Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	25 November 2019	**Level(s)**	Foundation and Specialty
Type of visit	Revisit	**Hospital**	Royal Infirmary Edinburgh
Specialty(s)	Trauma & Orthopaedics	**Board**	NHS Lothian

Visit panel	
Dr Fiona Drimmie	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Richard Adamson	Training Programme Director
Dr Peter Armstrong	Foundation Programme Director
Dr Gillian Scott	Trainee Associate
Mrs Jennifer Duncan	Quality Improvement Manager
Mr Alex Mac Donald	Lay Representative
In attendance	
Ms Jill Murray	Senior Quality Improvement Manager (Observer)
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Non-medical staff in attendance	3
Trainers in attendance	2
Trainees in attendance	11 - F1 (5), F2 (2), ST1 (1), ST2 (1), ST5 (1), ST8 (1)
Feedback session: Managers in attendance	4

Feedback session: Managers in attendance	Chief Executive		DME		ADME	1	Medical Director		Other	3

Date report approved by Lead Visitor	Dr Fiona Drimmie	15 January 2020

1. Principal issues arising from pre-visit review

A Deanery visit held in January 2018 raised a number of concerns regarding Foundation training therefore a further visit was held in November 2018 which only met with trainers, Foundation trainees and non-medical staff.

The requirements from the visit report in November 2018 are detailed below:

- Ensure those undertaking the role of Educational Supervision understand their responsibility and engage with the process. Initial meetings and development of learning agreements must occur within a month in post.
- There must be induction of doctors in training to all roles and responsibilities with face to face meeting on the first day of the job including the multi-disciplinary team.
- The department must foster a culture of learning that includes doctors in training both in reporting critical incidents using channels such as the Datix reporting system but also in the consequent learning that comes from an effective system.
- Barriers preventing trainees attending their dedicated teaching days must be addressed.
- Handovers involving Foundation trainees must include senior input to ensure patient safety and learning opportunities.
- The recent improvements made to Foundation training must be embedded and sustainable.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). The Foundation NTS relates to all surgical specialties at the site and not Trauma and Orthopaedics alone.

NTS Data – Post Data

FY1 – Red Flags – Reporting Systems and Educational Supervision

FY2 – Red Flags – Induction and Educational Supervision

ST - Green Flags – Handover and Reporting Systems

STS Data

Foundation – Trauma and Orthopaedics

Red Flag – Workload

Pink Flags – Clinical Supervision, Educational Environment, Induction and Team Culture

ST – Green Flags – Educational Environment and Teaching

There are a number of positive STS free text comments complimenting the department on the approachability and supportiveness of team members and several comments relating to the new ward-based system which state is working significantly better. The specialty trainees report an excellent training programme with senior staff spending time to train and give constructive feedback.

The positive comments are in contrast to several comments relating to the culture having a major negative impact, not enough junior staff and Consultants very vocal about not liking the new
ward-based system which puts additional pressure on junior trainees.

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

The panel met with the following groups:

Trainers
Foundation Trainees
Specialty Trainees
Non-Medical Staff

2.1 Induction (R1.13)

Trainers: Trainers reported that trainees receive both site and departmental induction. Induction for foundation trainees takes place over a full day and is consultant and senior registrar led. Areas highlighted were ensuring trainees know who to contact and what support is available to them. Trainers in attendance were unclear as to the process for those trainees who cannot attend induction.

Foundation Trainees: Trainees confirmed they received both hospital and department induction. They confirmed it worked well and had no areas for improvement. Positive feedback was received on shadowing week for F1 trainees which was very well received.

Specialty Trainees: Trainees confirmed they received a one-day generic site induction. Departmental induction for the current training year was held after the morning trauma meeting. The training programme director (TPD) also ensured no trainee was placed on-call until they had been shown round the department.

Non-Medical Staff: The team confirmed feedback from departmental and site induction is positive. An induction pack is available to trainees. Senior registrars, administration teams and the department of medical education (DME) office input into induction.

