Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	26th November 2019	**Level(s)**	FY/GP/ST
Type of visit	Revisit	**Hospital**	Aberdeen Maternity Hospital / Aberdeen Royal Infirmary
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Grampian

Visit panel	
Dr Peter MacDonald	Visit Chair – Associate Postgraduate Dean - Quality
Prof. Moya Kelly	Lead Dean/Director for General Practice
Dr Kirstyn Brogan	Training Programme Director
Dr Lisa Black	Foundation Representative
Dr Alastair Hurry	Trainee Associate
Ms Fiona Conville	Quality Improvement Manager
Ms Vicky Hayter	Quality Improvement Manager
Mr John Cummings	Lay Representative
In attendance	
Mrs Gaynor MacFarlane	Quality Improvement Administrator

Specialty Group Information											
Specialty Group	Obstetrics & Gynaecology and Paediatrics										
Lead Dean/Director	Professor Alan Denison										
Quality Lead(s)	Dr Peter MacDonald & Dr Alastair Campbell										
Quality Improvement Manager(s)	Ms Fiona Conville										
Unit/Site Information											
Non-medical staff in attendance	7										
Trainers in attendance	8										
Trainees in attendance	3 x FY, 2 x GP, 10* ST2-7										
Feedback session: Managers in attendance	Chief Executive		DME		ADME	1	Medical Director		Other	6	

Date report approved by Lead Visitor	16th December 2019

1. Principal issues arising from pre-visit review:

A triggered visit was undertaken to the O&G department in NHS Grampian on 29th March 2017 following deterioration in the 2016 trainee survey data. There was a subsequent triggered visit in November 2018. Following the 2018 visit, it was felt that a revisit would be required to ensure improvements were being made and the trainee experience improving.

A number of requirements were made at the two previous visits. These relate to the following issues:

From the March 2017 visit

- Induction issues including password provision
- Feedback
- Excess of non-educational activity undertaken by junior trainees

- Rota challenges restricting access to teaching
- Access to OPD for GP trainees
- Educational resources – improved computer access

From the November 2018 visit

- Formalised gynaecology handover.
- Regular local teaching appropriate to Foundation and GP Curriculum
- Patient safety for gynaecology emergencies out of hours
- Lack of ward continuity
- Educational governance
- Identifying and understanding different levels and competency of trainees

Following the visit, a summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's *Promoting Excellence - Standards for Medical Education and Training.* Each section heading includes numeric reference to specific requirements listed within the standards.

Before the visit commenced the panel met with the Training Programme Director, who gave a presentation highlighting the improvements made within the Obstetrics & Gynaecology department since the last visit. Specific examples were given in relation to:

- Induction – Plans in place to create a more structured induction with improved involvement from managers and consultants.
- Teaching – Specific FY/GP teaching is provided and a timetable given to trainees at induction.
- Handover – Both O&G handovers now take place at 08:00 in the labour ward with a further gynaecology verbal handover at 20:00 between senior ST and consultant.
- Feedback – Actively responding to feedback from trainees through the trainee committee.

2.1 Induction (R1.13):

Trainers: Trainers reported that there is a structured induction in place, with trainees receiving an electronic induction pack and a copy of their rota 6 weeks prior to starting in post. The pack provides guidance on roles and responsibilities and common obstetrics & gynaecology emergency skills. Following feedback, the induction for December has been reviewed and further developed to include presentations on the work place behaviour champion role and the educational governance structure. The trainers discussed how they have addressed historical issues with the hospital induction and plans for the clinical lead to attend the December induction are in place.

FY/GP: FY trainees confirmed they received a hospital induction. They were required to complete multiple e-learning modules but with no time scheduled to do so, which resulted in them having to complete these in their own time. There was a delay in trainees receiving passwords for PACs and blood transfusion systems, with 1 x FY trainee waiting 1 week for access. FY1 trainees reported that their shadowing week felt unstructured and experience varied depending on who was on shift. The GP trainees did not receive a recent hospital induction due to working at the site previously. All trainees received a departmental induction and felt well equipped to undertake work in the department.

Specialty: Trainees new to the site received a hospital induction and noted issues in receiving IT passwords and access with delays lasting up to 1 month. Trainees reported that they received a departmental induction which was satisfactory to allow them to work effectively. After feedback, induction is being revised to include:

- Presentations on common obstetrics and gynaecology topics and management
- Role expectations
- Workplace behaviour champion
- DME role

Non-Medical Staff: Staff reported that they felt the department induction adequately prepared the trainees for their roles but, that for FY trainees more clinical shadowing could be beneficial. Staff reported that delays in IT passwords and access have affected the efficiency of trainees.

