Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	16th May 2019	Level(s)	Foundation, General Practice, Specialty training
Type of visit	Scheduled	Hospital	St John's Hospital
Specialty(s)	Obstetrics & Gynaecology	Board	Lothian

Visit panel	
Peter MacDonald	Visit Chair – Associate Postgraduate Dean Quality
Caithlin Neill	O&G Programme Director
Fiona Jefford	GP Programme Director
Anne McEntegart	Foundation Programme Director
Aoife Duignan	Trainee Associate
Hazel Stewart	Quality Improvement Manager
Jan Lyall	Lay Representative
In attendance	
	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology and Paediatrics
Lead Dean/Director	Alan Denison
Quality Lead(s)	Alastair Campbell, Peter MacDonald
Quality Improvement Manager(s)	Hazel Stewart
Unit/Site Information	
Non-medical staff in attendance	2
Trainers in attendance	9 including TPD, FPD and clinical lead
Trainees in attendance	8 (FY2, GP, ST1 – ST6 & clinical fellow)

Feedback session: Managers in attendance	ADME
Date report approved by Lead Visitor	02/09/2019

1.   Principal issues arising from pre-visit review

A scheduled visit has been arranged to the obstetrics & gynaecology department at St John's Hospital as part of the 5-year visit 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 to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

The visit team met with Foundation year 2 (FY2) doctors, General Practice trainees (GP) and Obstetrics & Gynaecology trainees (ST) as well as trainers and non-medical staff.

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)

Trainers: Trainers reported there is an effective induction in place. This includes a 'buddy' system where new trainees work with someone who has previously worked the department. Although it would be unusual for a trainee to be unavailable to attend induction, trainers reported that an adapted induction would be provided. All induction presentation slides are sent to trainees ahead of their induction. Feedback is sought following each induction and changes made if needed, such as changing the time of IT (TRAKcare) and resus training.

Foundation/GP: Trainees who had not worked in the hospital before received a site induction. They had no concerns with the induction received. All trainees reported that they received a departmental induction. They felt there was a lack of clarity around their administrative responsibilities but otherwise had no concerns or suggestions for improvement to the induction.

Specialty Trainees: Trainees reported they received a satisfactory site and departmental induction which works well. Some trainees did not receive access to and training on the TRAKcare computer system until a few days after they had started working, but otherwise had no concerns with their inductions.

Non-Medical Staff: Senior staff contribute to the trainee induction and are involved in a lot of preparation work prior to induction. They did not feel able to comment on the induction's effectiveness for preparing the trainees to work in the department.

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

Trainers: Trainers reported there is weekly lunchtime teaching for junior trainees (FY2, ST1 and GP). There are 16 core topics which the consultants select to lead and supervise on. Trainers reported that trainees are expected to handover their bleep to another member of staff to ensure they are not disturbed during their teaching session. They reported that all levels of trainees are released to attend their regional teaching. Foundation regional teaching is provided at 3 different sites on different dates to maximise their opportunity to attend each session. Trainers reported that the monthly regional ST teaching dates are sent out a year in advance and work planned accordingly to enable trainee attendance.

Foundation/GP: Trainees reported there is good quality, 1-hour weekly teaching sessions provided to them, which is appropriate to their curriculum. They felt they can attend the sessions except on the rare occasion when the ward is very busy. They stated these sessions are trainee led and facilitated by a consultant, but on occasion the consultant may not attend or may need to be reminded of the session they are due to facilitate. Trainees were also able to deliver audit presentations and update guidelines.

Specialty Trainees: Trainees reported there is good quality weekly teaching for 1 hour. Teaching sessions cover a variety of topics including:
- CTG
- Audit
- Journal club.

Trainees reported there is also the opportunity to attend the junior teaching sessions, which cover a range of O&G topics appropriate to ST1 ST trainees and are easy to attend. Trainees reported no issues with their ability to attend the teaching sessions. They could not suggest any improvements as their teaching is varied and trainees can suggest topics of interest they want to present at these sessions. Senior ST trainees reported they can attend their regional teaching sessions but trainees up to ST5 felt they had struggled at times to attend their regional teaching sessions.

Non-Medical Staff: Staff reported that teaching sessions are highlighted to staff to try to keep the teaching sessions bleep free for trainees.

2.3   Study Leave (R3.12)

Trainers: Trainers reported that had not faced any issues in approving study leave.

