Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	22 May 2019	**Level(s)**	FY/GP/Core/Higher
Type of visit	Scheduled	**Hospital**	Forth Valley Royal Hospital
Specialty(s)	Psychiatry	**Board**	NHS Forth Valley

Visit panel	
Claire Langridge	Visit Chair - Associate Postgraduate Dean – Quality
Alastair Campbell	Associate Postgraduate Dean – Quality
Gordon Laurie	Lay Representative
Nick Hughes	Training Programme Director
Dawn Mann	Quality Improvement Manager
Moray Kyle	Trainee Associate
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Amjad Khan	
Quality Lead(s)	Claire Langridge and Alastair Campbell	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Non-medical staff in attendance	7 including charge nurses, team lead and lead pharmacist	
Trainers in attendance	9 consultants including Educational Supervisor and AMD	
Trainees in attendance	12	FY, GP, Core and Higher
Feedback session: Managers in attendance	7 including DME, MD and AMD	
Date report approved by Lead Visitor	3rd June 2019	

1. Principal issues arising from pre-visit review

This is a scheduled visit as part of the Deanery's five-year plan to visit each unit delivering training within the quality cycle. 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.

The 2018 NTS results for Forth Valley Royal Hospital showed a significant improvement from 2017 with numerous green flags and the QRP issued a good practice letter to the site.

2.1 Induction (R1.13)

Trainers: Trainers advised the induction programme was reorganised two years ago following trainee feedback. There are now separate junior and senior trainee inductions which consist of a service day and an educational day. The panel were told there is also a site induction for trainees who are new to NHS Forth Valley where information is also provided from members of the DME's office. Following feedback, experienced trainees now take part in the induction programmes giving new trainees a tour and answering trainee questions. The department have also created an information booklet for trainees that can be found on the intranet, this is in the process of being reviewed to ensure it is up to date. If trainees miss the induction they will have access to a catch-up meeting and attend mandatory training as soon as its available. We were told that this year following consent the intent is to video the induction sessions to allow trainees that were unable to attend on the day to watch it. Feedback is sought and welcomed from the trainees on the induction program.

Non-Medical Staff: The panel were advised that the nursing staff are now involved in the trainee induction and the trainees now see the clinical area before starting work on wards. We were also informed about the Pharmacy open door policy.

FY and GP Trainees: Trainees confirmed they received a site and hospital induction and felt the induction was thorough. We were given an example of a trainee who had missed the induction due to

on call duties from previous post but had received catch up sessions and felt very supported. Trainees valued the input from senior trainees in the induction and had no suggested improvement.

Core Trainees: Trainees confirmed they had attended an induction for site and department. One trainee missed induction due to on call duties but advised catch up sessions were offered, and the system has now changed to ensure new starts are not on the first on call duty. Trainees advised they have access to an induction booklet and the trainee reps have been asked for input to ensure this document is kept up to date. There were no suggested improvements to induction from trainees.

Higher Trainees: Trainees felt they had received an adequate induction for site and department, there were no suggested improvements from trainees.

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

Trainers: The panel were advised that local teaching takes place every 2nd Thursday morning and comprises of a case presentation and journal club by trainees and education sessions led by a consultant or external speaker. The local teaching is timetabled and organised by the CPD lead who is deputised by a trainee. Teaching time is protected apart from one on call doctor but we were advised it is rare they miss the teaching due to this as nursing staff are aware Thursdays are teaching days. Trainees are also given protected time to attend regional teaching relevant to their grade and specialty.

Non-Medical Staff: Nursing staff advised it was well known that Thursday was teaching day and they try to support trainee's attendance at teaching.

FY and GP Trainees: Trainees confirmed they have access to local and regional teaching and felt teaching was of a good standard. It was suggested it may be helpful for regional teaching to offer VC attendance due to travel.

Core Trainees: Trainees advised they are expected to attend local teaching sessions on alternate Thursday mornings and regional teaching sessions. It was felt there are no barriers preventing them from attending teaching apart from on call and annual leave and the teaching was of a good standard.

