

# Scotland Deanery Quality Management Visit Report

<b>Date of visit</b>	Thursday 30 May 2019	<b>Level(s)</b>	Foundation, GP, Core and Specialty
<b>Type of visit</b>	Scheduled	<b>Hospital</b>	St John's Hospital, Livingston
<b>Specialty(s)</b>	ENT	<b>Board</b>	NHS Lothian

<b>Visit panel</b>	
Dr Fiona Drimmie	Visit Lead and Associate Postgraduate Dean (Quality)
Dr Andrew Docherty	Foundation Programme Director
Dr Fiona Cameron	Training Programme Director
Dr Aoife Duignan	Trainee Associate
Mr Bob Kemp	Lay Representative
Ms Jill Murray	Quality Improvement Manager
<b>In attendance</b>	
Mrs Gaynor Macfarlane	Quality Improvement Administrator
Mrs Susan Muir	Quality Improvement Administrator (Shadowing)

<b>Specialty Group Information</b>		
Specialty Group	Foundation	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie	
Quality Improvement Manager(s)	Ms Jill Murray	
<b>Unit/Site Information</b>		
Trainers in attendance	3	
Trainees in attendance	6	FYs – 1, GP – 1, CSTs – 2, STs – 2
Non-medical staff in attendance	6	
Feedback session: Managers in attendance	13 (including Associate Director of Medical Education, Nurse Director, General Manager and Site Manager)	

Date report approved by Lead	28 June 2019
Visitor	

## 1. Principal issues arising from pre-visit review

At the Foundation Quality Review Panel there were some concerns raised by the local team regarding the trainee experience in surgical specialties at this site. The Foundation workstream is visiting ENT leaving Surgery to visit Plastic Surgery.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that both the Foundation and Core trainees NTS data is grouped with all the surgical specialties on the site and may not be reflective of the specialty being visited.

### NTS Data – Programme Data

**Foundation (FY2) – Red** Flags – Clinical Supervision Out of Hours; **Green** Flag – Adequate Experience, Supportive Environment, Educational Governance

**Core – Pink** Flag – Curriculum Coverage; **Light Green** Flag – Educational Governance, Supportive Environment

**Specialty – Red** Flag – Study Leave; **Pink** Flag – Clinical Supervision, Educational Supervision, Overall Satisfaction, Supportive Environment, Educational Governance

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.

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 below includes numeric reference to specific requirements listed within the standards.

The panel met with the following trainee groups:

Foundation Trainees

General Practice Trainees

Core Surgical Trainees

Specialty Trainees

## 2.1 Induction (R1.13)

**Trainers:** Trainers stated that induction to the ENT department works well however, there are some challenges providing induction to the specialties that the trainees cross-cover. There is an induction to the Plastic Surgery department held in August for the ENT trainees but this is not repeated throughout the year. For trainees unable to attend induction they receive a catch-up departmental induction but this does not include induction to cross-cover specialties. All trainees are given an ENT handbook.

**Foundation, GP and Core Trainees:** Trainees reported that they had all received a hospital and departmental induction. The trainees advised that they did not receive an induction to Plastic Surgery which is an area they cover out of hours nor did they receive an induction to the Royal Hospital for Sick Children (RHSC), Edinburgh which they also cover. There is a section in the ENT handbook about the RHSC, Edinburgh but the trainees felt they would have benefitted from a brief induction on arrival in the department. The ENT departmental induction was good and the trainees were told what to expect in the post.

**Specialty Trainees:** Trainees stated that they received a good hospital and departmental induction. The departmental induction includes a meeting with the trainee's Educational Supervisor and a meeting with a previous trainee who covers introductions to the team, ward, clinic area and theatre. There is an ENT induction handbook that includes departmental guidelines that are relevant across all sites. This is also available on the shared drive.

**Non-Medical Team:** The team stated that induction appears to work for the trainees and there is a Specialty trainee on the ward for the first week to provide support and answer any questions. The team did suggest including sessions from the Neck Specialist Nurse and the Speech and Language Therapy team in induction.