Trainees: All trainees reported that is was easy to access study leave and the department was very accommodating with approval of study leave requests.

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

Trainers: Trainers reported the college tutor allocates the supervisors to the trainees. They are provided with information from the Training Programme Director (TPD) if there are any ST trainees with known concerns and they cited an example of support provided. However they reported there could be better communication from the GP TPDs if a trainee has been struggling in any way and requires additional support. Trainers reported they had undertaken workshops and modules for their educational role and are allocated the standard time in their job plan for this role, which is evaluated at their annual appraisal.

Foundation/GP: Trainees reported they had met with their supervisor and had a formal follow-up meeting planned. They had no concerns regarding their supervision.

Specialty Trainees: Trainees reported that they have 3 formal meetings a year with their supervisor but can informally meet with them as often as they like.

Non-Medical Staff: Staff felt that trainees can access senior support at all times as there is a clear line of escalation for all staff to access support when needed.

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

Trainers: Trainers reported that they know the O&G curriculum very well with the college tutor and TPD available to inform all supervisors of any changes. They also advised a regional trainer's workshop is being planned to learn more about the upcoming curriculum changes. In addition, the TPD issues a 'dreamsheet' to trainees for them to highlight their learning needs for the year. There are designated supervisors for GP and Foundation trainees to ensure they are familiar with the curriculum, and two of the consultants are Foundation programme directors. Trainers are aware of the GP college website to review any changes to the curriculum. Trainers reported that the rota co-ordinator tries to give trainees a good spread of work to ensure trainees can achieve their required competences. Trainers felt that, whilst not unique to the hospital, achieving certain ultrasound ATSMs were challenging but they did not report that anyone had not achieved them. Trainers reported that they are cognisant of the different trainees' interests and learning needs to provide a good balance between educational experiences and work which is more service based.

Foundation/GP: Trainees felt there is good exposure to a wide variety of patients which was very useful to their development as a trainee. They did not feel there are any particular learning outcomes which are difficult to achieve. Trainees reported that access to outpatient clinics is variable from weekly to monthly, but they could use allocated administrative time to attend clinics and could request to do more clinic time if they wanted this. Trainees reported the balance between education and service-based work was good, highlighting that there was nothing they did that was not useful to their training and development

Specialty Trainees: Trainees felt that due to the size of the unit, they receive a good, personalised training experience with a good variety of patients. They felt the department encouraged them to push themselves as there is a strong support network available but also the autonomy required when completing ATSMs. Trainees reported that accessing basic scanning was difficult due to competing demands with other staff but highlighted this was not unique to this site and they can raise this with the clinical lead who will facilitate access to scanning opportunities for the trainee. Trainees reported they attend lots of outpatient clinics and have good access to theatre too. Trainees reported the

balance between training and work of little educational benefit was excellent and stated they are not 'not here for service provision'.

Non-Medical Staff: Staff reported they contribute to the training of doctors by supporting induction, education around infection control and training in procedures such as coil insertion.

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

Trainers: Trainers reported they are aware of the assessments trainees require to complete through discussion with the trainees. They highlight the assessment needs to other consultants to maximise the opportunities for trainees to achieve their learning outcomes. Trainers felt it was relatively easy for trainees to achieve their required assessments. Trainers reported they had received training in how to undertake workplace-based assessments as part of their revalidation. Trainers reported that although they have not had the opportunity to benchmark their assessments, they were due to receive formal feedback following the annual reviews this year which would provide a level of benchmarking to them.

Trainees: Trainees reported that they had no issues in completing their required assessments. They felt assessments were completed fairly with good constructive feedback. The ST trainees also highlighted that outpatient clinics provided good opportunities to complete their case-based discussion assessments.

Non-Medical Staff: Staff reported they complete multi-source feedback assessments for trainees.

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

Trainers: Trainers described a variety of multi-professional learning opportunities, these include:
- PROMPT Training,
- Perinatal morbidity and mortality meetings, and
- Perineum courses

Foundation/GP: Trainees reported that ultrasound meetings provide the opportunity for multiprofessional learning.

Specialty Trainees: Trainees described various meetings which offer multiprofessional learning opportunities, including:

- Multi-disciplinary team (MDT) meetings, which have interesting case discussions.
- Ultrasound meetings, and
- PROMPT training courses.

Non-Medical Staff: Staff reported that the daily handover provides opportunities for joint learning with trainees.