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

Trainers: Trainers commented on improved attendance at protected registrar teaching which takes place on a Friday afternoon and reported positive feedback at informal non-compulsory 7am weekly teaching sessions which are very well attended. Trainers in attendance were unable to comment on any aspect of formal foundation teaching feedback. Registrar led teaching sessions for foundation trainees take place on a Wednesday afternoon and is well received.

Foundation Trainees: F1s advised of no issues in attending weekly one-hour formal teaching and one-hour department teaching. F2s reported difficulties in attending formal teaching which is only offered once a month for 3 hours. Non-attendance can be due to several factors e.g. rota issues, night shift and annual leave. F2s raised concerns with regards to their ability in achieving the mandatory 30 hours of teaching over the training year. F2s made suggestion for sessions to be made available by videoconference or recorded and made available on-line.

Specialty Trainees: Trainees advised that teaching for ST1-3 is variable as priority is given to ST4+, alternative teaching opportunities are available along with a simulation day for junior trainees. ST4+ teaching is held once a month for a full day with excellent feedback reported. Voluntary weekly informal Wednesday morning teaching is also offered to all. Departmental morbidity & mortality (M&M) meetings are held at 5.30pm for 2 hours.

Non-Medical Staff: The team advised of F2 teaching which is delivered across 3 sites in Lothian with efforts made to ensure trainees can attend at least one session. Trainees also provide support to the wider group in how to manage and use information technology (IT) systems.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no challenges in supporting study leave. Comments were made on the notional £500 allowance per trainee being significantly under what is required per trainee over the 8-year training programme.

Foundation Trainees: Trainees confirmed that requests for tasters had been approved.

Specialty Trainees: Trainees advised that though rotas are busy there are no concerns with the process.

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

Trainers: Trainers advised that educational and clinical supervisors for registrars are allocated prior to commencement in post and for foundation, trainees are allocated by a recognised supervisor and notified via turas. Limits are placed to the number of trainees a supervisor can have attached to them. Trainers also described a supervisor swapping process for ST3+ trainees which is very well received. Trainers confirmed completion of Level 2 – clinical educator programme which is a mandatory minimum requirement and are also in the process of arranging an orthopaedic trainers' day. Trainers confirmed that they receive one hour per week to undertake educational roles which are carefully monitored through the appraisal system.

Foundation Trainees: Trainees confirmed they all had an allocated educational and clinical supervisor who they meet mainly for induction and end of placement meetings.

Specialty Trainees: Trainees advised they had not all been allocated supervisors prior to commencing post although when raised were allocated immediately. Educational supervision meetings for junior trainees take place 3 times per 6 month block. Trainees were aware of the process for requesting a change to an Educational Supervisor however would not consider this unless it was to gain more experience in a specific area. They felt requesting a change otherwise would feel uncomfortable as they might offend someone.

Non-Medical Staff: The team stated they were unaware of any issues.

2.5 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 referred to the colour coded name badges issued within hospitals to differentiate between the levels of trainee doctors. Trainers stated that trainees are provided with guidance at induction on contact details for daytime and out of hours (OOH) support which is reinforced on a day to day basis. They described wall displays for each team which hold passport pictures, names and bleep numbers. WhatsApp is also used for team group chats which offers a platform for communication and support with no patient identifiable information and is managed by a senior registrar. Trainers reported no concerns with trainees working out with their competence. It was established that if an instance arose it would likely be associated with OOH though in most cases this is an issue with confidence rather than competence. They are aware of minor concerns with regards to workload around handover times.

Foundation Trainees: Trainees advised they were well informed of who to contact during the day and OOH and they had no issues with the level of support provided by senior team members. Trainees confirmed a good balance in workload and though some tasks were difficult they are not expected to work out with their competence.

Specialty Trainees: Trainees stated they were aware of who to contact during the day and OOH and although the department is extremely busy there is always someone to contact. They do not feel they work out with their own competence and should a problem arise there is a clear escalation policy to follow.

Non-Medical Staff: The team confirmed trainees are well informed of contacts and procedures for escalation of any concerns.