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

Trainers: Trainers reported that STs attend 10 sessions per year, which is both their local and regional teaching. To maximise attendance locums cover the labour ward and the teaching is held on the same day as Anaesthetics which means, no elective gynaecology theatre sessions are scheduled. In addition, these sessions are bleep free. Sessions are organised by a specialty trainee and include quality improvement audits, simulation, academic sections and lectures mapped to the curriculum. Trainers reported FY/GP trainees have twice monthly lunch time sessions with dates and topics provided in advance to trainees. Trainers reported they also provide practical obstetric multi-professional training (PROMPT) on a quarterly basis, Morbidity and Mortality monthly meeting and cardiotocography (CTG) training.

FY/GP: Trainees reported that initially there had been a fortnightly programme of 30-minute local teaching sessions which had become less frequent since October. Trainees felt an inability to attend the sessions due to ward pressures and a lack of cover. FY trainees have regional teaching every Thursday with some trainees being able to attend and others feeling unable to leave their role and arrange bleep cover. GP trainees confirmed they are able to attend all regional teaching.

Specialty: Trainees reported they attend a half-day monthly teaching which is bleep free and includes both regional and local teaching. These sessions are scheduled to coincide with the Anaesthetic team sessions to maximise attendance. The programme is varied and includes academic elements, a trainee forum and programme specific topics. Trainees also noted they are able to attend the following meetings to enhance their training:

- Risk management meetings
- CTG meetings
- Subspecialty MDT meetings
- PPH review
- M&M

Non-Medical Staff: Staff reported that they do not have an awareness of the formal teaching times and days but, if informed of the teaching events, they would seek to not bleep trainees during this time unless it was an emergency.

2.3 Study Leave (R3.12)

Trainers: Trainers reported that there are no issues supporting study leave and that they actively support trainee attendance by organising locum cover.

Trainees: Trainees reported that they found it easy to request and take study leave in their post.

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

Trainers: Trainers reported that each provides supervision to specialty trainees and there are designated supervisors for FY1, FY2 and GP trainees. There will be 3 new consultants appointed which will allow a more even split of trainees. Trainers have allocated time in their job plan to undertake their educational role and this is reviewed at their appraisal.

FY/GP: All trainees had an allocated educational supervisor who they had met with and agreed a personal learning plan.

Specialty: Trainees reported they had an educational supervisor who they met with regularly. Trainees also reported the helpfulness of the department in issuing a trainee with a mentor and providing exceptional support in extenuating circumstances.

Non-Medical Staff: Staff reported that they felt trainees always had access to senior support and encourage trainees to escalate any concerns to senior colleagues.

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

Trainers: Trainers reported that trainees submit a grid form which details their curricular requirements, annual leave and on call shifts. This information is then used to inform the rota and tailor each individual's training. Trainers advised that service tasks are limited, and to decrease this

burden a new Physician Associate has been recently appointed who will undertake administration tasks.

FY/GP: GP trainees stated that although they have clinic time built into their rota this was on occasions cancelled due to rota pressures. Trainees value the gynaecology clinics as this is more beneficial to their GP training. FY trainees felt that they should be able to meet the curricular requirements within this post but noted that this was more challenging within gynaecology. FY trainees felt the role to be heavily service based with a lack of teaching and a high volume of cannulation and clerking tasks.

Specialty: Trainees felt that they work in a helpful and supportive environment and would meet their required competences. Trainees reported that they are asked to submit a grid form detailing their curricular requirements. Trainees valued this process and stated that although there may be a delay in getting the competence, they felt this process helped prioritise needs. ST3-5 trainees highlighted the challenges in undertaking procedures in theatre but commented that this was the same in other departments. Trainees felt that gynaecology training has improved over the past 5 years and now provided more opportunities for training.

Non-Medical Staff: Staff reported that they contribute to the training of doctors through close clinical working and sharing of knowledge and experience.

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

Trainers: Trainers reported they are aware of what assessments trainees need to complete however, there has been a recent change to the e-portfolio platform which resulted in challenges to signing in and delayed responses to workplace based assessments. The trainers stated the issues have now been resolved and that trainees were emailed to encourage submissions.

