Dumfries and Galloway Medical Education and Educational Governance Strategy January 2013

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Summary

NHS Dumfries and Galloway aims to maintain a well trained and knowledgeable medical workforce, able to provide high quality healthcare, by providing quality assured medical education, for undergraduates, postgraduates, and those who have completed training. It will support students and doctors in gaining and maintaining competence, and support remedial training in cases of underperformance.

The structure of postgraduate medical training has changed substantially in recent years with a move to managed, quality monitored, programmes, from which trainees emerge having demonstrated competences appropriate for their speciality.

Undergraduate training has also undergone substantial changes, with moves to increase teaching in venues away from medical schools. Funding has moved with the students to peripheral units, and quality control structures are under development.

The changes that have been proposed and partially implemented as a result of Modernising Medical Careers have very significant impacts on the traditional staffing models of all hospitals. Doctors in training work fewer hours as a result of the European Working Time Directive, and more of their time is likely to be spent on structured education. This means that they are less productive than previously, and that consultants will spend more time on teaching than previously when an “apprenticeship” model of education was followed.

In addition, there has been a change in the structure of the medical workforce over recent years: 5 years ago there were a large number of doctors in the UK who undertook serial Senior House Officer posts before moving into formal training, or returning to their country of graduation. The advent of structured training pathways has shortened the time required to complete training, and will reduce the total number of doctors in training programmes. The changes in the handling of International Medical Graduates means that fewer doctors come to this country to seek training and there are therefore even less junior and middle grade doctors available.

In addition, it is recognised that there is a considerable shift in the ability of smaller rural hospitals such as DGRI to recruit to training posts. While this is undoubtedly because of geographical isolation from the central belt, there is a need to ensure that we provide high quality training to all doctors in training to make posts in DGRI as attractive as possible.

The reduction in the number of training grade doctors, and the reduction in their productivity as a result of the European Working Time Directive means that we will be likely to employ more Speciality Doctors. These doctors do not have a formal training programme, but may, if they acquire suitable competencies, be able to re-enter training pathways to full completion of specialist training. If we are to be an employer of choice for Speciality Doctors, it will be essential that we provide on-going training and development for those
speciality doctors that would like to access it, and it will also be a support to the delivery of a safe and effective service.

The process of teaching is attractive to doctors, and there is no doubt that the maintenance of training in DGRI will help us to continue to attract high calibre consultant staffing: However, we do not have trainee doctors in all departments, and we have to accept that as training doctor numbers fall, we will not continue to have teaching in all departments.

In Scotland, training of doctors is overseen by NHS Education Scotland (NES) who through the post-graduate deanery structure are required to provide assurance to the General Medical Council (GMC) that training is of a suitable quality to equip the doctors of the future with appropriate skill levels.

Revalidation of doctors is imminent. In order to support doctors through revalidation we need to be able to provide access to quality assured training and a robust appraisal process. We also need to ensure that where learning objectives have been identified at appraisal, we are able provide access to training that will meet those objectives.

NHS Dumfries and Galloway must work to meet the requirements for training, provide, monitor, and improve teaching for undergraduates, and postgraduate trainees; develop mechanisms for meeting the needs of doctors working out with the programmes, but who are never the less training for permanent speciality doctor posts; support career grade doctors in development of portfolios to support revalidation; and support doctors where underperformance is identified.

The delivery of the aims described above provides significant challenges at a time when recruitment is difficult, and competing pressures of finance and health targets must also be addressed. This strategy aims to identify the areas where work is essential, and provide a platform from which the educational team can develop plans to address key issues.
Background

1.1 Educational Governance

The concept of educational governance has developed parallel to the development of clinical governance as tool to assure quality standards in teaching and training. In taking on the responsibility of training doctors, the board takes on responsibility for ensuring that the education provided suitably equips the doctors of the future to provide safe and skilled medical care to future patients.