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

Trainers: Trainers reported that they encourage trainees to undertake quality improvement (QI) projects whilst in post. They hold QI meetings on site and have a QI board in the labour ward. Trainers reported that trainees have the opportunity to present their projects once complete.

Trainees: Trainees reported there are plenty of opportunities to undertake QI projects, with supervisors suggesting topics to trainees as well as highlighting what projects are underway at induction. Some of the trainees had already presented their QI project outcomes.

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 reported that the nursing and midwifery staff have a good understanding of the different competences of the ST2 – ST7 trainees. They advised that they are not explicit with staff about the different levels of competence between FY2, GP and ST1 trainees as this is often the trainee's first experience of O&G. Trainers reported there is a clear escalation policy to ensure all staff know who to contact for advice and support. Handover also highlights who is part of the on-call team and who is in clinics to be available to provide support. Trainers were not aware of any trainees having felt they had to work beyond their competence. Trainers reported that trainees contact a consultant to discuss their management plan to ensure trainees only seek consent for procedures they are competent to complete.

Trainees: Trainees reported that they always know who to contact for supervision and support during the day and out of hours. None of the trainees felt they'd had to cope with a situation beyond their

competence and felt their senior colleagues were very approachable and accessible when support is sought.

Non-Medical Staff: Staff reported there are colour coded badge holders to identify the different levels of trainees. There electronic record system also has the level of each trainee recorded. They were not aware of any instances where a trainee felt they had to cope with a situation beyond their competence.

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

Trainers: Trainers described various opportunities to provide feedback to trainees on their decision-making skills and management plans. These included:
- Handover
- Ward round
- CTG

In addition, they provide individual feedback to a trainee if there are specific concerns or learning needs that need to be addressed and will also provide positive feedback to trainees, such as, when the trainees has dealt with a stressful situation.

Foundation/GP: Trainees reported that they receive feedback on their clinical decisions which is constructive and meaningful.

Specialty Trainees: Trainees reported they receive constructive and meaningful feedback on their clinical decisions. They felt it was nice when they receive positive feedback, such as "good job", as well as more educational feedback. They reported that handover also offers the opportunity to get general learning points during handover if there has been a less positive outcome as well as individual feedback if the trainee was involved.

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

Trainers: Trainers reported that trainees have the opportunities to feedback on their experience in the department through a monthly meeting between the trainees and a consultant. Trainers described

some of the feedback and subsequent actions to address the concerns, suggested improvements raised by trainees.

Trainees: Trainees reported there are monthly meetings to feedback to trainers about the quality of training. Trainees felt that this was effective with concerns raised being addressed by the department.

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

Trainers: Trainers reported that the rota co-ordinator adapts the weekly rota to accommodate trainees' educational requirements. Where a trainee highlights a particular training need, the rota co-ordinator will work to enable the trainee to attend a particular learning event, such as out-patient clinics or theatre. Trainers felt that gaps in staffing was the only major issue which would affect training opportunities.

Foundation/GP: Trainees reported that their workload is manageable and they had no concerns with the rota. They had not experienced any rota issues that would impact on patient safety or their training. It was suggested that Foundation trainees may have less flexibility with access to annual leave due to starting their post 2 months after GP and ST trainees but did not suggest how this could be improved.

Specialty Trainees: Trainee reported that their rota and workload is very manageable with no patient safety or training concerns. Trainees reported that it would be beneficial to have their regional teaching sessions built into the rota to better enable attendance.

Non-Medical Staff: Staff were not aware of the concerns with the rota that would impact on the trainees' wellbeing. They reported that if there were concerns, this could be discussed at the rota management meeting.

2.13. Handover (R1.14)

Trainers: Trainers reported there is a very effective handover in place. This involves discussion of all patients, including those boarded out and includes planning for potential patient transfers in an acute

out of hours surgical service. Trainers reported that handover is used as a learning opportunity through discussion and feedback on case management of each patient.

Trainees: Trainees reported there is a very effective daily handover where all patients are discussed, along with an informal evening meeting to highlight any concerns.

Non-Medical Staff: The charge midwife attends the medical handover but was not available to attend the visit to provide comment on the effectiveness of this.

2.14. Educational Resources (R1.19)

Trainers: Trainers described a variety of educational resources available to trainees. These include:
- Library
- Simulation suite
- Resus training
- Junior doctors' room.

