Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	24th April 2019	**Level(s)**	ST
Type of visit	Scheduled	**Hospital**	Royal Infirmary of Edinburgh & Western General Hospital
Specialty(s)	Radiology	**Board**	NHS Lothian

Visit panel	
Professor Clare McKenzie	Visit Lead, Diagnostics Lead Dean Director & Postgraduate Dean (East Region)
Dr Shilpi Pal	Training Programme Director, Radiology, East Region
Dr Euan Harris	Trainee Associate
Mr. Daniel McQueen	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Ms Lorna McDermott	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Diagnostics	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead	Dr Fiona Ewing	
Quality Improvement Manager(s)	Miss Kelly More	
Unit/Site Information		
Non-medical staff in attendance	n/a	
Trainers in attendance	RIE – 11 WGH - 10	
Trainees in attendance	25 trainees from ST1 – ST7	
Feedback session: Managers in attendance	Associate Director of Medical Education – RIE, Associate Director of Medical Education - WGH	

Date report approved by Lead Visitor	03/05/19

1. Principal issues arising from pre-visit review

The Deanery's scheduled visit programme aims to visit each unit/location delivering training once every five years. Accordingly, a scheduled visit is being arranged to the Radiology departments at the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH). The visit team will take the opportunity to gain a broad picture of how training is carried out within the department and to identify any areas of innovation or good practice for sharing more widely. The visit provides an opportunity for trainees and staff within the unit/department to tell the Deanery what is working well in relation to training; and also to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

At a previous visit to the Royal Infirmary in November 2013 the Visit Party recognised the very good training environment that the Clinical Radiology Unit provides and that feedback from the trainee cohort was very positive.

The TPD and their Trainer cohort are to be commended for their work in addressing and resolving the issues that prevailed in 2009/2010 at the time of the previous Deanery Visit and for the support that they provide to the existing trainees.

The Deanery has not visited the Western General site in the last 5 years.

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 includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13)

RIE Trainers: When trainees join in ST1 they have a formal departmental induction which covers both RIE and WGH, written guidance is provided. This works well. Trainees are given further guidance and training before undertaking on call work including guidance on working in a trauma centre and when to call for help. If a trainee missed induction for any reason a catch-up session is provided.

WGH Trainers: Trainees are given a tour of the department when they first start. They are given further guidance and training before undertaking on call work. This includes a document that is updated annually by the lead trainee. If trainees miss induction a catch-up session is provided.

When trainees join the department of clinical neuroscience (DCN), they have a 1 hour session giving them detailed instructions about the department including who to contact for support and which meetings they can attend. They can access a dropbox for written information. They also meet the staff and get a tour of the work areas.

RIE Trainees: The departmental induction was good. They did not find the hospital induction very useful as it was not relevant for them. They did not meet the radiographers and thought it would have been helpful to do so.

WGH Trainees: Many trainees start here and found the departmental induction was good. When working in DCN, not all the radiographers wear badges so it can be difficult to know who they are. Introductions would also be helpful as well as name badges and/or photos.

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

RIE Trainers: There is 1 hour of local teaching once a week which takes place on alternate Tuesdays and Thursdays. This is based on interesting cases. There is also musculoskeletal (MSK) teaching on a Wednesday morning for 30 minutes. Trainees also have access to exam based teaching for parts 2A and 2B, the former being organised by Dr Jackson and the latter by trainees. The Training Programme Director (TPD) arranges specific exam preparation for those who have failed the exam previously.

Trainees attend monthly hot topic sessions, which are organised by the lead trainee. ST1s attend physics teaching organised by that department.

WGH Trainers: Trainees have 1 hour of weekly local teaching on a Friday morning which includes preparation for on call and communicating with other departments. As with the RIE trainees they can also attend exam based teaching and 2B exam viva practice is provided locally. They can attend multidisciplinary team meetings (MDTs). Depending on the specialty they may be able to present cases but at some meetings there are just too many cases to get through. Additional evening teaching is offered for 2A exam teaching.

Currently formal departmental teaching is not provided in DCN due to lack of trainee numbers. One hour on a Wednesday morning had previously been set aside for teaching but can only take place if there is more than 1 trainee on shift. Trainees attend the morning departmental clinical meeting but the viva style case presentation has been removed as trainees will not have had a chance to prepare beforehand and feedback had advised that this was stressful for trainees.