Higher Trainees: The panel were informed that trainees are all able to attend both local and regional training and feel the quality is of a good standard.

2.3 Study Leave (R3.12)

Trainers: The educational supervisor advised that she is unaware of any study leave applications being denied.

FY and GP Trainees: Trainees advised study leave was requested through the rota coordinator and was easy to access.

Core Trainees: Trainees advised they have not faced problems getting study leave this year.

Higher Trainees: Trainees advised they have not faced problems getting study leave.

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

Trainers: The panel were advised trainers are allocated trainees depending on grade and sometimes at the request of the trainees. The educational supervisor (ES) explained she attends regular meetings with all the core educational supervisors in the west of Scotland and information would be shared regarding trainee needs. It was felt that due to the small size of the unit the communication was good if the trainee came from within NHS Forth Valley or the west however there were concerns that the information passed prior to inter Deanery transfers was not adequate. We were told there would also be meetings with the local GP lead to exchange information. The Foundation lead has changed several times in recent years, but trainers were confident they would receive relevant trainee information. All trainers advised they have time within their job plan for training, received training and had yearly appraisals.

Non-Medical Staff: Non-medical staff felt trainees can access senior support at all times including ANP senior nursing staff at night.

FY and GP Trainees: Trainees advised they had access to weekly one-hour supervision sessions except due to sick leave, we were given examples of posts changing and new supervision being

provided easily and quickly. One trainee advised ‘of all the hospital roles I have had this is the most supportive’ and it was felt the introduction of a Foundation Champion was useful.

Core Trainees: The panel were told trainees met 3 or 4 times with their educational supervisor but felt she was very approachable and could easily set up additional meetings if they wished to discuss their training needs.

Higher Trainees: Trainees confirmed they have regular meetings with their educational supervisor and weekly one-hour supervision sessions.

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

Trainers: The ES advised she would receive information regarding curriculum updates which would be circulated to trainers, it was felt less information is received for Foundation updates. The panel were given details regarding a pilot project which has seen the introduction of a higher trainee acting as Foundation champion. The goal of this was to meet with Foundation trainees at regular intervals throughout their training and provide support for their training. It was felt this has been a successful trial and the site are keen to evaluate the good points and pilot it in further grades/specialties. It was felt supervision sessions are used to ensure all trainees are working towards a PDP and will achieve their competencies. The panel were advised there has been an increase in the number of CT1 trainees this year which has increased the difficulty for trainees to achieve a long case in Psychotherapy due to lack of suitable patients. We were advised trainee feedback was taken on board and there is now support for Phlebotomy and ECGs on site to allow the trainees more time for training. It was felt the department focus on training and there is a good balance between developing as a doctor and non-educational tasks. Trainers advised they are conscious junior trainees may not choose Psychiatry as a specialty and try to offer opportunities for relevant shadowing for example a trainee interested in Paediatrics spending time within the CAMHs team.

Non-Medical Staff: Non-medical staff felt they provide regular informal training to trainees and advised trainees carry out joint assessments and home assessments with ANPs.

FY and GP Trainees: Trainees felt it was easy to achieve their competencies and had no concerns with any learning outcomes. Trainees advised they felt like their ‘learning was prioritised’ and were

encouraged to seek out additional training opportunities that may be useful as they progress with their training out with psychiatry.

Core Trainees: The panel were advised that due to rota gaps trainees now have more on call duties which is starting to impact on their ability to attend clinics etc to meet competencies. Trainees also felt it can be difficult to achieve the Psychotherapy competency both long and short cases due to a higher number of CT1s this year and a lack of appropriate cases. This issue has been raised with the site and the Training Programme Director, but trainees would appreciate reassurance as to how this will affect their ARCP outcome.

Higher Trainees: Trainees felt it was easy to achieve their competencies and there was a good balance between service and education. They highlighted there is not protected time for supervised psychological experience, but the department are flexible and help trainees achieve competencies.

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

Trainers: The ES advised that she receives information regarding changes in what assessments the trainees need to complete and passes this on to the relevant trainers, this has been evidenced this year with the changes to reflective practice. Trainers relayed they have all received training on work place-based assessments but have not had an opportunity to benchmark assessments against those of other trainers.