FY/GP: Trainees reported that they can get their assessments completed but are required to send several reminders to their assessors to complete their assessments. Responses are variable dependent on assessor.

Specialty: Trainees reported that completion of assessments can be variable dependent on who is signing off but, acknowledged the technical issues relating to the change in e-portfolio platform and the new curriculum.

Non-Medical Staff: Staff reported that they contribute to the assessments of trainees by completing multi-source feedback.

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

Trainers: Trainers stated that there are opportunities for multi-professional learning through the PROMPT courses, Cardiotocography (CTG) teaching session and a variety of multidisciplinary meetings, such as Risk management meetings and Morbidity and Mortality meetings.

FY/GP: Trainees stated that they work alongside the midwifery team on a regular basis.

Specialty: Trainees reported they are allocated to attend the PROMPT courses. Trainees also noted they are invited to attend simulation, risk management meetings and multidisciplinary meetings all of which provided opportunities for multi-professional learning.

Non-Medical Staff: Staff reported that the PROMPT course and risk management meetings provide opportunities for joint learning amongst trainees and non-medical staff.

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

Trainers: Trainers actively encourage trainees to undertake quality improvement projects. Trainees have the opportunity to present their completed projects at a twice yearly event.

FY/GP/ST Trainees: Trainees reported that there are plenty of opportunities to undertake quality improvement projects. Trainees have the opportunity, to present their audit findings at the risk management meetings or regional teaching sessions.

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 staff can differentiate between the levels of staff and their competence. NHS Grampian are working towards implementing the colour coded badge system however, this is not in place at present. Trainers recognised the variant between FY1 and FY2 trainees experience and competence and ensure this is communicated widely. The induction pack contains clear identification of who to contact and this information is also noted in the wards. The team use set pagers for all on-call teams.

FY/GP/ST Trainees: Trainees reported that they always know who is providing supervision within the department and that all seniors were approachable when asked for support. No-one felt that they had been left to work beyond their competence.

Non-Medical Staff: Staff differentiate the different levels of trainees through conversations with the trainees. Whilst staff were aware of the different level of trainee, they reported they were unclear of the specific differences in competency and experience of the various grades of doctors (foundation, GP and ST1-2). Staff reported that they were not aware of any instances where a trainee had to cope with problems beyond their competence.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported on a variety of ways feedback is regularly provided to trainees. This included informal daily feedback, regular meetings with educational supervisors and non-technical skills feedback.

FY/GP: Trainees reported that they have a good working relationship with the specialty trainees and consultants and that they receive regular informal feedback when appropriate. 1 GP trainee stated that the most senior person they work alongside is ST2 and therefore can not provide meaningful feedback, they did note that if working with a consultant they do receive meaningful and constructive feedback.

Specialty: Trainees reported that they receive regular informal feedback on the clinical decisions which is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers reported that since August 2019 there has been a trainee committee implemented which takes place at the start of specialty regional teaching. An ST2 who coordinates the junior tier rota acts as a voice for the junior group, taking forward any issues. Two trainee reps attend the senior O&G meetings and feedback any concerns or issues raised at the trainee committee. Any actions or updates on issues will be sent via email ensuring the chair of the trainee group is included.

FY/GP: Trainees reported that they would raise any concerns initially to their clinical supervisor. The majority of trainees were aware of the trainee committee but did not have much access to this as it is primarily focused on O&G ST trainees. Trainees were aware of the ST2 liaison link however they had not considered using this for any concerns other than rota.

Specialty: Trainees reported that they can feedback on their post through the trainee committee. Trainees felt that this was very effective, and a huge improvement on the past, with concerns being raised with and addressed by the department. Trainees noted issues with the rota, which had been addressed and positively supported.

2.12 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that FY, GP and ST1-2 doctors are on the one rota, which enables them to facilitate FY needs and maximise clinic opportunities for GP trainees. A Physicians' Assistant has been employed to take over the more administrative roles on the junior rota. There are gaps on the rolling senior tier rota (ST3-7) due to maternity leave, less than full time training and trainees out of programme. Consultants help to cover gaps on the rota to ensure the rota remains compliant and to maintain maximised training opportunities. Trainers stated that they are protective of the trainees and their education.

FY/GP: Trainees reported the current rota is well managed and structured. FY trainees felt a slight imbalance of obstetric shifts relative to gynaecology. GP trainees highlighted concern over being pulled from clinic day shifts when short staffed, to cover twilight shifts which finish at 12pm and then an expectation of them to attend the clinic day shift the following morning (at 8am). Trainees felt the

workload on the postnatal ward was very demanding, covering two wards and completing IDL's for patients who they had not personally had any contact with.