RIE Trainees: There is 1 hour of local teaching once a week which takes place on alternate Tuesdays and Thursdays. There is also MSK teaching on a Wednesday morning for 30 minutes as well as a monthly hot topics session which is trainee led. Trainees preparing for part 2A of their exam have consultant led teaching. These teaching sessions were valued.

All trainees attend 1st year physics and anatomy teaching sessions. They found that the balance of the physics teaching was not always right but were unsure how to feed this back as it is not organised by the department. Trainees were unaware of any system to collate feedback about the physics teaching.

WGH Trainees: Trainees have 1 hour of weekly local teaching on a Friday morning as well as hot topic teaching. When working in the breast unit there is no formal teaching but they do not mind. In DCN there used to be formal teaching on a Wednesday morning which was valued by the trainees but this no longer happens. Trainees feel that more teaching in this area would be useful as it is a common question in exams.

2.3 Study Leave (R3.12)

RIE Trainers: There are no issues with study leave.

WGH Trainers: There are no issues with study leave

All Trainees: None of the trainees had any issues with study leave.

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

RIE Trainers: The TPD allocates trainees to educational supervisors. Clinical supervisors are allocated for each rotation. If there are any issues the supervisor will be changed. Trainers work regularly with trainees so if a trainee has any issues the new supervisor will likely already be aware of it. There is no system to advise if a trainee has issues when they enter ST1 training. Supervisors have been adequately trained.

WGH Trainers: The TPD allocates trainees to educational supervisors. A trainee tends to have the same educational supervisor for the duration of their training. Supervisors have had training. They do not feel that they have enough time in their job plans. Trainers in RIE and WGH report problems with new RCR e-portfolio.

All Trainees: All trainees knew who their educational supervisor was and had met with them & agreed a learning plan. A new RCR e-portfolio system had been introduced recently and which is reported to be slow and not intuitive.

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

RIE Trainers: Trainers can access the college website if they want to look at the curriculum. In order to ensure that trainees get enough experience in ultrasound, this is now delivered using a simulator. Radcad (radiology based simulation) is used to upskill in different parts of the curriculum. The department tries to be responsive to gaps in trainee experience rather than rushing to achieve competencies nearer the end of a training block. This may involve extra training or time in other departments across Lothian.

WGH Trainers: Trainers use the college website to ensure that they know all the curriculum requirements. Procedures such as percutaneous biopsies are more challenging to obtain due to frequency of the procedures.

RIE Trainees: There is a high volume of acute inpatient work and subspecialty rotations with less outpatient work. Only senior trainees undertake outpatient sessions. Trainees did feel on occasion that there can be a reluctance to check their plain film reports due to workload of the consultants. When working in the core MSK block the focus is on knees and more experience on other joints would be useful. Experience in nuclear medicine and gynaecology is variable. When on rotation to the children's hospital they gain excellent experience and can attend MDTs. On occasion trainees can be pulled out of their sub-specialty blocks to cover service provision such as ultrasound scans or reporting plain films due to radiographer sick leave. However recently this has occurred when consultants have planned leave and is reported to be due to an admin error which is being addressed.

WGH Trainees: There is a lot of outpatient work but less subspecialty work. When working in DCN, trainees feel that they get enough experience. Rotations in breast, MSK and nuclear medicine are short. It is rare for trainees to taken out of their dedicated sessions to cover ultrasound.

Overall, trainees really value their district general hospital experience in St John's Hospital in Livingston.

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

RIE Trainers: The TPD sends a list of what assessments trainees need to complete to the trainers in the department. Trainees are also asked to remind consultants when they need to complete an assessment. Training on how to complete the assessments is provided by the Royal College of Radiologists (RCR).

WGH Trainers: The TPD sends a list of what assessments trainees need to complete to the trainers in the department. Some subspecialties set assessment targets at the initial clinical supervision meeting. A new RCR e-portfolio system was introduced but limited training was provided.

RIE Trainees: Trainees in years 1-3 are not able to attend MDT meetings so it can be difficult to complete assessments covering this area of work. Apart from that there are no issues.

WGH Trainees: There are no problems with assessments.