Non-Medical Staff: The panel were advised that non-medical staff often carry out Turas assessments on behalf of trainees.

All Trainees: Most trainees felt it was easy to complete their assessment in this post and that the assessments were fair and consistent.

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

Trainers: Trainers felt there were various opportunities for multi-professional learning including joint assessments with ANPs, trainees are given the opportunity to be supervisors for training ANPs, working with community health teams and monthly MDT meetings.

FY and GP Trainees: Trainees felt they have access to ad hoc multi-professional learning opportunities including attending MDT meetings and joint assessments with ANPs.

Core Trainees: The panel were advised trainees are encouraged to attend community mental health team meetings and have access to multi-professional learning through community work and joint assessments with ANPs.

Higher Trainees: The panel were advised trainees attend weekly MDT meetings along with pharmacists and nursing staff and that non-medics run sessions at local teaching.

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

Trainers: The panel were informed there is a session covering audit at the educational induction and trainees are encouraged to present their audits at teaching sessions, they will subsequently receive feedback from the AMD.

FY and GP Trainees: Trainees advised they had been encouraged to get involved in audit or quality management projects and felt the Foundation Champion was particularly helpful in putting trainees in touch with the relevant people.

Core and Higher Trainees: Trainees felt there were adequate opportunities for them to take part in audit and quality improvement projects and they are encouraged to do so.

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: The panel were advised Forth Valley have not yet introduced the colour coded system, recommended by GMC, to ensure staff can identify the level of competencies of trainees. Trainers felt trainees are repeatedly advised how to access advise both during the day and whilst on call, starting with a session at the induction. The panel were told that following feedback from trainees where they felt they were facing problems out with their competencies in regard to accessing support for assessing and transferring patients with medical issues a piece of work took place to investigate. There is now a new protocol in place that ensures support is available within 60 mins or clear

escalation processes will be instigated. This new process has received positive feedback from trainees.

Non-Medical Staff: The panel were informed that non-medical staff will be sent a list of trainee allocations which will state what level the trainee is however the colour coded badge system has not been introduced in Forth Valley and there is no formal way of identifying the trainee's level of competence. It was felt that the transfer of patient to and from medical wards had caused problems for trainees, but trainees have access to consultant support at all times.

FY and GP Trainees: Trainees advised they always have access to clinical supervision and know who to contact. We were given an example where due to staff changes a trainee was faced with a situation out with their experience level, the trainee raised concerns with the educational supervisor and appropriate changes were made to the trainee's workload and supervision within 24 hours.

Core Trainees: Trainees advised they have access to weekly one-hour supervision sessions although these are not always timetabled and sometimes require effort from the trainees to access. Trainees did not feel they had to cope with problems beyond their competence and felt they were encouraged to contact consultants for support.

Higher Trainees: Trainees raised no issues accessing clinical supervision at all times. We were told of no instances where they felt they had to cope with problems beyond their experience and advised the senior staff were very accessible and approachable.

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

Trainers: Trainers felt the one-hour supervision session received by all trainees provides a good opportunity to trainees regarding the decisions they make.

All Trainees: Trainees felt they received constructive and meaningful feedback on their clinical decisions.

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

Trainers: The panel were advised that as well as the NTS survey the site carry out their own exit survey from trainees. The results of these surveys are reviewed by members of the senior team and the panel were given examples of improvements put in place following feedback for example the revision of inpatient/outpatient posts to split posts, introduction of support for phlebotomy and ECGs and ANP support for on call shifts.

FY and GP Trainees: Trainees were aware of who their trainee representatives were and can raise concerns to be discussed at the trainee forum. Trainees felt comfortable providing feedback to trainers and were encouraged to provide feedback at local teaching sessions.

Core Trainees: Trainees felt the Educational supervisor was very open to receiving feedback.

Higher Trainees: The panel were told the consultants in the department are open to trainees' feedback, particularly the AMD. Trainees advised they meet with their training programme director half way through their placement to discuss the training experience.