Specialty: Trainees reported there are currently no ST1's in post and stated the ST2-3 rota has long term gaps which they are not expected to cover; gaps are covered by locum doctors or LAT's. Trainees felt their workload was manageable but reported that due to the logistics of the two departments (especially the remoteness of surgical HDU from Labour Ward) there is potential to feel overwhelmed at times (especially overnight). However, trainees reported that they would phone the on-call consultant if this were the case and the consultants are supportive and would come in. Trainees did note that a recent safety audit had resulted in only one patient having to be transferred from gynaecology wards during the audit.

Non-Medical Staff: Staff reported that they were not aware of any concerns about the rotas for trainees that would impact on their wellbeing. Staff felt that they had noticed a decline in the number of junior doctors on the wards.

2.13 Handover (R1.14)

Trainers: Trainers reported there is an effective handover held in the labour ward each morning which is multidisciplinary and encompasses both obstetrics and gynaecology. At 8pm there is a verbal handover via phone between the senior specialty trainee and the gynaecology consultant which informs a written handover sheet.

FY/GP: Trainees reported a well-structured handover for obstetrics but it is not used as a formal learning opportunity. Trainees raised concern with regards to the gynaecology handover; this is a paper-based system and is at risk of a data breach as the summary is taken from one site to another. There is also a risk of failure to adequately update the handover as the electronic record cannot be updated overnight due to the absence of a shared drive.

Specialty: Trainees reported that within obstetrics the handover is well structured and provides informal learning opportunities. Handover takes place at 8am & 8pm on the labour ward and consultants are present. Trainees stated that the gynaecology morning handover takes place alongside obstetrics at 8am, there is a verbal consultant to trainee handover at 8pm. Trainees

commented on the lack of access to a shared drive to update the gynaecology electronic handover sheet.

Non-Medical Staff: Staff reported that they attend the 8am handover on labour ward, patients from each department are discussed and at times this meeting is used as a learning opportunity.

2.14 Educational Resources (R1.19)

Trainers: Trainers reported there are a variety of educational resources available to support learning. These include:

- Computer access within doctor's rooms in both obstetrics and gynaecology
- 2 x laparoscopic simulators
- Transvaginal scan trainer
- 6 computers within the university area in the maternity building and
- Online CTG training

FY/GP/ST Trainees: Trainees reported the addition of new computers within the gynaecology department but highlighted in obstetrics, there is a lack of available computers. Whilst tablets on the ward do allow access to Badgernet they are unable to access Trakcare. Trainees suggested the following would be beneficial: additional computer facilities in Obstetrics, an ECG machine on the postnatal ward and a printer in the registrar office

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 any concerns regarding a trainee would be reported to their educational supervisor and, if necessary, then escalated to the TPD, APGD or ADME. Trainers had previously received advice from the Deanery who were very supportive.

FY/GP: Trainees advised they are unaware of the Workplace Behaviour Champion; however the majority of trainees reported support is available to them if required.

Specialty: Trainees reported there is excellent support available to them from the TPD, who is very approachable. Some trainees work LTFT and felt the department was very accommodating in meeting their needs.

Non-Medical Staff: Staff reported that if they had concerns about a trainee's performance that could impact on patient safety, they would initially discuss this with the trainee, highlight any concerns to the clinical lead and if appropriate submit a datix.

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 there is good communication with the ADME which helps to improve learning opportunities for the trainees.

FY/GP: Trainees had no awareness or understanding of the educational governance structure within the hospital. Trainees reported that they were aware of trainee representatives who they could discuss issues with if required.

Specialty: Trainees reported that there is a trainee rep for both junior and senior trainees who can raise concerns at the senior staff meetings.

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers detailed a developed process for recording adverse events or raising concerns. Each event has a unique review process and the learning outcome meetings are advertised with trainees encouraged to attend. Trainers also reported a variety of meetings which trainees are involved in and that supported risk management:

- Morbidity and mortality meetings
- Gynaecology risk management
- Safety huddles

FY/GP: Trainees reported that depending on the nature of the patient safety issue they would speak with either the consultant on call, their educational supervisor or raise a Datix.

Specialty: Trainees reported they would speak to the on-call consultant if they had any patient safety concerns and would escalate further if required.