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

RIE Trainers: Surgical meetings are attended by staff of different grades from different departments. Trainees can attend intensive care meetings. Any simulation training delivered can also be multi-disciplinary.

WGH Trainers: Junior trainees work with radiographers to learn from them. Trainees working in DCN also work with sonographers. MDTs are multidisciplinary training opportunities.

All Trainees: Several opportunities to work and learn with other disciplines within MDTs. One of the trainees recently organised a cardiac training day which was attended by various staff groups.

WGH Trainees: When working in DCN there is a daily morning meeting attended by neurologists and neurosurgeons which trainees attend.

2.8. Adequate Experience (Quality improvement) (R1.22)

RIE Trainers: Trainees undertaking projects are supported to do so. Senior lecturer organises audit and QI for trainees. There is a weekly interventional radiology QIP. Academic supervisors support research and PhDs.

All Trainees: There are enough opportunities to undertake projects and audits.

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

RIE Trainers: During the day trainees tend to be with a consultant most of the time. Out of hours there is a named consultant on the rota. Trainees are encouraged to call if they have a problem or need advice.

WGH Trainers: The rotas outlines who to contact. There is usually someone around to help trainees so they are not on their own. When working in DCN, there is usually a consultant around or there is a named contact on the rota. When reporting on a neck scan (which not all DCN consultants cover), it is suggested to trainees that they plan when they report these scans so that there is someone around who can check it. Colour coded badges are provided to highlight the grade of trainee.

RIE Trainees: There is enough supervision both in and out of hours. All the consultants are very supportive and approachable. Evening workload is heavy and the numbers of scans are increasing. They can call a consultant if workload is too great.

WGH Trainees: There is enough supervision both in and out of hours although it can be difficult to work out from the rota who is covering which area of work out of hours. When working in DCN, it can be difficult to identify who to approach with a query when working with outpatient reports and out of hours with a report which covers the neck. (The trainee has to spend time seeking an opinion from a consultant who is not on call but covers neck scans).

2.10. Feedback to trainees (R1.15, 3.13)

RIE Trainers: Feedback is provided on every report that a trainee produces. When undertaking a CT scan list trainees often work with the same consultants so they are able to comment on a trainee's overall performance.

WGH Trainers: Feedback is provided at the time and assessments are used as a mechanism for formal feedback.

All Trainees: Feedback is often given to trainees and they feel it is useful. Some trainees felt that they would value a more global overview on how they are getting on at specific stages of their training.

2.11. Feedback from trainees (R1.5, 2.3)

RIE Trainers: Trainees can provide the TPD with feedback at the hot topics teaching sessions. There are trainee representatives on the specialty training committee (STC). Feedback is also collected at the end of block educational supervisor meeting. Clinical director is part of STC so that service is aware of any training issues.

WGH Trainers: A trainee's experience is adapted based on the feedback they provide.

All Trainees: Some trainees have completed 360-degree forms for consultants. There is time at the end of the hot topics sessions to provide feedback as the TPD sometimes attends these meetings. They are unsure if this will continue when the new TPD is appointed. Trainees can also feed back to their educational supervisor or the lead trainee who will take their feedback to the correct person. There is also a STC that has trainee representation on it. Trainees felt the lead trainee role was valuable as a conduit for addressing issues.

2.12. Workload/ Rota (1.7, 1.12, 2.19)

RIE Trainers: Trainees' experience is tailored to their individual needs. It is a very busy department including out of hours but trainees are given guidance and support to deal with this. It is recognised that workload will be changing with the reorganisation of clinical services in NHS Lothian. Service leads and training leads will be overseeing this and will liaise with trainees when service decisions are finalised.

All Trainees: Workload on both sites is busy and when on call covering all sites, trainees feel that the workload has increased. There are 2 trainees (1 in RIE and 1 in WGH) from 1700 to 2130. There is 1 trainee working on call overnight. There is weekend consultant presence.

Out of hours, trainees are encouraged to contact a consultant as soon as they need advice/help. Consultants will come in if requested or needed. There is not always a queue of scans needing done but the work is constant with little opportunity for a break. Trainees suggest that a possible solution to this would be to have another trainee working later into the evening but trainees recognise that this would take time away from day time training.

2.13. Handover (R1.14)

RIE Trainers: Trainees are on site at the handover times and trainers feel this works well and there are no issues.