1.1.1 Aims

Educational governance structures have the following aims:
- Exercising accountability for educational outputs, quality and value added
- Ensuring the Boards are in a position to exercise statutory responsibilities for governance
- Managing risk and reducing exposure to legal challenge
- Providing a basis for sharing best practice and organizational learning
- Providing a means of organizational control of outputs and quality

1.1.2 Principles

The following principles of Educational Governance have been identified (1):
- Focusing on purpose and on outcomes for the service and service users
- Alignment with and promotion of corporate values
- Taking informed, transparent decisions and managing risk
- Developing the capacity of the governing body and other contributors to the governance framework.
- Engaging stakeholders and service users and making accountability real.

NHS D&G is required to develop an educational governance structure in order to deliver quality controlled medical education, and to provide assurance to external accrediting organisations such as NHS Education Scotland, and GMC that all of the processes are in place to provide high quality training, and suitable assessment of competencies.

1.2 Undergraduate Education

1.2.1 Tomorrows doctors

The GMC in the 2009 version of *Tomorrow’s Doctors* (2) has set out clear responsibilities for NHS organisations providing undergraduate medical training. NHS organisations are required to
provide facilities, staff, and practical support to deliver the curriculum, and enter into service level agreements relating to undergraduate teaching activity. Requirements includes release of doctors and other staff to carry out teaching, and planning of teaching; collection of quality control data relating to undergraduate teaching, including assessment of students; development of action plans to address issues highlighted by quality control data; and provision that staff taking part in teaching are appropriately selected, trained, supported and appraised in that role. NHS Dumfries and Galloway are committed to the continuation of undergraduate medical education of the highest quality: It is believed that the provision of high quality education for students may make them more likely to take up posts in this area later in their careers.

1.2.2 Changes in medical undergraduate education

Traditionally the majority of undergraduate teaching has taken place within teaching hospitals, over recent years there have been moves to extend this to other NHS facilities, and, as the percentage of care taking place in primary care has increased there has been a corresponding increase the percentage of teaching occurring in primary care.

Dumfries and Galloway currently accepts medical students from all four Scottish universities, all of which use different curricula, varying from a traditional approach in Edinburgh to a very problem based approach in Glasgow.

NHS organizations are required to provide for students educational supervision (personal needs identification, feedback, and support); clinical supervision and teaching; and assessment. In addition IT access for learning, library facilities, pastoral support, and accommodation are required.

1.2.3 Funding

In recognition of the move towards provision of undergraduate education outside university hospitals money has been transferred to peripheral boards in increasing amounts over recent years. The funding, which is sourced from Higher Education funds rather than health service funds, is known as ACT (Additional Costs of Teaching). Over the last few years there has been a significant shift in the total ACT funding going to peripheral hospitals away from University Medical Schools. This shift in resources is complete.

Peripheral boards have been able to bid for one-off funding to develop local structures to support education (such as the Education Centre, Library, Books, IT resources etc). In addition they have been able to bid for recurrent money to support teaching of students: This has allowed D&G to fund specific consultant time for teaching, as well as four teaching fellows, GP tutors, a GP student lead, an undergraduate co-coordinator (20 hours), a librarian (14 hours), and a contribution to the funding of a director of medical education. Funding is approved for a further five session teaching fellow, recruitment in progress.
1.2.4 Quality Assurance

In late 2009 a local feedback questionnaire was developed, based on the Glasgow format. This is distributed to all students completing an attachment in DGRI. This is used in addition to national feedback to quality assure placements.

Primary care tutors receive individual feedback from universities; to date work has not started to develop a structured approach to this.

It is a central plank of the Educational Governance strategy that we will seek feedback from all training doctors and students, and develop on-going improvement plans to incrementally improve the training and teaching in Dumfries and Galloway.

1.3 Postgraduate Medical Training

1.3.1 Modernizing Medical Careers (MMC)

MMC was developed as a response to a perceived need to redevelop medical training in response to increasing demands for outcome competency based education, and reductions in working hours of junior doctors.