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

Trainers: Trainers advised local and regional teaching, ward rounds and outpatient clinics are all planned in the rota to ensure trainees can maximise their learning opportunities. It was felt the department tried to enable trainees to attend learning opportunities for example CAMHS moved their weekly meeting to allow the trainees to attend. The panel were told there are significant rota gaps this year which has impacted the rota and means trainees have more on call duties. They have tried to minimise the impact by employing a locum 9-5 who holds the daytime duty bleep.

Non-Medical Staff: The panel were informed that the development manager now manages the rota and the site try to employ locums to cover gaps.

FY and GP Trainees: Trainees advised there are currently rota gaps which have impacted on their rota and workload. The rota should be 1 in 13 but has fallen throughout the year and is now at 1 in 9,

due to this monitoring has been requested by the trainees and is due to start shortly. Trainees do not feel the rota gaps are impacting on patient safety.

Core Trainees: Trainees advised they work on the same rota as FY and GP trainees and due to rota gaps, this has got progressively worse throughout the year to the current point of 1 in 9. Trainees felt they were not given much notice when the rota was changed due to rota gaps but annual leave was honoured but it impacted on social and childcare plans. We were told there has recently been a daytime locum appointed but the site has struggled to get locum cover for nights/weekends. It was not felt the rota issues have an impact on patient safety, but some trainees felt the additional duties were starting to impact on them accessing learning.

Higher Trainees: Trainees felt their rota was very manageable and had no suggested improvements.

2.13. Handover (R1.14)

Trainers: N/A

Non-Medical Staff: Nursing staff advised there is a new weekend handover in place with involvement from senior nursing staff, consultants and trainees. During the week nurses will handover to the duty doctor morning and night.

FY and GP Trainees: The panel were informed that weekday handovers take place between the trainees on call in the doctor's room at morning and evening changeover. The page holder will then relay any relevant information to other doctors on shift. If there are outstanding tests details will be written in the doctor's book for each ward. There has recently been a formal weekend handover implemented which includes writing up a ward handover document that can be passed over to whoever is on Sunday night shift.

Core Trainees: Trainees felt the handover processes are effective.

Higher Trainees: The panel were informed higher trainees are not involved in any handovers during the week. They advised on a Friday higher trainee's will email the clinical nurse manager with any

handover information regarding their patients. The clinical nurse manager makes a handover document at weekends that is emailed out to registrars and consultants.

2.14. Educational Resources (R1.19)

Trainers: The panel were advised there is a problem with access to WIFI at Forth Valley Royal Hospital.

FY and GP Trainees: Trainees felt it can sometimes be difficult to access a computer on site and there is no WIFI access.

Core Trainees: Trainees felt it would be helpful to have access to more computers as currently they share 3. We were told there is no access to WIFI and the phone signal is poor which can be frustrating.

Higher Trainees: Trainees advised they have access to office space and computers.

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

Trainers: There is an active trainee forum in place at the site. The panel were advised support is available for doctors in difficulty and the site would link into the PSU team at the Deanery or occupational health depending on the issue.

Non-Medical Staff: All staff felt comfortable to raise any concerns regarding a trainee with their supervisor. We were given an example of when this had occurred, and support was provided.

FY, GP and Higher Trainees: Trainees felt support would be available for those struggling with the job or with health problems. No one had experience of working less than fulltime or requiring reasonable adjustments.

Core Trainees: Trainees felt support would be available for those struggling with the job or with health problems. We were given an example of a trainee who requested for slight flexibility in start and finish times which were accommodated.

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: The panel were advised that regular meetings take place between the ES and DME office to discuss resource, service and educational issues. Trainers confirmed there are regular evaluation group meetings and medical education committee meetings with DME involvement.

FY and GP Trainees: Trainees were aware who the DME was and advised she attends the trainee forum.

Core Trainees: Trainees were unaware of the role of the DME or who is responsible for the quality of education at the site. It was felt that Psychiatry is quite separate from other specialties and can sometimes be left out of communication and events for example the celebration day which was college based for surgeons and physicians. It was felt if trainees wanted to be involved it would be supported but they would need to seek it out.