WGH Trainers: The main hospital site adds all patients to the reporting list. DCN patients are not added to the list.

All Trainees: When working in the evening, the handover from the day staff to the trainee working from 1700 is variable. This is especially true from scans undertaken at St John's which need to be reported by DCN (if head & neck). Trainees do not always know about these as DCN do not use the departmental reporting list. An example was provided of a scan that was not reported OOH as trainees were unaware that it had been undertaken until the clinicians contacted the department directly. They are concerned that this could lead to patients' scans being missed and not reported.

2.14. Educational Resources (R1.19)

RIE Trainers: There is a planned redesign programme underway that should hopefully increase the workspace available in the department to include a new reporting area. This will come into force when the children's hospital relocates to its' planned new site.

WGH Trainers: The duty room is too hot. They would like more workstations. The layout of the department can be difficult to provide feedback on scans as there is not space to work in the same room.

All Trainees: Both sites would benefit from more workstations which should be able to view imaging and doing audit work. They would need to have access to Microsoft word. This is reported to be an NHS Lothian IT restriction as it is possible in other health boards. There is no dedicated space to undertake audit and QI. There is no mobile phone signal in areas of WGH.

WGH Trainees: The trainee room was removed around 2 years ago without consultation so there is no longer a dedicated trainee space. The duty room is extremely hot and difficult to work in.

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

RIE Trainers: Trainees are encouraged to contact the TPD or their educational supervisor if they have any issues. Trainees can also access external support mechanisms such as their GP, staff counselling services or occupational health.

WGH Trainers: Support is provided by the clinical or educational supervisor. If necessary issues are escalated to the TPD or deanery performance support unit. Trainers were aware of the opportunity for those returning to undertake Keep In Touch days.

All Trainees: All trainees feel that there is a great deal of support for trainees who need it. The TPD is reported to be extremely supportive with good examples provided. One thing that could be improved is when a trainee returns from maternity/paternity leave they could be phased into on call work rather than being straight back in to it.

Trainees and trainers reported feeling undervalued by the fact that their IT accounts were deleted when they were off on maternity leave.

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

RIE Trainers: There is not really a college tutor role anymore and this used to be a good link with education quality. The trainers reported not having contact with the DME and were unaware of any quality assessments of Educational Supervisors.

All Trainees: Trainees think that the TPD is responsible for the quality of their education. One or 2 trainees were aware of the director of medical education structure.

2.17 Raising concerns (R1.1, 2.7)

RIE Trainers: Trainees are encouraged to raise concerns with any of the consultants. Incidents are used as learning which was demonstrated by the implementation of arrest training and anaphylaxis guidance. There are also discrepancy meetings with feedback.

WGH Trainers: Trainees are encouraged to raise concerns with any of the consultants.

All Trainees: Trainees would discuss any concerns with someone in the department first and submit a Datix if necessary.

2.18 Patient safety (R1.2)

RIE Trainers: Trainees are aware of how to raise any incidents. Incidents are used as learning which was demonstrated by the implementation of arrest training and anaphylaxis guidance.

All Trainees: Trainees have no concerns about patient safety.

2.19 Adverse incidents (R1.3)

RIE Trainers: These are recorded on Datix, feedback is provided and changes are made where necessary although they may not be formally badged as changes following Datix feedback. Serious adverse events are discussed as part of a separate process. Incidents are also discussed at a discrepancy meeting and feedback provided.

All Trainees: Each site has discrepancy meetings and M&M meetings where adverse incidents are discussed. There are minutes of these meetings circulated.

2.20 Duty of candour (R1.4)

RIE Trainers: Support is provided through well established channels

All Trainees: Trainees would be supported if something went wrong.

2.21 Culture & undermining (R3.3)

RIE Trainers: The consultants all get on well and they hope that the trainees can see this and learn from it. Trainees are treated as part of the team and as future consultant colleagues. They spend quite a bit of time together so relationships are formed. If there are any issues including with staff out with the department then these are dealt with. Many trainees have gone onto become consultants within the department. Trainers recognise that interaction with other departments can be challenging when declining a scan request and provide training on strategies to deal with difficult conversations.

WGH Trainers: The department is open and friendly. There is a communal lunch room and trainees are invited to attend social events. Trainees are asked during educational supervision meetings if they have any issues they wish to raise. The lead trainee is an alternative point of contact for the trainee.