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

Trainers: Trainers stated that they are aware of the curriculum and GMC Gold Guide. The teaching programme covers the curriculum and works on a 3 year rolling programme. Clear information is provided to trainees at induction on what opportunities will be provided at the beginning of a 6 month period. Trainers reported no concerns in trainees being able to complete minimum assessment requirements. Trainers highlighted external fixation and tendon bond wire as potential curriculum coverage issue though they are confident over the training programme numbers can be achieved.

Foundation Trainees: Trainees reported no concerns in achieving the required curriculum competence. F2s stated that a bigger emphasis is placed on them being provided opportunity to attend clinics and theatres which is well received. F1s advised of challenges in attending clinics and theatres. F1s confirmed they spend approximately 70% of there time on elective wards and considerably less time in Trauma. F2s find most duties are more relevant to their grade with the majority being very useful to their education and training. Trainees confirmed that advanced nurse practitioners (ANPs) are invaluable within the department.

Specialty Trainees: Trainees reported good experience from an early stage in training and have no concerns with regards to achieving outcomes for satisfactory certificate of completion of training (CCT). They have awareness of worries around exposure to external fixations and feel this has been addressed. Trainees reported no concerns in attending clinics and theatres and can more than meet the minimum assessment requirements. All agreed that work is very well balanced with training and education with very little time wasted.

Non-Medical Staff: The team stated the department have 4 ANPs based in trauma wards which has had a positive impact.

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

Trainers: Trainers advised assessment requirements are available within the college portfolio which all trainees and supervisors have relevant access to. Trainers described the annual review of competency progression (ARCP) process where assessment requirements are reviewed in detail. Mock ARCPs were also described and are undertaken for more complex training issues. There is currently no system in place for trainers to benchmark assessments against other trainers.

Foundation Trainees: Trainees advised of no concerns with regards to opportunities to obtain mandatory workplace-based assessments.

Specialty Trainees: Trainees reported no issues in obtaining workplace-based assessments.

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

Time restrictions did not allow this section to be discussed.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainers reported no concerns with trainees having the ability to undertake quality improvement or audit projects.

Foundation Trainees: Trainees advised that there are many opportunities to undertake quality improvement project or audits.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that registrars are provided with frequent consultant feedback. Foundation trainees are now assigned to wards rather than teams with registrars providing regular feedback along with assigned supervisors.

Foundation Trainees: F1s advised that feedback is varied though they reported a good training experience with opportunities to reflect. F2s advised no formal mechanism for providing feedback on a day to day basis. If a trainee actively seeks feedback the quality of that feedback is excellent and found to be very useful. Trainees confirmed that when feedback is provided it is meaningful and constructive.

Specialty Trainees: Trainees commented that feedback is provided at morning trauma meetings and if directly requested from a consultant. Feedback when in theatre is continual.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that feedback is minimal and tends only to be provided at educational and clinical supervisor meetings. Bleep free meetings are held twice a year with foundation trainees to discuss in an open forum any concerns they may have regarding training or the department.

Foundation Trainees: Trainees advised that there is no formal mechanism for providing feedback although when requested this is provided on an informal basis.

Specialty Trainees: Trainees reported that blind feedback is provided on supervisors through scottish online appraisal resource (SOAR) and WASP assessment. Trainees commented that the department adopt an open culture where sharing is encouraged.

2.12 Culture & undermining (R3.3)

Trainers: Trainers described recent re-organisation of teams where foundation trainees are allocated to a base ward with registrars providing ward supervision. Should problems arise between a supervisor and trainee the department would consider re-allocation of supervisor.

Foundation Trainees: Trainees commented on a highly supportive clinical team and senior colleagues and confirm they have not witnessed any instances of bullying or undermining. Trainees confirmed they were well informed of who to go to and how to escalate a concern.

Specialty Trainees: Trainees advised that senior colleagues and the clinical team are very supportive. Trainees are aware of only one incident between 2 trainees which was addressed sharply by the TPD. They are fully aware of the process for escalating any concerns with regards to bullying or undermining.

