Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	19th June 2019	**Level(s)**	Core
Type of visit	Programme	**Hospital**	Aberdeen Royal Infirmary, Raigmore Hospital, Inverness, Ninewells Hospital, Dundee and Perth Royal Infirmary.
Specialty(s)	Acute Common Care Stem	**Board**	NHS Grampian, Highland & Tayside

Visit panel	
Professor Adam Hill	Visit Lead, Postgraduate Dean South East Region & Lead Dean Director for Emergency Medicine, Anaesthetics & ICM (EMA)
Dr Cieran McKiernan	Associate Postgraduate Dean for EMA, West Region
Dr Moray Kyle	Trainee Associate
Mr. Stuart Holmes	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Lorna McDermott	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Emergency Medicine, Anaesthetics and Intensive Care Medicine	
Lead Dean/Director	Professor Adam Hill	
Quality Lead	Dr Mohammed Al-Haddad	
Quality Improvement Manager(s)	Miss Kelly More	
Unit/Site Information		
Non-medical staff in attendance	n/a	
Trainers in attendance	4 from Aberdeen, 5 from Ninewells/Perth & 2 from Inverness	
Trainees in attendance	9 from Aberdeen, 6 from Ninewells/Perth & 2 from Inverness	
Feedback session: Managers in attendance	DME, ADME & medical educational manager from Tayside, ADME & medical education manager from Grampian and ADME from Highland.	

Date report approved by Lead Visitor	24/06/19

1. Principal issues arising from pre-visit review

Due to the lack of feedback available for smaller specialties it has been decided that a programme visit be held to the Acute Common Care Stem (ACCS) programme. The purpose of the programme visit is to meet with all trainees and trainers to review training, education and experience within the unit against the requirements of the GMC's Standards for Medical Education and Training.

The visit will assist the programme in identifying strengths and areas for improvement and is an opportunity for trainees and trainers to raise current issues relating to postgraduate medical education and training with Deanery staff.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were issues relating to the programme rather than the site for example teaching, induction and overall experience.

A summary of the discussions has been compiled under the headings in section 3 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)

East Trainers: Trainees have an induction wherever they start working, they tried to do an ACCS wide induction in the past but it did not work. They have another induction when they start working in anaesthetics. Previous trainee feedback indicated that trainees would like contact with their parent specialty early on which is why many of them start in their parent specialty.

North Trainers: All ACCS trainees have a bespoke induction day on the 3rd Thursday in August. All trainees attend and more senior trainees act as advisors/buddies to the new trainees. The buddies are linked to the trainee's parent specialty. They have had positive informal feedback about this process.

Trainees based in Inverness also attend this induction. They have 2 ST1 trainees – 1 in emergency medicine and 1 in acute medicine.

East trainees: Trainees who joined the programme in previous years did not have a programme specific induction but felt that it would have been useful. Those who joined in August did have an induction which was helpful to them. They also have an induction for each department they work in.

North trainees: They do have a programme specific induction which is useful but doesn't include any information about how to complete forms for the Annual Review of Competency Progression (ARCP). The departmental induction for anaesthetics was focused on higher specialty training so was not really appropriate to the core trainee level. Not all trainees working in acute medicine could attend their departmental induction and ad-hoc sessions were not provided.

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

East Trainers: Trainees have 3 simulation based sessions a year but no ACCS teaching as such. All ST1s are invited to attend. Trainees can also access teaching in the departments in which they are working and/or teaching in their parent specialty. A variety of teaching is available for example clinical skills, practical skills and formal lecture style sessions.

North Trainers: The trainees have 6 ACCS specific teaching days a year, 1 of which is in Inverness. Dates are circulated well in advance so that trainees have a lot of notice to apply for study leave. As in the east trainees can also access teaching in the departments in which they are working and/or teaching in their parent specialty.

East trainees: Emergency medicine based trainees are invited to attend departmental teaching but this can be trickier to do once they leave the department particularly when working in intensive care or acute medicine. It is easier when working in anaesthetics as their departmental teaching is run at the same time.

North trainees: They have 6 days a year of ACCS specific teaching. They also attend departmental teaching if they are able to do so but this depends on workload. Experiences of acute medicine trainees being able to attend core medical teaching are variable.

2.3 Study Leave (R3.12)

Trainers: There are no issues with trainees obtaining study leave.

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

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

Trainers: In all regions trainees' educational supervisors are from the specialty that the trainee is working in.

All Trainees: All trainees had an educational supervisor however, some trainees felt that their supervisor was not aware of their curriculum requirements. This was especially true when working in acute medicine. Their knowledge also depended on their IT skills as the e-portfolio online system is tricky to use. All of the e-portfolios have their own nuances and checklists which can be difficult to navigate. Trainees felt that it may be more useful to have one educational supervisor for the duration of their training who had overall responsibility for the trainee.

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

Trainers: There are no issues with trainees completing the competencies they require for each stage of their training.