The result is that postgraduate education is delivered in managed programs which consist of quality controlled units, built to meet the demands of approved curricula. All doctors in training are registered as such, and work through a programme which aims to provide doctors with an approved list of competencies at completion of training. Trainees are required to submit evidence of competence during each unit, mainly in the form of work based assessments, and evidence of achievement in structured assessments (e.g. ALS). Trainees will also be required to complete Royal Colleges’ examinations in the appropriate specialty during their programmes.

The GMC has set out standards for training enforceable in all training programs. The standards provide protection for trainees, boards, and public. Items selected in order to ensure that training standards are maintained, trainees are protected, and patient safety is observed.

GMC standards cover:-

- Duties, working hours and supervision of trainees, which must be consistent with a high quality of safe patient care
- Requirements of the curriculum, which must be delivered
- Trainees must be supported through induction, effective educational supervision, appropriate workload, and have time to learn
- Education and training must be planned through a transparent process which shows who is responsible at each stage
There must be an infrastructure and leadership adequate to deliver the curriculum

Educators must be selected for, trained in, supported in, and appraised in the educator role.

Postgraduate training must be quality managed

NHS providers have responsibility for quality control of postgraduate medical education, deaneries for quality management (ensuring that quality control is occurring), and GMC for quality assurance (ensuring that the quality control and management processes are effectively in place).

Doctors who have not been placed on these programmes, and have not achieved completion of training may work within the NHS as locums, or SAS doctors, but NHS Education Scotland has no input into their training quality. However in NHS Dumfries and Galloway trainees appointed to locum posts within training programs are treated in all respects as doctors registered with the programme.
1.3.2 Structure of Postgraduate Medical Education

This diagram illustrated the reporting structure, and lines of responsibility for those responsible for the education of doctors in training in Dumfries and Galloway.

The oversight and organisation of both post-graduate and undergraduate training is delivered by the Medical Education Committee which is chaired by the Director of Medical Education. This committee is made up of an educational lead from each department, the

DME = Director of Medical Education
GPST = GP specialist training
FY = Foundation Years
TPD = Training Programme Director
clinical teaching fellows, and trainee representatives, with administrative support provided by the Education Centre Manager.

1.3.3 European Working Time Directive and trainee numbers

The EWTD has forced major change in the working hours of doctors with the consequence that doctors will have experience of significantly fewer total hours of work before they become consultants, or GPs. This obviously raises concerns regarding the experiential learning of the doctors. The GMC aims to maintain quality of training, within the new hours without increasing the length of programmes, by ensuring quality in training.

In order to deal with the reduction in the number of junior and middle grade doctors, and to help the doctors rotas to become compliant with the European Working Time Directive, the NHS Board invested £800,000 in medical staffing in April 2009. The board remains committed to ensuring that there is a suitable number of doctors to provide each rota so that the teaching experience is maintained, and patient care is not compromised by over-worked and stressed doctors. It has been difficult to deliver fully on this commitment because of recruitment difficulties, but the Board’s investment in medical staffing will be recurrent.

It is projected that numbers of doctors in training will further fall over the next decade as a result of attempts, nationally, to match training programmes output with projected needs. The NHS board is committed to developing innovative solutions to the falling medical workforce, whilst maintaining standards of training.

1.3.4 Funding

NHS Education Scotland (NES) administers the funding for training postgraduate doctors up to the completion of training. This funding is basically top-sliced from Boards allocations, though the actual amounts are based on historical patterns.

NES holds the funding for all medical training posts in Scotland. NES provides the core salary of the doctor in training, with the payments for out of hours provided by the host Health Board.

In addition, NES provides small amounts for administration of training and sessional payments for training programme directors (TPDs) on each programme. In Dumfries and Galloway the only TPDs in post are Foundation and GPST programme posts. There is no external funding to support departmental educational leads.

When training posts are not filled funding has traditionally been removed from Boards after three months, however currently it is being continued indefinitely, provided there is a locum in post, to support Boards through a challenging period of change.