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

**Trainers:** Trainers reported that all trainees are able to attend their regional teaching. There are informal teaching opportunities in the department especially when trainees are on-call with the same Consultant for a week. There is a monthly Postgraduate Day, which incorporates a M&M meeting and junior trainees present cases at this meeting. The afternoon session is more ENT specific teaching. Specialty trainees have simulation training days that they can attend at Dundee Institute for Healthcare Simulation (formerly known as the Cuschieri Skills

Centre) and junior trainees have access to a Tracheostomy airway management course run by a Consultant Anaesthetist.

**Foundation, GP and Core Trainees:** Trainees stated that they can attend their regional teaching. There is a monthly Postgraduate meeting that trainees attend and present at but they are not always able to attend. Trainees stated that the Specialty trainees are all keen to teach and approachable if they want to ask anything but there is a lack of ENT teaching specific to them. There is a Tracheostomy simulation course run by a Consultant Anaesthetist that the trainees have attend.

**Specialty Trainees:** Trainees stated that they attend their monthly regional teaching days unless they are on-call. They are expected to attend 70% of their teaching days and are able to achieve that. They also receive informal teaching in theatre and supervised clinics where they will discuss interesting cases. There is a Postgraduate meeting which incorporates an M&M meeting with junior trainees presenting cases for discussion in the morning and the afternoon session is more specialty specific.

**Non-Medical Team:** The team advised that the trainees let them know when they are going to teaching and they organise amongst themselves who is covering their work and bleep.

### **2.3 Study Leave (R3.12)**

**Trainers:** Trainers stated that there are no issues supporting study leave requests.

**Foundation, GP, Core and Specialty Trainees:** Trainees reported that there are no issues having study leave requests supported.

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

**Trainers:** Trainers reported that Educational Supervisors are responsible for a specific grade of trainee which enables them to become familiar with the trainees' curriculum. Educational Supervisors are allocated before the trainees arrive and trainees are contacted and made aware of who their Supervisor will be. All trainers have received training for their role and have time in their job plan. Their educational role is also discussed at their annual appraisal.

**Foundation, GP and Core Trainees:** Trainees reported that they had all met their Educational Supervisor. The GP trainees had received an email from their Educational

Supervisor prior to starting in post whereas the other trainees had received their allocation at induction.

**Specialty Trainees:** Trainees stated that they meet with their Educational Supervisor as per their curriculum requirements but also work alongside them in theatre or clinics.

**Non-Medical Team:** The team reported that there is always someone available to provide supervision to the trainees.

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

**Trainers:** Trainers stated that there are no issues with trainees meeting their curriculum competencies. The rota maximises training opportunities and trainees are allocated to theatre and clinics if the rota shows that there are trainee gaps in any session.

**Foundation and GP Trainees:** Trainees stated that they have no concerns regarding gaining their competencies. They have opportunities to attend theatre and clinic that are appropriate to their training.

**Core Trainees:** Trainees stated that they are concerned about achieving their competencies. They have opportunities to attend clinic and theatre sessions however their opportunities in theatre are random and provide no continuity in training for their progression. For example, they may be in theatre and have an opportunity to undertake a procedure with one Consultant and the next time they are in theatre they will be with a different Consultant and have to start at the beginning again rather than move to the next step. The majority of teaching in theatre is by Specialty trainees. Trainees stated that, in relation to the new Improving Surgical Training (IST) programme, the current post does not appear to meet the curriculum requirements, particularly regarding Consultant interactions.

**Specialty Trainees:** Trainees reported they get a variety work with on-call responsibilities, theatre and clinic work. Trainees have access to all the specialist clinics within the specialty and have no concerns about gaining the competencies they need for their curriculum. Everyone in the department is supportive and enthusiastic to train.

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

**Trainers:** Trainers reported that they have access to the Clinical Educator Programme run by NHS Lothian to maintain their training requirements. The Educational Supervisor for the Core/IST trainees has attended an IST Boot Camp to familiarise themselves with the requirements of the new curriculum.