Trainees: Trainees reported that they have access to computers. ST trainees reported access to computers had improved with the creation of the doctors' room. Trainees also have access to a library.

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 reported that trainees can feedback their concerns, as a group, during their monthly meetings. If trainers have concerns about a trainee, they will discuss this as a group to agree on what additional support is required and if necessary, escalate to the training programme director for ST trainees or the educational supervisor for GP trainees.

Foundation/GP: None of the trainees in attendance were working less than full time or returning from a career break. Trainees reported if they required any support, they would discuss this with their supervisor.

Specialty Trainees: None of the trainees in attendance were working less than full time or returning from a career break. Trainees reported the department provides lots of support, both formal and informal and they have good relationships with staff. They also reported that there is clear signposting for supportive services they can access.

Non-Medical Staff: Staff reported that they would raise any concerns about a trainee's performance, in relation to patient care, to the senior midwife who could escalate to the lead consultant. Staff reported if the concern was immediate, they would escalate their concern at the time and intervene if needed.

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 reported that there are meetings to discuss education and training within the hospital. This involves reviewing reports with discussion and action plans to address any areas which are not hitting the expected target.

Foundation/GP: Trainees were aware of who the associate director for medical education was but were unaware of their role in relation to quality of education and training.

Specialty Trainees: Trainees were aware of who the Director of Medical Education is. They reported the college tutor and training programme director take responsibility for the quality of their training and this is fed back to the deanery through the specialty training committee.

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers felt that they encourage trainees to raise concerns about patient safety by working within a very open culture, discussion at handover and having good formal and informal communication. They felt that trainees were happy to raise concerns about their training or education to their clinical or educational supervisor.

Foundation/GP: Trainees reported concerns regarding patient safety would be escalated to a senior trainee or consultant. If there was an ongoing concern, trainees reported they would raise this with the clinical director. Trainees reported that any concerns about their education and training would be

raised with the supervisor and could be escalated to the clinical director and training programme director.

Specialty Trainees: Trainees reported that they would raise concerns about patient safety to the on-call consultant and charge midwife. They highlighted that staff are very approachable, even where the trainee's concern is about business and they are seeking additional support to share the workload. They also reported that if they notice a general trend of concerns, this can be raised with the quality improvement midwife to undertake a review.

Non-Medical Staff: Staff reported that they can contact the clinical manager that's on-call, for patient safety concerns and escalate to the on-call consultant or raise a datix report.

2.18   Patient safety (R1.2)

Trainers: Trainers felt the department provides a safe environment for both patients and trainees. They advised the medical patients boarded on the gynaecology department had caused some capacity issues, but this had been discussed and addressed. In addition to discussion of cases at handover, trainers report there is a built-in safety brief to discuss both site specific and Lothian-wide issues. There is also a site-wide safety huddle which some staff will attend to ensure all departments are aware of any concerns to be addressed.

Foundation/GP: Trainees reported that the department provides a very safe environment for patients and had no concerns about patients that are boarded in as there is cover from the appropriate department.

Specialty Trainees: Trainees reported they would have no concerns about the quality and safety of care a relative or friend would receive in the department. They felt patients received very good care in the department. Trainees felt that any boarded out patients receive good care as they are all discussed at handover with clear responsibility for boarded out patients discussed each day.

Non-Medical Staff: Staff reported the environment is extremely safe for patient. In addition to handover, staff reported there is a daily safety brief and regular case reviews to monitor patient safety.

2.19   Adverse incidents (R1.3)

Trainers: Trainers advised that adverse incidents are formally reported through the Datix system. Where an incident is raised verbally, such as during handover, those involved are encouraged to submit a Datix report if not already done. They reported there are fortnightly meetings to discuss minor incident datix reports, which trainees can attend, as well as significant adverse event meetings which are more detailed. There is shared learning from adverse incidents via the safety brief and during meetings.

Foundation/GP: Trainees reported that adverse incidents are discussed during handover and formally reported through the datix system. They were not aware of what happens following an incident.

Specialty Trainees: Trainees reported that adverse incidents are reported through the Datix system with clear guidelines around what should be reported. They advised that reports are discussed at risk review meetings and through the daily safety brief. Those that had reported an incident reported they received good constructive feedback.