When a trainee occupies full time position but only works part time funding is only provided from NES for the part time position. If a doctor who has completed his programme is seen to need additional time before CCT, and he is employed by the Board as an extra post funding is only provided for three months. If a trainee is appointed to a locum consultant post funding is withdrawn immediately.
The issue of the funding for doctors in training being held by a separate body is a significant issue for all Boards: as the number of junior and middle grade doctors is reduced, the salaries paid out by NES will decrease. Boards are very clear that they require the funds released when a post is disestablished to be returned to them.

Dumfries and Galloway acknowledges that it may well not continue to provide training posts in some specialities (eg Paediatrics) due to reducing numbers of doctors in training, and is exploring ways to fill the service gap that will develop as these posts are disestablished. This redesign of service delivery will only be possible if appropriate funding is transferred from NES to NHS Dumfries and Galloway to allow us to develop either alternative models of medical provision, or possibly non-medical staff such as Advanced Nurse Practitioners.

The Board remains committed to the provision of high quality training for clinicians who replace doctors in training, so does not see a decrease in the need for the provision of quality local training.

**1.3.5 Quality Control**

GMC administers a annual national spring survey of trainees and trainers results of which are public, Boards are required to respond to areas of concern highlighted by these surveys.

NHS Dumfries and Galloway runs a local feedback to evaluate the effectiveness of initiatives delivered to address concerns highlighted in the national survey. Trainees are encouraged to feedback issues (good and bad) relating to the quality of training to teaching or education centre staff.

NHS Dumfries and Galloway will be committed to obtaining full feedback from all doctors in training, and to develop incremental improvement plans to ensure the delivery of the highest standards of education locally.

**1.4 Recruitment**

Dumfries and Galloway has considerable difficulty recruiting junior medical staff, middle grade training posts and SAS doctors. It is acknowledged that this is a situation in all hospitals across Scotland, but the more remote hospitals – such as Raigmore and Dumfries and Galloway Royal infirmary have the moist significant problems. This is partially due to the peripheral setting of the hospitals, and also partially due to the changing demographic of doctors in training. 10 years ago doctors in training were likely to be male, single and without particular ties: since then the output from Medical Schools has changed, with a small majority of graduates being female. Doctors in training of both sexes are more likely to be married, or in stable partnerships, and their partners are likely to have employment needs which are met more easily in the central belt. Doctors in training are also more likely to have purchased accommodation in the central belt, and thus are reluctant to move away: In this respect the provision by NHS D&G of free accommodation is recognised to be a major assistance to recruitment.
In order to improve recruitment to training posts Dumfries and Galloway recognises that we have to provide excellent opportunities for doctors in training, and this requires us to work with partners to develop a niche market, and to proactively market the opportunities afforded by training in Dumfries and Galloway.

In order to enhance our recruitment to doctors in training we have recently:

1. Revised some training rotations to make them more attractive (eg the inclusion of Palliative Care within the GP vocational Training rotation)
2. Amended core medical training so that trainees rotate from Glasgow rotations for periods of 4 months (which appears to be more popular amongst trainees, who acknowledge that they get excellent “hands on” training opportunities in D&G)
3. Added opportunities for national certificated courses to some programmes. (IMPACT / BASICS)
4. Provided a travelling fellowship opportunity

1.5 Faulty Development

The GMC requires all named educational and clinical supervisors and hospital student leads to be selected, trained, and appraised in that role, to have time in job plans for the work, and to undergo training to meet their educational needs in that role. NHD Dumfries and Galloway is committed to meeting these standards; and providing evidence of this

1.6 Consultant Contract

The consultant contract recognises that most consultants will be involved to varying degrees in teaching and training of medical students or post-graduates.

An annual job planning cycle allows Boards to quantify the time spent on teaching, and preparation for teaching, as well as the time for assessment and feedback.