**Foundation, GP and Core Trainees:** Trainees stated that the majority of their assessments are completed by Specialty trainees. For Core trainees this is an issue as they are required to have 50% of their assessments completed by a Consultant and currently they are not achieving that.

**Specialty Trainees:** Trainees reported that there are no issues having their assessments completed.

**Non-Medical Team:** The group stated that they are asked to complete multi-source feedback forms for the trainees.

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

**Trainers:** Trainers stated that there are opportunities across the department for multi-disciplinary learning.

**Foundation, GP and Core Trainees:** Trainees reported that there are many opportunities to work with members of the multi-disciplinary team, specifically the Neck Specialist Nurse and the speech and language therapy team.

**Specialty Trainees:** Trainees stated that there is a lot of multi-disciplinary working in the department particularly on the ward and in clinics. There is a multi-disciplinary meeting (MDT) meeting at the end of the day as well as a daily ward round that includes all members of the team.

**Non-Medical Team:** The team stated that they attend simulation courses with the trainees as well as MDTs.

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

**Trainers:** Trainers stated that there are opportunities for trainees to undertake a quality improvement project in the department as well as opportunities to present their work.

**Foundation, GP, Core and Specialty Trainees:** Trainees reported that there are opportunities in the department for them to complete or participate in a quality improvement project.

## **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:** Trainers stated that there is always someone available to provide support. The Specialty trainees work across multiple sites out of hours but are always contactable and if they were unable to come across to the site then a Consultant would be called. There is also an on-site H@N team consisting of a medical Specialty trainee and a Consultant Anaesthetist. Trainers advised that consenting patients is only done by those competent to perform the procedure.

**Foundation, GP and Core Trainees:** Trainees reported that they always have someone to contact if they need help. There are no issues getting support out of hours.

**Specialty Trainees:** Trainees stated they always have access to clinical supervision. Consultants are on-site during the day and out of hours they are accessible by phone.

**Non-Medical Team:** The team reported that there is always someone available to supervise and provide support to the trainees.

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

**Trainers:** Trainers stated that trainees get feedback regularly but particularly when they are on-call as for that week they are on-call with the same Consultant.

**Foundation, GP and Core Trainees:** Trainees stated that they receive good feedback from the ENT team but they receive no feedback on their interactions with the Plastic Surgery patients.

**Specialty Trainees:** Trainees reported that they receive regular feedback with some of the team being better at it than others.

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

**Trainers:** Trainers stated that they regularly meet their trainees both formally and informally and discuss any issues the trainees have.

**Foundation, GP and Core Trainees:** Trainees reported that they are able to provide feedback informally within the department.

**Specialty Trainees:** Trainees stated that they provide feedback during their Educational Supervisor meetings, at their ARCPs and in discussion with the Consultants when working with them.

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

**Foundation, GP and Core Trainees:** Trainees stated that their workload can be variable during the day, if a junior trainee is attending a clinic it can leave only one trainee on the ward to cover all the tasks. Workload is challenging out of hours as the trainees cover Plastic Surgery and take referrals from the Emergency Department.

**Specialty Trainees:** Trainees reported that their workload is manageable although they do feel they spend too much time in clinics. The trainees are rostered to be off on a half day following overnight on-call but they agreed that if the overnight is quiet they would prefer to be allowed to stay for the full day to maximise their training opportunities.

**Non-Medical Team:** The team stated that they were not aware of any issues with the trainees workload or rota.

## **2.13. Handover (R1.14)**

**Trainers:** Trainers reported that each morning there is a talk through ward round that is attended by all members of the team prior to the ward round. There is also a junior doctor face to face handover in the Doctors' Room from the night trainee to the day trainee, this also includes a handover to Plastic Surgery. The Specialty trainee contacts the various sites for a verbal handover in the morning. There is also a section on TRAK for a medical handover. Junior trainees covering RHSC, Edinburgh complete a handover template which is shared across the sites.