Higher Trainees: Trainees were aware who the DME was but not who is responsible for the quality of education and training at the site. The panel were told there is a trainee forum which trainees have been invited to but have not attended, there is no elected psychiatry representative who goes to meetings with chief residents.

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised trainees are encouraged and supported to raise concerns about patient safety and the pathway of contacts is discussed at induction. Trainees are given several different routes to raise concerns to allow them to feel comfortable with one. It was felt as a Health board NHS Forth Valley are very safety orientated.

Non-Medical Staff: The panel were informed there are monthly clinical management team meetings with representation from nurses, consultants, AMD and trainee reps with patient safety as a standing agenda point. Staff advised there are also daily safety briefs/huddles, trainees are encouraged to attend at weekends only.

FY and GP Trainees: Trainees advised they would raise concerns regarding patient safety with their clinical supervisor or educational supervisor and would discuss with peers. The panel were told they would raise concerns regarding their education and training with their supervisor or training programme director (TPD). It was felt it can be difficult scheduling a meeting with the GP TPD.

Core Trainees: Trainees advised they would feel comfortable raising concerns regarding patient safety or their training with the educational supervisor or service development manager.

Higher Trainees: Trainees felt if they raised patient safety corners with consultants these would be addressed, and the associate medical director Dr Jim Crabb is very approachable.

2.18 Patient safety (R1.2)

Trainers: It was felt by trainers that the environment was very safe for trainees and patients. The panel were advised there have been instances of trainees raising safety concerns through trainee reps and IR1s and action has been taken accordingly.

Non-Medical Staff: It was felt the site was a safe environment for patients and staff and Boarding was not a concern.

All Trainees: Trainees informed us they would have no concerns regarding the quality of care a friend or relative would receive if admitted to the site.

2.19 Adverse incidents (R1.3)

Trainers: Trainers advised adverse incidents are reported through IR1 forms which is a similar system to Datix. All IR1s are reviewed at clinical governance meetings and there are mechanisms in place to provide feedback to those involved in the case. Local teaching sessions are used to highlight learning points raised from adverse incident reviews.

Non-Medical Staff: The panel were informed that adverse incidents would be raised via an IR1 form and that regular adverse incident reviews take place where feedback is provided to staff involved.

FY and GP Trainees: Trainees advised depending on the adverse incident they would report it to the on-call consultant, the clinical manager and/or raise an IR1. We were told following an incident there is a debrief and feedback will be provided to those involved.

Core Trainees: The panel were informed that trainees would complete an IR1 form if an adverse incident occurred. Trainees advised they have received feedback from IR1 forms and there are debriefs following a significant incident.

Higher Trainees: Trainees advised they would report an incident using an IR1 but had not had occasion to submit one. We were told following a significant event the outcomes of the review are discussed at division meetings and trainees are actively encouraged to attend the significant event reviews.

2.20 Duty of candour (R1.4)

Trainers: The trainers felt support was provided to trainees when things go wrong and this would be on a one to one individual level. It was felt M and M meetings may be beneficial.

All Trainees: Trainees felt they would be supported if an incident occurred.

2.21 Culture & undermining (R3.3)

Trainers: Trainers felt the small size of the site promoted team working and helped to ensure a positive culture. The panel were told there is a dignity at work policy in place and formal processes to follow up concerns raised regarding undermining and bullying behaviours. Trainers were not aware of any incidences where trainees had been subject to comments which they viewed as less than supportive.

Non-Medical Staff: It was felt that due to the size of the site doctors and nurses work closely together and are accessible. There are regular team events that take place throughout the year to encourage a positive team culture. Staff were unaware of any trainees receiving comments that were less than supportive or undermining but all were aware of the processes in place to report if necessary.

FY and GP Trainees: Trainees felt the environment in the department was very supportive and they are provided with honest and direct feedback. We were told the senior staff are very approachable. Trainees felt comfortable raising concerns if they encountered any less than supportive behaviour and were not aware of bullying within the department.