Non-Medical Staff: Staff reported that adverse incidents are recorded through the Datix system with reviews undertaken. They reported that there are specific criteria for cases that need to be reviewed. They advised the panel that individual feedback is provided following an incident with wider learning points shared with all staff via the safety brief meetings, which also highlights good practice to share with the wider team.

2.20   Duty of candour (R1.4)

Trainers: Trainers reported that they have a standard debrief note for all staff which includes feedback to patients following surgery.

Foundation/GP: Trainees felt they would be supported if they were involved in an incident where something went wrong, highlighting that senior staff have very good involvement for sensitive issues.

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Specialty Trainees: Trainees reported that the department is very open with patients. They informed the panel that where an intervention is required, there is a full discussion with the patient as the what happened and why.

2.21   Culture & undermining (R3.3)

Trainers: Trainers reported that bullying and undermining behaviours are not tolerated within the department. Whilst trainers did acknowledge that they work within a high stress environment which can result in less positive interactions between staff at times, any issues regarding this are highlighted and quickly addressed. Trainers reported that trainees can report any concerns to the on-call consultant, clinical supervisor or educational supervisor and the health board is recruiting a workplace behaviour champion.

Trainees: Trainees reported they work in a good, supportive environment and have not witnessed any negative behaviours. They reported that if they had any concerns about bullying or undermining behaviours, they would raise this with a consultant or their supervisor. Specialty trainees were also aware of the workplace behaviour champion whom they could raise concerns to if they did not want to discuss this with someone in the department.

Non-Medical Staff: Staff reported that they work within a small unit which has a positive and supportive environment. They felt that there is a clear team culture due to decisions and initiatives being done as a team. Staff were not aware of any trainees having received comments that were less than supportive or undermining. There is a clear focus on values to provide an environment free of undermining and bullying behaviours, with clear policies in place to reports concerns.

2.22   Other

Trainees were asked to score their experience in the post between 0 and 10, with 10 being the best possible experience:

Foundation/GP: Range: 7 – 8, Average 7.67
Specialty: Range: 8-9, Average, 8.8

As none of the trainees rated the post as a 10, they were asked what would be the one thing that would most improve their experience. Suggestions put forward were:

- Having greater responsibility within the department, but with an awareness this may not be feasible due to the specialist nature of the post.
- Increased clinic time within certain clinics
- More forward planning to more easily provide scanning opportunities
- Prioritise regional teaching.

3. Summary

This was a very positive visit to a department that is very engaged and focussed on providing training and education to all levels of trainee as well as providing a very supportive environment.

Positive Aspects of the Visit

- Positive team culture with a very supportive environment
- Trainers give a lot of attention to the training provided to trainees
- Strong focus on the quality of patient care
- Excellent comprehensive and educational handover in place
- The monthly team session provides an effective mechanism for trainees to feedback regarding any issues they are experiencing, which the department will act upon.
- Clear sense of duty of candour which has been partially integrated into the handover.

Less Positive Aspects of the visit

- Specialty trainees have some difficulties attending regional teaching and would benefit from more proactive forward planning to allocate regional teaching time into the ST rota.
- Access to out-patient clinics for junior trainees may be influenced by how a vocal a trainee is in requesting to be allocated to clinic, which puts other trainees at risk of being overlooked.
- Achieving basic ultrasound scanning competences can be challenging. Although trainees were positive about the consultant input to ensure this requirement is achieved, it was felt the department could be more proactive in planning the ultrasound training for ST trainees that will requirement to achieve this competency.

- Consultant presence at the junior led teaching sessions is variable and trainees would benefit from consultant or senior ST led teaching sessions as well as junior led sessions with consistent consultant oversight.

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

4. Areas of Good Practice

Ref	Item	Action
5.1	Monthly feedback sessions for trainees to raise concerns which are acted on by the department.	
5.2	There is a very effective handover in place which includes discussion of boarded out patients and responsibility of care for those patients.	

5. Areas for Improvement

Ref	Item	Action
6.1	Adequate experience	Foundation and GP trainees should be able to attend clinics which are relevant to their curriculum and not be dependent on being the most vocal to gain this experience.
6.2	Local Teaching	There should be more consistency with consultant presence, or inclusion of ST led sessions, and support for junior trainee teaching sessions.
6.3	Regional Teaching	Consideration should be given for how to improve trainee access to regional teaching.
6.4	Adverse Incidents	Foundation and GP trainees should be made aware of the meetings for shared learning from adverse incidents

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	No requirements		