**Foundation, GP and Core Trainees:** Trainees stated that handovers are good and that they use TRAK and ensure it is always up to date. Handover at the RHSC, Edinburgh can be variable as the junior trainees do not always receive a handover from the Specialty trainee.

**Specialty Trainees:** Trainees stated that handovers happen at shift changeovers between trainees coming on and trainees finishing. There is also a handover on TRAK as well as a weekend handover document.

**Non-Medical Team:** The team reported that there is a pre-ward round chat involving the whole team which is very good. The trainees handover amongst themselves but attend the pre-ward round chat.

#### **2.14. Educational Resources (R1.19)**

**Trainers:** Trainers reported that trainees have access to the on-site Education Centre, the library, a simulation suite and a Junior Doctors Room. Specialty trainees also have access to courses at the Dundee Institute for Healthcare Simulation.

**Foundation, GP and Core Trainees:** Trainees reported good access to educational resources.

**Specialty Trainees:** Trainees stated that more computers in theatre for trainee access would be good.

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

**Trainers:** Trainers advised that there is a trainee representative who comes to the Consultant meeting to raise trainee issues. There is also a Junior Doctor Forum across NHS Lothian that trainees attend via video-link. There is a regular management meeting on-site that includes a standing item on Education/Training Issues that the DME or ADME speak to. Trainers are aware of the structures within the Deanery to support trainees in difficulty.

**Foundation, GP, Core and Specialty Trainees:** Trainees stated that they believe they would be supported if they were struggling in their job.

**Non-Medical Team:** The team advised that they would speak to the trainee's Educational Supervisor if they had any concerns about a trainee.

## **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:** Trainers stated that there is a Medical Education Department with an on-site Associate Director of Medical Education.

**Foundation, GP, Core and Specialty Trainees:** Trainees were unaware of the structure and responsibilities of the Medical Education Department.

## **2.17 Raising concerns (R1.1, 2.7)**

**Trainers:** Trainers reported that patient safety issues are raised and discussed at the monthly M&M. The culture at the meeting is open so anyone can raise any concerns they have.

**Foundation, GP and Core Trainees:** Trainees stated that they would escalate any concerns to the on-call Specialty trainee or Consultant.

**Specialty Trainees:** Trainees would discuss any concerns about patient safety with the Nurse in Charge on the ward or the on-call Consultant.

**Non-Medical Team:** The team advised that if they had any concerns about patient safety they would raise this with a Specialty trainee or Consultant as appropriate. There is also an Escalation Policy for deteriorating patients.

## **2.18 Patient safety (R1.2)**

**Trainers:** Trainers stated that the department is safe for patients and trainees. There is a Consultant and Specialty trainee on-call each week which ensures there is availability at all times. There is a Consultant responsible for managing the department's patients to be boarded out. The specialist training of the ENT nurses is not available on other wards so the department has to consider who it is appropriate to board. There is an update sheet for boarders so everyone in the team knows where the patients are.

**Foundation, GP and Core Trainees:** Trainees stated that they have no patient safety concerns. Patients do get boarded out but there is a good handover process for these patients and a board in the department with a list of the patients.

**Specialty Trainees:** Trainees reported that they have no patient safety concerns. There are occasions when patients have to be boarded out but there is always a discussion to ensure the most appropriate patients are boarded.

**Non-Medical Team:** The team stated that the department is very safe for patients. The department does board patients out but there are discussions that take place to identify the most suitable patients to be boarded. Due to the specialist skills of the ENT nursing team there are limited places patients can be boarded.

## **2.19 Adverse incidents (R1.3)**

**Trainers:** Trainers reported that Datix is used to report adverse incidents and if feedback is given to Educational Supervisors this is passed on to the trainees.

**Foundation, GP Core and Specialty Trainees:** Trainees advised that they would report adverse incidents via the Datix system and that they receive feedback as they are discussed at the M&M meeting.

**Non-Medical Team:** The team advised that Datix is used to report adverse incidents and that feedback is provided and an action plan put in place to prevent further occurrences.