Non-Medical Staff: The team described a supportive team culture and are not aware of any bullying or undermining issues.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed there were no gaps in the foundation rota and only one gap in the registrar rota which is likely to be filled by a locum. Rota gaps are managed by the TPD and rota master with rotas being continually monitored to ensure compliance. The foundation rota was monitored in the last 6 weeks. Suggestion was made that having 2 members of the junior tier rota working until 8pm for the first 2 months would alleviate pressures as trainees settle into the department. The addition of ANPs has also helped lessen the pressure for foundation trainees.

Foundation Trainees: Trainees advised that there are currently no gaps in the foundation rota. Rotas are managed well by the rota coordinator with team WhatsApp groups and e-mails are used to make any adjustments due to sick leave. Rotas generally encourage flexibility with cross cover provided across teams however it was noted that some may move team on a week to week basis which does not allow the same base ward relationships and experiences.

Specialty Trainees: Trainees reported no rota gaps though the department do have a high drive for out of programme experience. Rotas are currently running with 14 and the minimum is set at 12. Trainees confirm no issues with rotas that could affect patient safety.

Non-Medical Staff: The team are not aware of any concerns.

2.14 Handover (R1.14)

Trainers: Trainers advised that handover is carried out by the ward registrar who prioritises patients. End of day handover is carried out by the lead registrar and team registrars check tasks during the day. Handover sheets are available online. Consultants attend ward rounds only.

Foundation Trainees: Trainees described weekday handover as taking place at 4.30pm with foundation and junior registrars in attendance, no senior registrars or consultants attend. Elective OOH handover is picked up by ANPs and discussed at morning Trauma meetings and weekend handover is available on-line.

Specialty Trainees: Trainees explained all trainee grades attend weekday morning handover this is followed by the trauma meeting and then an informal handover of the on-call page and formal handover for any new patients. ANPs provide handover to foundation trainees this is a new system in a bid to optimise time. There is also an afternoon handover with ST1 and ST2s in person and senior registrar attends by phone.

2.15 Educational Resources (R1.19)

Trainers: Trainers highlighted the orthopaedic library as quiet place for trainees where they have access to computers and a screen for the purposes of teaching. Simulation is being utilised however building upon this would have cost implications.

Foundation Trainees: Trainees advised that only one phone is available in the doctor's office which makes tasks very difficult. In order to make relevant phone calls trainees use their own personal mobile phones and the induction app which holds hospital directory lists.

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

Trainers: Trainers stated that they are made aware of any issues prior to a trainee commencing post, this allows for discussion and appropriate support to be put in place. Should a concern be raised whilst in post this would be escalated to the educational supervisors, foundation lead, foundation programme director or training programme director. Meetings to provide support are arranged and trainers were aware they could make referrals to NHS Education for Scotland (NES) performance support unit. Departmental support is provided across the consultant group.

Foundation Trainees: Trainees advised relevant support is available for anyone having difficulties in work, training or health.

Specialty Trainees: Trainees stated that there is a lot of support available to anyone struggling with work, training or their health. Trainees also confirmed that requests for reasonable adjustments are considered and that maternity and paternity leave is easily accommodated in the department.

Non-Medical Staff: The team advised that concerns would be highlighted with the nursing team, investigation would take place and support would be provided.

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

Foundation Trainees: Trainees were unaware of who the director of medical education is and what the role of department of medical education is. Trainees also stated they were unaware of any local trainee forums or meetings where they could raise areas of concern relating to training.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that induction ensures that trainees are aware of who to contact should they have any concerns regarding a patient or the department. The department fosters an open culture where ideas for improvements are welcomed. Trainers also commented on face to face educational reviews with trainees where they are required to provide a presentation with one slide directed to problems they have faced in training and any areas for improvement.

Foundation Trainees/Specialty Trainees: Trainees confirmed that if they had concerns with regards to patient safety they would escalate through the team and ward registrar and potentially the educational supervisor and TPD.