This mechanism must be used effectively to ensure that consultants are able to deliver an appropriate level of training, and to make Dumfries and Galloway an excellent training hospital

1.7 International Medical Graduates

NHS Dumfries and Galloway recruits a significant proportion of international medical graduates to the medical workforce: both in training positions, and to permanent posts. The Board recognised the fact that these doctors may practice in their second or third language, and may have undergone training which is designed to meet expectations different from that in UK. Training in English language and consultation skills for patient centred consulting is offered.
1.8 Continuing Professional Development

NHS Dumfries and Galloway recognise the strategic importance of continuing professional development, and seeks to develop a culture of life-long learning amongst all medical staff that will:

- Ensure all medical staff keep up to date with medical developments.
- Continuously improve the care of patients.
- Support the development of safe, effective, and person centred care.
- Promote the use of evidence based medicine.
- Enhance job satisfaction and motivation.
- Increase recruitment potential.

While it is recognised that much continuing professional development is based on purely clinical skills and knowledge, NHS Dumfries and Galloway is also committed to training in a wider sense, including communication and consultation skills, IT skills, improvement methodology, human factors awareness and, as a consultants/GPs career progresses, the provision of leadership/management training.

We believe that there is a strong case for a considerable amount of continuing professional development being multi-disciplinary in nature, although accept that some training is role-specific to doctors.

It is an important part of process to ensure that every doctor, in the process of appraisal, develops a learning plan for the coming year, and has assessment of achievement against this plan at the subsequent appraisal. Training and educational objectives developed in this way should be clearly related to the role provided, rather than the individual interests of the doctor.

1.8.1 Current Status

Educational opportunities for established GPs are arranged by locally appointed advisors, who are able to co-ordinate aspects of post graduate training for local GPs. The NHS Board supports protected learning time in primary care, which facilitates team based learning, and some large meetings aimed at meeting Board priorities for learning.

Some educational events are sponsored by Pharmaceutical companies, who see it as an opportunity to promote both the company and their products. NHS Dumfries and Galloway has introduced an agreement with companies that sponsor educational meetings that attempts to
minimise the risks of inappropriate promotion of pharmaceuticals, and aspires to reduce sponsorship of educational events as much as possible. Sole endowment funds may provide a more suitable alternative to pharmaceutical company sponsorship.

In secondary care most clinicians obtain continuing professional development through their respective Royal Colleges, who will set the standards for accredited training and provide evidence of training to support revalidation. Consultants, as part of their contract, are entitled to a total of 30 days study leave in each three year period, and, in addition, have up to 2.5 x 4hourly sessions devoted to supporting professional activities, which includes professional development.

NHS Dumfries and Galloway is committed to providing generic CPD where needs are identified, and supports the delivery of these opportunities to mixed groups of primary and secondary care clinicians.

Very recently a SAS doctor CPD adviser has been appointed, this will facilitate the identification of generic learning needs of this group; and working with NHS Education of Scotland support the development of bids for top up training from this group of doctors.

1.8.2 Appraisal

All doctors are required to undergo annual appraisal, at which their educational or other needs are discussed in relation to the job they perform. Participation in annual appraisal is a requirement for revalidation.

Within Dumfries and Galloway a well structured appraisal process is in place for GPs and other primary care doctors: This is provided by doctors who have gone through structured training delivered by NHS Education of Scotland, and is delivered according to nationally laid out processes and standards.

In secondary care training for appraisers to allow 100% of SAS doctors and consultants to be appraised by a trained appraiser is almost complete.

NHS Dumfries and Galloway note the development of revalidation for doctors, and are committed to providing a structure to support doctors through the process of revalidation, to ensure their continuing professional development, and to enhance the safety and effectiveness of the services provided.

1.8.3 SAS/Speciality Doctors

The anticipation is that training numbers are going to fall, this in combination with EWTD means that Boards will need to appoint increasing numbers of specialty doctors.

Although an excess of CCT holders is anticipated in 2010 - 12 it is unlikely that these doctors will be enthusiastic about taking speciality doctor posts.
It should be anticipated that the group of speciality doctors will be made up of doctors who for social or other reasons chose not to complete CCT but do wish to continue to work in a speciality, others who have not managed to achieve acceptance onto speciality training programmes, and others who have trained abroad and wish to enter UK practice. Clearly these doctors may have diverse but significant training needs.

