraduate education lead for the Royal Edinburgh Hospital and Associated Services with an opportunity to host more students. We considered that we had capacity to do so and as a result of these discussions, we now plan to offer placements to Edinburgh University students placed in Midlothian. For these students, we will be trialing a new method of placement organisation using TuBS (Tutorial Booking System), a system that is routinely used by Edinburgh University students to book tutorials. Students who book through this system will be provided contact details for a TSH medical secretary, who will assist them in organising their placement. We anticipate an increase in student numbers because of this new arrangement.

Our collection rate for student feedback on placements at The State Hospital has been limited over the past academic year. We obtained feedback from only 3 students, all of whom rated their experience as highly enjoyable and useful for their learning. We have reviewed the reasons for our low rate of feedback and realised that it depended on the supervising RMO sending out a feedback form via email to the student, which may not have been a reliable method of soliciting feedback. For the upcoming academic year we have changed this and now the medical secretary in charge of organizing the placement will be the one to send the student the feedback form. This will hopefully lead to a higher rate of feedback in the future.

Forensic Tutorials

The 6 weekly forensic tutorials resumed this year after being cancelled the previous year. They were all delivered remotely via video link. We considered feedback from the lecturers who delivered the tutorial virtually, all of whom advised that remote teaching did not appear to be a productive way of delivering the material. We have therefore corresponded with Dr Thomas who organises the tutorials and for the next academic year we will again deliver tutorials in person in Edinburgh, for each of the 6 blocks of students.

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.

Day Trip

The annual day trip involved large numbers of Edinburgh University students being bussed to TSH for a one-day placement. Following the cessation of this event during COVID, it has proved difficult to reorganise.

Timetables have changed and it has not been possible to find time again in the student blocks where all students can be offered this opportunity. We will continue to discuss this event with Dr Thomas as we felt that it was a useful event that achieved good feedback from the students.

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, some doctors tend to be part time. We have had 2 part time core trainees and one part time higher trainee in the past year.

Induction Programme

We have a very good induction programme that runs for a few days as the new trainees start. Various departments contribute to this and some of the key aspects include HCR-20 and PANSS training. The induction programme is highly valued by both core and higher trainees. The feedback on this is taken on-board and any adjustments made every 6 months.

First On-Call Rota

We currently have 3 specialty doctors and 3 core trainees. This has been the case for the last few years, which has meant our on-call rota has been fully staffed with 1:6 rota. We undertook rota monitoring exercise with last cohort of core trainees and we had 100% return with clear evidence of our oncall rota being compliant with required standards.

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.

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

We continue to perform well in both surveys and find ourselves within top 2% of training sites. There is generally a good feedback from trainees about their experience with us. Please see Appendix 2.

Teaching Programme

A series of seven 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 seven 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 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. 6 core trainees and 3 higher trainees utilised the opportunity to present at these,

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 Apurva, 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. Four 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.

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 Apurva 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 remaining on top 5% of training schemes nationally. Our recruitment and fill rate is strong and we are able to enter the forthcoming year on a positive footing.

Dr Prathima Apurva
Consultant Forensic Psychiatrist & Educational Supervisor

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 <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.

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

Appendix 2 Performance on Scottish and GMC National Training Surveys

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 speciality. Very positive data.

Scotland Deanery

Director of Medical Education Report

2.2 Departments in the top 2% for that Speciality

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 speciality)

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 Trainees	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													2
All Trainees	W—				W	W	W—		W—				(9 aggregated)
ST													2
ST	W—				W	W	W—		W—				(8 aggregated)

GMC Trainer Survey

Speciality	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	33%

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?

Key to survey results**Scottish Training Survey (STS)**

Key	Description
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	Description
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.