In DCN, trainees are advised at induction on how to deal with interactions with some members of the departmental staff and encouraged to raise issues should they encounter them. They also have a shared lunch room.

RIE Trainees: Each staff group has their own area for breaks so there is not as much of a team culture on this site.

WGH Trainees: There is a share coffee/lunch space on this site which helps foster a team culture.

Both sites are said to be supportive environments.

2.22 Other

RIE Trainers: The department feel that they are particularly good at pastoral care. The training delivered is good and there is a strong team environment. They tailor experience to the trainees' individual needs and a number of recent consultant appointments were trainees who had trained in the department. The consultants would welcome more informal feedback from trainees including positive feedback.

RIE Trainees: In terms of overall satisfaction the trainees scored the site between 7 & 9.

WGH Trainees: In terms of overall satisfaction the trainees scored the site between 7 & 10. They scored DCN between 5 & 9.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely –
		x		

This was a very positive visit to two sites who value training. The supportive trainers are engaged with their trainees and trainees report that they enjoy working in the environment. The trainers offer regular feedback and formal teaching despite heavy clinical workload. Innovation to cover the curriculum and provide trainees able to be ready for consultant posts highlights a proactive approach to training. Trainees have good access to raise training issues through the Lead Trainee role and provided further suggestions for improvements. Facilities and working environment continue to be an issue on both sites. The panel had concerns over the need to provide guidance to new trainees who rotate to DCN regarding their interactions with some members of the department however trainees did not raise this as an issue. Increasing workload is reported by both consultants and trainees which will be reviewed as the clinical services change in NHS Lothian.

Positive aspects of the visit were:

- Consultants on both sites are said to be supportive, approachable and provide excellent clinical supervision and informal feedback.
- Formal teaching and exam support are very good.
- The lead trainee role is appreciated by trainers and trainees
- There is a good team working ethos in RIE and WGH
- The on-call induction document is an excellent resource
- Innovation is demonstrated by introduction of ultrasound simulation, Radcad (simulation-based training linked to an image source), anaphylaxis training and assessment of trauma competence
- The TPD, Dr Judith Anderson, is highlighted as approachable, proactive and supportive both by trainees and trainers
- Trainees have access to good academic opportunities

Less positive aspects of the visit were:

- Facilities such as the provision of workstations and office space must be improved in both sites and the temperature in WGH duty room reviewed to facilitate a comfortable working environment
- There must a be a single reporting list, which includes DCN and peripheral site patients, available as part of the handover process to improve patient safety.
- Formal DCN teaching should be developed (which could be incorporated into the Friday morning WGH teaching to ensure good attendance).

4. Areas of Good Practice

Ref	Item	Action
4.1	The lead trainee role is appreciated by trainers and trainees	n/a
4.2	The on-call induction document is an excellent resource	n/a
4.3	Innovation is demonstrated by introduction of ultrasound simulation, Radcad (simulation-based training linked to an image source), anaphylaxis training and assessment of trauma competence	n/a
4.4	The TPD, Dr Judith Anderson, is highlighted as approachable, proactive and supportive both by trainees and trainers	n/a

5. Areas for Improvement

Ref	Item	Action
5.1	It would be helpful to the trainees if they met the senior radiographers as part of their induction to the departments.	n/a
5.2	Trainees would like the opportunity to feed back on the physics teaching	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Provision of additional workstations to enable trainees to view reports and fulfil their audit/QI and other work requirements.	24 January 2020	All
6.2	There must be an effective single reporting list for OOH (which includes DCN and peripheral units) to ensure appropriate oversight of patient care.	24 January 2020	All
6.3	Establish DCN teaching for all trainees.	24 January 2020	All.

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" – located at the bottom of the webpage.

7. DME Action Plan: to be returned to QIM on 25 June 2019

Ref	Issue	By when	Owner	Action(s)	Date Completed
7.1	Provision of additional workstations to enable trainees to view reports and fulfil their audit/QI and other work requirements.	24 January 2020			
7.2	There must be an effective single reporting list for OOH (which includes DCN and peripheral units) to ensure appropriate oversight of patient care.	24 January 2020			
7.3	Establish DCN teaching for all trainees.	24 January 2020			