East Trainees: When working in emergency medicine in Ninewells and Perth it can be more difficult to get experience of major trauma and of paediatrics. It can be done but it can be challenging to get the required competencies signed off. Due to staffing trainees are now spending time in Perth in their ST3 year which can also lead to difficulties in achieving the right mix of experience.

North trainees: As with Ninewells trainees working in emergency medicine in Aberdeen are exposed to less major trauma than they were previously. Trainees working in Inverness feel that they get a good mix of exposure.

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

Trainers: They use segmented checklists for assessments and ARCPs. They use Royal College guidance and paperwork from the specialty that the trainee is working in to complete assessments. This can cause an issue as the paperwork is not always applicable to ACCS. They will provide a list of suggested improvements to the e-portfolio system(s) after the meeting which will be added to the final overarching programme visit report produced in October.

All Trainees: see formal supervision

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

Trainers: n/a

All Trainees: n/a

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

Trainers: n/a

All Trainees: n/a

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)

Trainers: Escalation policies are clear for all trainees and they know who to contact both in and out of hours.

All trainees: Trainees are all aware of the escalation policies to access support when they need it. When working in Perth out of hours it can be a little daunting but less so than previously. Trainees feel that they do grow as a doctor when working these shifts.

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

Trainers: n/a

All Trainees: n/a

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

East Trainers: There is an ACCS trainee representative on the specialty training committee (STC). Emergency medicine ask their trainees to complete an exit survey.

North Trainers: A trainee representative attends the specialty training board (STB) and in Raigmore a meeting is held every July to discuss the national training survey results.

All Trainees: Many of the training programme directors (TPD) are receptive to feedback about the programme.

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

Trainers: n/a

All Trainees: n/a

2.13. Handover (R1.14)

Trainers: n/a

All Trainees: n/a

2.14. Educational Resources (R1.19)

Trainers: n/a

All Trainees: n/a

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

Trainers: The initial point of contact for support is the educational supervisor. Trainees progress is discussed with other specialties and fed back to the parent specialty. Trainers were all aware of the deanery as a route for support if needed.

All Trainees: Support is available from the trainee's educational supervisor or the TPD.

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

Trainers: n/a

All Trainees: n/a

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise any concerns that they may have.

All Trainees: None of the trainees had any patient safety concerns.

2.18 Patient safety (R1.2)

Trainers: n/a

All Trainees: n/a

2.19 Adverse incidents (R1.3)

Trainers: Feedback from incidents is provided in a timely and supportive manner.

All Trainees: Trainees feel that they would be supported if they were involved in an incident. In the emergency department in Aberdeen they have review meetings to discuss these incidents but these meetings can be more difficult to attend when no longer working in the department. When working in Inverness, incidents are discussed as part of the educational supervision meetings and in the acute medical unit they have recently introduced formal debrief sessions.

2.20 Duty of candour (R1.4)

Trainers: n/a

All Trainees: n/a

2.21 Culture & undermining (R3.3)

Trainers: Trainees are treated the same as any other trainee working in the department. Some trainers did think that there is potential for ACCS trainees to be 'lost' in some departments.

All Trainees: None of the trainees had any concerns about this type of behaviour.

2.22 Other

All Trainees: In terms of overall satisfaction trainees scored their posts between 5 and 8 with the average score being 7.

Trainees feel that the programme gives them a good broad base of experience and knowledge although there are a lot of tick box assessments and the programme for acute medicine trainees would not be as useful if you wanted to specialise in non-acute specialties such as neurology. Also, when you are not working in your parent specialty you can feel like a rota gap filler.

3. Summary

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

Positive aspects of the visit were:

- General satisfaction scores were mainly between 7 and 8.
- The bespoke regional induction and training day in Aberdeen and Raigmore is welcome.
- There is a dedicated educational supervisor for each specialty attachment in all regions.
- There is a specialty specific ACCS STC & ARCP.

Less positive aspects of the visit were:

- All educational supervisors and training programme directors need to be aware of the curriculum competencies for ACCS trainees in order to reduce perceived variability in training delivery.
- The e-portfolio is difficult to use for both trainees and trainers.
- Consideration should be given to having a dedicated educational supervisor, ideally from the base specialty, for the entirety of a trainees ACCS journey.

4. Areas of Good Practice

Ref	Item	Action
4.1	General satisfaction scores were mainly between 7 and 8.	n/a
4.2	The bespoke regional induction and training day in Aberdeen and Raigmore is welcome.	n/a
4.3	There is a dedicated educational supervisor for each specialty attachment in all regions.	n/a
4.4	There is a specialty specific ACCS STC & ARCP.	n/a

5. Areas for Improvement/consideration

Ref	Item	Action
5.1	All educational supervisors and training programme directors need to be aware of the curriculum competencies for ACCS trainees in order to reduce perceived variability in training delivery.	n/a
5.2	The e-portfolio is difficult to use for both trainees and trainers.	n/a
5.3	Consideration should be given to having a dedicated educational supervisor, ideally from the base specialty, for the entirety of a trainees ACCS journey.	n/a

6. Requirements - Issues to be Addressed

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