2.19 Patient safety (R1.2)

Trainers: Trainers believe the department is safe and promotes an open environment for sharing and problem solving. The addition of ANPs in the department has significantly reduced the workload of foundation trainees and allocating them to a base ward provides closer interaction and support from registrars. Nurse lead multi-disciplinary safety huddles are also invaluable.

Foundation Trainees: Trainees advised they believe wards are safe however some are under pressure. Ward 109 is short of nursing staff which is an added stress to the ward. ANPs are being temporarily allocated to help provide cover however that in turn is causing additional pressures in elective wards. Trainees confirmed they have no authority when it comes to the boarding of patients. F1s expressed concerns that they are expected to undertake complex discharge letters and or make onward referral for rehabilitation for boarded medical patients who they are not familiar with.

Specialty Trainees: Trainees stated that they would have no concerns if a friend or relative was admitted to the department.

2.20 Adverse incidents and Duty of Candour (R1.3, R1.4)

Trainers: Trainers advised that the datix system is used for reporting incidents and feedback is generated. Trauma M&M meetings are held once a month and orthopaedic M&M meetings are held once a quarter. In the event of an adverse incident support for trainees is provided by the consultant and team.

Foundation Trainees: Trainees advised that incidents are reported through the datix system and feedback provided to the team.

2.21 Other

Overall satisfaction scores:

Foundation trainees average score: 7/10.
Core/IMT/GP trainees average score: N/A.
Specialty trainees: average score: 9/10.

3. Summary

The visit panel found the department had been taking appropriate steps to make improvements from the previous visit however were disappointed by the lack of communication to staffing groups with regards to the visit timetable and the lack of attendees on the day. The visit panel were pleased to note a supportive environment with a good working balance across training and education. There are areas of concerns are in relation to teaching, handover, cross cover for boarded patients and important governance meetings happening out with normal working hours. Due to the panel being unable to validate the sustainability of the changes made by the department from the last visit it is highly likely a revisit will be required.

What is working well:

- Comprehensive and well-balanced induction to site and department.
- Excellent online resource available in the form of an induction app and WhatsApp groups.
- Department adopts an open culture providing constructive feedback in a highly supportive environment.
- Highly supportive senior trainee group and engaged TPD.
- Ortho library provides excellent educational resource.
- Robust system for allocation of educational supervisors.
- Excellent provision of in-house teaching and simulation.
- Provision of rostered F2 education days.
- Radical improvements to foundation workload and experience following the implementation of base-jump process and appointment of ANPs.

What is working less well:

- Difficulties in visit team assuring sustainability of changes made due to low interview group attendance and late arrival of groups limiting time to explore all questions.
- Difficulties in F2s achieving teaching attendance due to deanery delivered teaching only being offered once a month.
- All grades recognise issues with morning non trauma handover. This is received by ANP only with no clear process for dissemination of information. No on-line documentation to support a well-informed handover.
- Unease of trainees relying on the use of personal mobile phones for work due to only one phone being available in the doctor's room which is shared by 3 teams.
- Foundation trainees (particularly F1) are expected to undertake complex discharge letters and or make onward referral for rehabilitation for boarded medical patients who they are not familiar with.
- Wednesday teaching (7am) and M&M meetings (5.30pm) taking place outside working hours.

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

4. Areas of Good Practice

Ref	Item
4.1	Excellent online resource available in the form of an Induction app and WhatsApp groups.
4.2	Provision of rostered F2 education days.

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	Unease of trainees relying on the use of personal mobile phones for work due to only one phone being available in the doctor's room which is shared by 3 teams.	
5.2	Informal Wednesday teaching (7am) and formal governance Morbidity & Mortality meetings (5.30pm) taking place outside rostered working hours.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Barriers preventing F2 trainees attending their dedicated teaching days must be addressed.	September 2020	F2
6.2	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case.	September 2020	All grades
6.3	The Board must make sure there are enough staff members who are suitably qualified to manage the additional workload associated with the selection, assessment and management of boarders within Orthopaedics. This refers to complex letters and referrals for boarded patients within Orthopaedics being performed by FY1s.	September 2020	F1 and F2