Core Trainees: Trainees felt the senior staff and clinical team in the department were very supportive and approachable. They reported no experience of undermining or bullying behaviour but would feel comfortable speaking to their CS, ES or service development manager if they had concerns.

Higher Trainees: Trainees felt they had a good relationship with the clinical team and senior colleges in the department and felt the department were committed to doing things correctly. We were told the department are progressive in their attitude to training and education and happy to take trainees feedback into consideration and make positive changes. Trainees had not witnessed any undermining or bullying behaviour but would feel comfortable reporting it if this arose.

2.22 Other

Trainees were asked to score their overall satisfaction of their training experience in the department from 0-10.

FY and GP Trainees: Trainees scored between 6 and 8 with an average of 7.5
Core Trainees: Trainees scored between 6 and 10 with an average of 8.
Higher Trainees: Trainees scored between 8 and 10 with an average of 9.

4. Summary

Is a revisit required?	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

We would like to thank the site and the medical education manager for their assistance in organising the visit and good attendance on the day. On the day we were pleased to hear about a supportive and

progressive senior team especially Dr Lisa Conway and Dr Jim Crabb. Please find below a list of positive and less positive aspects from the visit:

Positive aspects from the visit:

- Supportive and accessible senior team, who are responsive to trainee feedback and strive for positive change. Examples we heard include the implementation of a new escalation policy for physical health issues on mental health wards and support for phlebotomy and ECGs.
- Approachable and readily available consultant and nursing staff who provide regular high-quality feedback to trainees.
- Strong focus on training and a constructive learning environment.
- Regular, valued local teaching which all can attend and the introduction of a formalised CPD lead role.
- Positive team culture and attitude towards reporting and learning from adverse incidents.
- Redeveloped induction programme which now includes involvement from experienced trainees and a handbook. The aspiration of filming the induction sessions to allow trainees who miss the sessions to view.
- Formalised trainee forum with reps at various committee meetings.

Less positive aspects from the visit:

- Handover: We were encouraged to hear about the introduction of a more formalised weekend handover as handover seemed to lacked formality, consultant involvement and a written aspect as per GMC standards.
- The GMC have suggested the implementation of a colour coded badge system and posters to ensure all staff can identify the level of trainee and are aware of their competencies and supervision requirements.
- The rota gaps this year are starting to impinge on trainee workload and wellbeing. We understand monitoring is taking place and would encourage this.
- Trainees felt access to additional computers would be beneficial.
- No access to WIFI.
- It was felt it is difficult to achieve experience of Psychotherapy short and long cases due to availability of appropriate patient mix.

5. Areas of Good Practice

Ref	Item	Action
5.1	Culture	Supportive and accessible senior team, who are responsive to trainee feedback and strive for positive change. Examples we heard include the implementation of a new escalation policy for physical health issues on mental health wards and support for phlebotomy and ECGs.
5.2	Teaching	Strong focus on training and a constructive learning environment with regular local teaching sessions and protected time for regional teaching. We were especially pleased to hear of the support for junior trainees to access appropriate learning in areas other than psychiatry to further trainees' career for example specialised audit projects and access to cross training in CAMHs for trainees with an interest in Paediatrics.

6. Areas for Improvement

Ref	Item	Action
6.1	Educational Resources	FY/GP and Core trainees felt access to additional computers would be beneficial.
6.2	Handover	We were encouraged to hear about the introduction of a more formalised weekend handover and would be keen to see handover as a whole more formalised, with a written element as per GMC recommended standards.
6.3	Adequate Experience	It was felt it is difficult to achieve experience of Psychotherapy short and long cases.
6.4	Rota	The rota gaps this year are starting to impinge on trainee workload and wellbeing. We understand monitoring is taking place and would encourage this.

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	9 months	All
7.2	Wi-fi must be provided to support the learning needs of doctors in training.	9 months	All
7.3	The level of competence of trainees must be evident to those that they come in contact with. The promotion of colour coded badges and posters is to be encouraged.	9 months	All