The Scottish Government allocation of funding to support additional training for this group is welcome, as is the appointment of a SAS doctor CPD adviser to support the process of application for funding.

2. **Strategic Aims**

NHS Dumfries and Galloway aims to maintain a highly skilled medical workforce fit for purpose, by providing quality assured medical education, for undergraduates, postgraduates, and those who have completed training; by supporting students and doctors in gaining and maintaining competence, and supporting remediation in cases of underperformance. Specifically

- Provide quality undergraduate training meeting requirements of GMC, universities students and patients
- Provide quality postgraduate training meeting requirements of GMC, trainees, and patients
- Support medical workforce in maintaining and developing appropriate skills meeting requirements of NHS Dumfries and Galloway, the workforce, and patients
- Support doctors in the process of appraisal and revalidation
- Support, where possible ,underperforming doctors
- Contribute to research and development in the understanding of quality medical education
- Developing Dumfries and Galloway as a preferred place of employment to increase our ability to recruit to all posts, both training and non-training
- Marketing Dumfries and Galloway as a preferred place to train.

3. **Elements of the Strategy**

3.1 **Undergraduate Medical Education**

3.1.1 **Aims**

NHS Dumfries and Galloway will:-

1. Provide adequate facilities
   - Accommodation
   - Library
• IT access (we plan to develop wi-fi network in the residency to make communication easier for students with lap-tops etc)

2. Provide pre-placement information sufficient to allow students to maximize their opportunities

3. Provide induction to the education centre and departments to ensure patient and student safety. This will include occupational health requirements.

4. Provide quality controlled educational supervision

5. Provide quality controlled teaching. Both this and educational supervision will continue to be improved as a result of acting on regular feedback from students.

6. Provide quality controlled assessment

7. Identify and respond to underperformance in students following the appropriate university’s guidelines

8. Provide support on issues unrelated to medical training (pastoral support)

3.2 Doctors in Training

3.2.1 Aims

NHS Dumfries and Galloway will:

1. Provide adequate facilities
   • Accommodation (currently provided free of charge)
   • Library
   • IT access
   • Simulator training

2. Provide generic and departmental inductions which meet GMC standards

3. Provide administrative support to deliver well organised quality medical education

4. Provide a structure to facilitate delivery of quality medical education

5. Provide opportunities to access appropriate experience

6. Provide quality controlled educational supervision

7. Provide access to quality controlled teaching
8. Provide quality controlled assessment
9. Identify and respond to underperformance in trainees following the NES guidelines.
10. Provide reasonable adjustment for trainees with disabilities, education, physical or social needs
11. Provide access to occupational health services and pastoral support as required.
12. Encourage trainees to contribute to the culture of patient safety
13. Ensure that where doctors in training are involved in patient safety incidents learning from these takes place.
14. Ensure that where doctors in training are involved in patient safety incidents appropriate pastoral support is available and responsive.
15. Encourage trainees to contribute to QI initiatives

3.3 Faculty development

3.3.1 Aims

Dumfries and Galloway will strive to ensure that:-

1. Educational and clinical supervisors and student tutors are trained, appraised and supported in that role.
2. Teaching fellows are trained, appraised and supported in that role.
3. Consultants have educational roles- teaching supervision, planning and organization of education recognized in their job plans.

3.4 Continuing Professional Development

3.4.1 Aims

NHS Dumfries and Galloway will:-

1. Provide annual appraisal by trained appraisers for all doctors.
2. Work with NES via local associate advisors to facilitate development of continuing professional development opportunities in primary care.
3. Support the development of educational initiatives where educational needs for groups of medical staff are identified.

4. Encourage the development of commitment to patient safety culture

5. Work with NES via local SAS adviser to address the needs of SAS doctors

6. Provide opportunities for teaching faculty development

**Research and Development**

**3.5.1 Aims**

NHS Dumfries and Galloway will:

1. Encourage educators to consider introduction and robust evaluation of innovative educational interventions based on sound educational principles.