Non-Medical Staff: Staff reported that if they had any patient safety concern's they would raise these at the 9am safety huddle and through the Datix system.

2.18 Patient safety (R1.2)

Trainers: Trainers felt the department provided a safe environment for both patients and trainees. Trainers reported that some patients are boarded into the gynaecology ward and that work had been done by a trainee group to create a standard operating procedure (SOP) to help clarify roles and responsibilities. The SOP is currently in draft stage however, the department have adopted this way of working prior to sign off.

FY/GP: Trainees reported they would have no concerns if a friend or a family member was admitted to the department. Trainees highlighted concern for the management of boarders on the gynaecology ward, noting a lack of escalation pathway and no formal patient handover. Trainees are aware of the SOP review and noted that guidelines are now detailed on ward boards, which has helped to clarify roles and improve patient safety.

Specialty: Trainees reported they would have no concerns if a friend or a family member was admitted to the department. Trainees stated that boarding issues had not been fully addressed but noted the SOP review was ongoing.

Non-Medical Staff: Staff felt the department provided a safe environment for patients. Staff reported a delay in cannula insertions and discharge for patients who are boarded onto the gynaecology ward, this is due to a lack of clarity regarding who is responsible for the patient. Staff noted that an email had been sent detailing roles and responsibilities.

2.19 Adverse incidents (R1.3)

Trainers: Trainers advised that adverse incidents are reported through the Datix system and that if a trainee is involved, they receive support and feedback. All incidents are reviewed and discussed at risk management meetings where trainees have the opportunity to present cases and outcomes used as learning opportunities for all.

FY/GP: Trainees reported that adverse incidents are reported through the Datix system. Incidents are reviewed at the Morbidity and Mortality meeting which trainees are invited too, learning outcomes are shared with all staff via email.

Specialty: Trainees reported that adverse incidents are reported through the Datix system and are reviewed at risk management meetings. Trainees noted the Badgernet system automatically captures data and triggers incident case reports which are also reviewed. Trainees felt engaged in the review process and that feedback was used as a learning opportunity.

Non-Medical Staff: Staff reported that adverse incidents are reported through the Datix system and learning outcomes are shared widely.

2.20 Duty of candour (R1.4)

Trainers: Trainers reported that duty of candour is led by consultants, with trainees being part of the team. If a trainee wished to lead the conversation, they would be supported by the consultants.

Trainees: Trainees felt they would be supported from colleagues if they were involved in an incident where something went wrong.

2.21 Culture & undermining (R3.3)

Trainers: Trainers reported that there is a good team culture within both departments. PROMPT provides those working in the maternity ward with a good starting point on working together, detailing roles and responsibilities and common goals. The gynaecology ward provides teaching on ward rounds and they regularly email the trainees, asking if they are happy or have any concerns they wish

to discuss. Trainers advised it can be difficult getting to know the FY trainees as they are only in post for 4 months however, working directly with the junior on some out-of-hours shifts created an opportunity to develop relationships. There is a Workplace Behaviour Champion within the department who trainees are encouraged to meet and discuss any issues with.

FY/GP: Trainees reported that the majority of the consultant team are supportive and approachable and that they felt welcomed to the department. Trainees noted that on labour ward some midwives could be hostile to begin with but felt that once rapport had been built the relationship improved. Trainees had little knowledge of the Workplace Behaviour Champion although one trainee had seen a poster regarding this.

Specialty: Trainees stated that they work in a good, supportive environment and have not witnessed any negative behaviour. They reported that if they had concerns about bullying or undermining behaviour, they would challenge this or raise 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. Trainees noted an incident within the department which involved consultants discussing trainee performance in front of other trainees. This was raised through the trainee committee and the trainees feel it has been addressed adequately and will not reoccur.

Non-Medical Staff: Staff felt the department provides a welcoming and supportive environment which is free from undermining and bullying behaviours. Staff acknowledged that in high pressure situations staff may be more short than normal with trainees. Staff were unaware of the Workplace Behaviour Champion.

2.22 Other

Overall Satisfaction:
FY/GP: Range 2-7, Average 5.5 out of 10
ST2-7: Range 7-10, Average 8 out of 10

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

The visit panel found an engaged, approachable and supportive group of trainers who were focused on improving the training environment for trainees. The department have worked hard to start addressing the requirements from the previous visits. However, some of this is still a work in progress and the panel require further evidence of the actions taken to address the requirements with the likelihood of a further revisit being taken in 12-18 months' time.