## **2.20 Duty of candour (R1.4)**

**Trainers:** Trainers stated that they are honest with their patients and encourage trainees to be the same.

**Foundation, GP, Core and Specialty Trainees:** Trainees stated that they are encouraged and supported to be open and honest with patients.

## **2.21 Culture & undermining (R3.3)**

**Trainers:** Trainers stated that they are all approachable, they work with trainees all week when on-call and there is a daily ward round involving all grades of trainees.

**Foundation, GP and Core Trainees:** Trainees stated that there is a good team culture in the department.

**Specialty Trainees:** Trainees reported that there is a good team culture in the department however when people get stressed it can become more challenging.

**Non-Medical Team:** The team stated that there is a team culture in the department.

## 2.22 Other

The visit panel noted the constant use of SHO terminology. Trainees across all groups referred to the middle grade rota as the “SHO rota” and the trainees on the rota as “SHOs”.

**Trainers:** Trainers stated that they are concerned about the gaps in their rota created by the loss of GP trainees and the impact this will have on training opportunities for the remaining trainees.

**Specialty Trainees:** Trainees stated that they believe there could be more opportunities for Core training in theatre and perhaps the Core trainees could have their own training operating list.

**Non-Medical Team:** The team stated that they believe the department provides good training. There are a variety of sub-specialties within the department and trainees have to opportunity to work with members of the multi-disciplinary team in each of these sub-specialties.

## Summary

Overall this was a very positive visit. The panel was impressed by the strong team culture in the department. There is an enthusiasm to teach from the Specialty trainees and the Consultant group and this acknowledged and appreciated by all grades of trainees. The availability of Clinical Supervision is excellent with all trainee groups knowing who to contact at all times. There are also many opportunities for multi-disciplinary team working and learning. However, the panel were particularly concerned regarding the suitability of the Core Surgical training posts to support the new Improving Surgical Training curriculum and agreed this should be addressed immediately due to the arrival of more trainees on the programme in August 2019.

### What is working well:

- Very good induction to both the hospital and the ENT department.
- There is a strong team culture with a well-functioning team.
- Specialty trainees are all approachable and keen to teach the junior trainees.
- Good allocation system of Clinical and Educational Supervisors.
- All trainers have time in their job plans.
- All grades of trainee able to freely attend their regional teaching.
- Very robust clinical supervision both during the day and night.
- Handover in the main works well across site for patients and trainees, however the junior trainees need to be involved in the handovers particularly at RHSC.
- On-site tracheostomy training involving trainees and the multi-disciplinary team.

### What is working less well:

- The current Core Surgical training post does not appear to meet the quality indicators for Improving Surgical Training.
- There is a need for an induction to the Plastic Surgery department for all trainees.
- The lack of continuity of supervision in theatre for Core trainees limits their progression.
- There is a lack of specific ENT teaching for the junior trainees in the department.
- The Postgraduate teaching day, whilst well attended by senior trainees, is not as accessible to the junior trainees.
- Constant use of SHO terminology.

### Overall satisfaction scores:

Foundation, GP and Core Trainees – a range between 5-9 with an average of 7.2

Specialty Trainees – a range between 8-9 with an average 8.5

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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### 5. Areas of Good Practice

Ref	Item	Action

## 6. Areas for Improvement

Ref	Item	Action
6.1	All references to “SHOs” and “SHO Rotas” must cease.	
6.2	Provide ENT specific teaching sessions to Foundation, GP and Core trainees.	
6.3	Enable and encourage Foundation, GP and Core trainees to attend the Postgraduate Teaching day.	

## 7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee/Trainer cohorts in scope
7.1	Educational supervisors must understand curriculum and portfolio requirements for their trainee group.	Immediate	Core
7.2	Trainees must receive adequate induction to all sites they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	2 March 2020	Foundation, GP and Core
7.3	Continuity of Clinical Supervision in theatre for trainees from one theatre session to the next must be developed to enable trainees to progress their skills and competence acquisition more efficiently.	2 March 2020	Core