2. Encourage involvement in national research projects to enhance understanding of medical education

3. Engage in projects to enhance understanding of educational needs.

4. Encourage collaborative working between departments of education and research and development to further the aims of both departments.

5. Encourage collaboration with NES to develop educational research expertise within the region

**3.6. Public Involvement**

NHS Dumfries and Galloway has not to date involved patients or public in strategic planning of medical education. It would be worthwhile to open debate about how and when public representatives could be beneficially involved.

**3.7 Inter-professional development**

In primary care team learning is encouraged particularly during PLT, in psychiatry trainees are taught with other mental health professionals, but inter-professional learning is not well established in other groups. CRM (Human factors training) and Patient centred care developmental sessions have recently been introduced for multidisciplinary groups.

**3.8 Underperformance in doctors**
Concerns about a doctor’s performance may come about in a variety of ways, including incident reporting, review of performance against job plans at appraisal and job planning, quality monitoring procedures and complaints. As quality control mechanisms increase, appraisal is strengthened and the patient safety culture is increasingly adopted it is anticipated that more issues relating to doctors performance may be identified.

Where concerns arise about the performance of doctors in training these are dealt with by the educational supervisor, the relevant clinical director and NHS Education Scotland in the first instance, and where appropriate the Director of Medical Education and the Medical Director are involved.

In secondary care concerns regarding permanent medical staff are investigated by clinical directors, and the Medical Director; The initial aim in areas of under-performance will be to identify health difficulties, and to consider augmented training either in Dumfries and Galloway or elsewhere. This may require to be coupled with pastoral support and counselling.

In primary care concerns are reviewed by the Medical Director, with the approach described above of providing assistance to doctors to re-acquire suitable skills and behaviours.

Referrals for support for underperforming doctors can be made to NCAS (National Clinical Assessment Service) and NHS Education Scotland for GPs by the Medical Director.
4. ACTION PLAN: As At January 2013:

4.1 Action plan: Undergraduate Training

<table>
<thead>
<tr>
<th>Area</th>
<th>Work plan</th>
<th>Status</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Facilities</td>
<td>Development of IT wireless access in the residences</td>
<td>On-going</td>
<td>6 months</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Discuss with DGRI and CRH departments of findings from local and national feedback, identify areas where improvement is required and develop action plans to address areas for improvement.</td>
<td>On-going</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Quality control information gathering and action planning should be extended to primary care placements. NES considering supply of this.</td>
<td>To do</td>
<td>12 months</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Add an Emergency Dept placement for Glasgow students</td>
<td>On-going</td>
<td>18 months</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Bring together groups of primary and secondary care students to facilitate improved understanding of rural medicine</td>
<td>On going</td>
<td>12 months</td>
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<tr>
<td>Area</td>
<td>Work plan</td>
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<tr>
<td>Facilities</td>
<td>Development of web-based hospital handbook</td>
<td>On-going</td>
<td>18 months</td>
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<td>Support for Education</td>
<td>Consider patient representation on the education committee</td>
<td>To do</td>
<td>24 months</td>
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<tr>
<td>Organization of education</td>
<td>Inclusion of educational role in appraisal discussion and job plans of consultants</td>
<td>On-going</td>
<td>12 months</td>
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<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Develop revised trainee feedback mechanism for end of each block, to meet GMC trainers needed</td>
<td>On-going</td>
<td>6 months</td>
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</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Develop mechanism for demonstrating that trainers meet GMC criteria</td>
<td>On-going</td>
<td>12 months</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Run annual audit and poster competitions with supporting learning session</td>
<td>On-going</td>
<td>indefinite</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Continue to offer language and communication skills courses for IMGs</td>
<td>On going</td>
<td>indefinite</td>
</tr>
<tr>
<td>Educational supervision, teaching and assessment</td>
<td>Develop support for trainees with specific learning problems such as dyslexia</td>
<td>On going</td>
<td>2 years</td>
</tr>
<tr>
<td>Contribution to patient safety</td>
<td>Work with depts. to improve effectiveness of incident reporting and ensure that information about trainees involved in incidents is received by supervisors.</td>
<td>On-going</td>
<td>12 months</td>
</tr>
<tr>
<td>Contribution to patient safety</td>
<td>Improve understanding of FY attitudes to patient safety</td>
<td>On-going</td>
<td>24 months</td>
</tr>
<tr>
<td>Contribution to patient safety</td>
<td>Support the involvement of trainees in QI and patient safety initiatives</td>
<td>On going</td>
<td>indefinite</td>
</tr>
</tbody>
</table>
### 4.3: Action Plan: Faculty development