Positive aspects of the visit

- Supportive, approachable and engaged consultant group
- Middle-grade trainees have individual tailored training by use of a training grid into which they have input to determine their day to day activity. This is especially relevant for senior trainees doing ATSMs.
- Good access to regional teaching for all training groups
- An effective multidisciplinary teaching programme (PROMPT)
- Development & introduction of a robust departmental induction to be rolled out in December 2019
- The trainee forum is a good development that is well received by the O&G ST trainees.

Less positive aspects of the visit

- Boarding is still an issue in the gynaecology ward. There remain concerns about clarity of responsibility, escalation, communication and delays in discharge or management. Whilst there is an awareness that work is in progress to address these issues at present the SOP has not been finalised and fully implemented.
- Site induction was poor in August with delays in receiving passwords and poor communication about the timing of the site induction events such that trainees missed elements.

- Handover has clearly improved but there remains potential for further improvement. The paper-based system is at risk of a data breach as the summary is taken from one site to another and there is a risk of failure to adequately update the handover as the electronic record cannot be updated overnight due to the absence of a shared drive.
- Lack of an adequate and effective local teaching programme for FY and GP trainees with the issues being a combination of insufficient planned education time and ineffective mechanisms to protect trainee access to such teaching as does exist.
- There is no clear differentiation between groups of trainees with very different clinical experience e.g. absence of a visual aide, such as colour coded badges, to easily differentiate the various levels of trainees.
- Limited IT access and support e.g. no access to Trakcare on tablets and limited computer and printing facilities
- The junior trainees (FY and GP) would benefit from having the same opportunities to have access to a trainee forum as the O&G ST trainees enjoy.
- Lack of visibility or awareness of the role of the Workplace Based Behaviour Champion especially within the FY and GP cohort. This role could be given a higher profile.

Progress towards previous visit requirements

The panel specifically wished to see progress in regard to the previous visit requirements and has summarised the current position below.

From the March 2017 visit

- Induction issues including password provision: ***still an active issue***
- Feedback: ***well addressed for O&G trainees but scope to extend to FY and GP***
- Excess of non-educational activity undertaken by junior trainees: ***still an active issue though appointment of a Physicians' Assistant should help.***
- Rota challenges restricting access to teaching: ***still an active issue for FY and GP***
- Access to OPD for GP trainees: ***not an issue***
- Educational resources – improved computer access: ***some improvements but still an active issue***

From the November 2018 visit

- Formalised gynaecology handover: ***considerably improved but scope for further improvement***
- Regular local teaching appropriate to Foundation and GP Curriculum: ***still an active issue (two 30-min sessions per month is inadequate)***
- Patient safety for gynaecology emergencies out of hours: ***not an issue***
- Lack of ward continuity: ***not an issue***
- Educational governance: ***still an active issue***
- Identifying and understanding different levels and competency of trainees: ***still an active issue***

4. Areas of Good Practice

Ref	Item	Action
4.1	Established multidisciplinary training events such as PROMPT and SIMS.	
4.2	ST3+ trainees have individualised tailored training by use of a training grid which they have input into their day to day activity.	
4.3	The trainee forum is a good development that is well received by the O&G ST trainees.	

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	Lack of awareness of Workplace Behaviour Champion	Although it is positive that there is a Workplace Behaviour Champion, the trainees and non-medical staff have a lack of awareness of this role.

5.2	Lack of access for junior trainees to trainee forum	The department should broaden access to the established trainee forum to include FY & GP trainees.
5.3	Lack of access to a shared drive to allow adequate update of the gynaecology handover document.	Handover has clearly improved but there remains potential for further improvement. The department should look into creating a shared access drive that can be accessed from both Labour Ward and Gynaecology.
5.4	Lack of IT access on tablets within obstetrics department	The department should review the IT access available to trainees and explore additional computer facilities.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	26th August 2020	All cohorts
6.2	There must be an effective mechanism in place to ensure that the level of competence of trainees is evident to those that they come in contact with: e.g. by the use and promotion of grade-specific colour coded badges.	26th August 2020	All cohorts
6.3	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	26th August 2020	All cohorts

6.4	All trainees must have timely access to IT passwords and system training through their induction programme.	26th August 2020	All cohorts
6.5	The department must develop and sustain a local teaching programme relevant to curriculum requirements of the FY/GP trainees including a system for protecting time for attendance.	26th August 2020	FY/GP