<table>
<thead>
<tr>
<th>Area</th>
<th>Work plan</th>
<th>Status</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td>All educational supervisors should have taken part in training for that role. Local courses are being offered.</td>
<td>On-going</td>
<td>indefinite</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Annual training events run for student tutors</td>
<td>On-going</td>
<td>Indefinite</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Faculty development events according to identified needs</td>
<td>On-going</td>
<td>Indefinite</td>
</tr>
<tr>
<td><strong>Appraisal / job planning</strong></td>
<td>Develop mechanisms for ensuring the trainers can demonstrate that they meet GMC criteria</td>
<td>On-going</td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Teaching fellows offered places of Scots Educational supervision courses, and supported in undertaking PG courses</td>
<td>On-going</td>
<td>indefinite</td>
</tr>
<tr>
<td><strong>Training /Development</strong></td>
<td>Develop an interest group offering teaching using simulation</td>
<td>On-going</td>
<td>12 months</td>
</tr>
</tbody>
</table>

### 4.4: Action Plan: Continuing Professional Development

<table>
<thead>
<tr>
<th>Area</th>
<th>Work plan</th>
<th>Status</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td>Consultation skills for consultants courses in development</td>
<td>In progress</td>
<td>24 months</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>IMGs-Continue to offer language and communication skills courses</td>
<td>On going</td>
<td>indefinite</td>
</tr>
<tr>
<td><strong>Contribution to patient safety</strong></td>
<td>Develop a faculty trained to deliver CRM training and deliver regular courses</td>
<td>On-going</td>
<td>indefinite</td>
</tr>
<tr>
<td><strong>Contribution to patient safety</strong></td>
<td>Support development of patient centred care training events</td>
<td>On-going</td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>SAS adviser to develop her role</td>
<td>Not started</td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Support SAS doctors in applying for NES funding for additional training</td>
<td>On going</td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Contribution to patient safety</strong></td>
<td>Support the development of skills required to deliver primary care SPS programme</td>
<td>On going</td>
<td>5 years</td>
</tr>
</tbody>
</table>
### 4.5: Action Plan: Augmenting links with Research / developing public involvement / developing interprofessional learning opportunities

<table>
<thead>
<tr>
<th>Area</th>
<th>Work plan</th>
<th>Status</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouragement to take part in educational research</td>
<td>Educational fellows and associate advisors, elective students and trainees encouraged to take part in educational research</td>
<td>On going</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Encouragement to take part in educational research</td>
<td>Encourage collaboration with NES</td>
<td>On Going</td>
<td>3 years</td>
</tr>
<tr>
<td>Public Involvement</td>
<td>Develop a proposal for patient involvement</td>
<td>Not started</td>
<td>3 years</td>
</tr>
<tr>
<td>Inter-professional learning</td>
<td>Develop a strategy to develop opportunities to encourage appropriate inter-professional learning</td>
<td>Not started</td>
<td>3 years</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Reviewing current recruitment initiates regularly at every Education committee meeting</td>
<td>On Going</td>
<td>indefinite</td>
</tr>
</tbody>
</table>

### 3. Review

This strategy will be reviewed no less than 3 years following the date of acceptance by D&G Health Board.

### References

1. NHS Education Scotland. NES EDUCATIONAL GOVERNANCE AND MANAGEMENT FRAMEWORK 8 May 2006 (Internet) cited 1.8.09