Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	14th February 2020	**Level(s)**	FY, GPST & ST
Type of visit	Triggered	**Hospital**	Raigmore Hospital, Inverness
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Highland

Visit panel	
Professor Alan Denison	Visit Lead, Lead Dean Director, Obstetrics & Gynaecology and Paediatrics
Professor Moya Kelly	Lead Dean Director for General Practice
Dr Kirstyn Brogan	Obstetrics & Gynaecology Training Programme Director, West Region
Ms Alis Ballance	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Lorna McDermott	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Obstetrics & Gynaecology and Paediatrics	
Lead Dean/Director	Professor Alan Denison	
Quality Lead	Dr Peter MacDonald and Dr Alistair Campbell	
Quality Improvement Manager(s)	Ms Fiona Conville	
Unit/Site Information		
Non-medical staff in attendance	2 senior charge nurses, 1 assistant divisional nurse manager & the divisional general manager	
Trainers in attendance	6 consultants	
Trainees in attendance	1 GPST, 1 ST3, 1 ST4 & 1 LAT	
Feedback session: Managers in attendance	Chief Executive -no, DME -no ADME-1, Medical Director- no. Other – 8 inc a divisional general manager & a service manager	

Date report approved by Lead Visitor	03/03/20

1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to Obstetrics & Gynaecology in Raigmore Hospital in Inverness. This visit was requested by the following Quality Review Panel(s): Obstetrics & Gynaecology and Paediatrics around the following concerns:

Significant deterioration of results in the NTS (shown below) and several new flags appearing.

Specialty	Indicator	2017	2018	2019
Obstetrics & Gynaecology	Overall Satisfaction	pink	grey	red
	Clinical Supervision	pink	grey	pink
	Clinical Supervision out of hours	green	grey	pink
	Reporting Systems	grey	grey	red
	Handover	white	grey	white
	Induction	white	grey	red
	Adequate Experience	white	grey	red
	Supportive environment	white	grey	white
	Work Load	light green	grey	white
	Educational Supervision	white	grey	pink
	Feedback	pink	grey	pink
	Local Teaching	white	grey	pink
	Regional Teaching	grey	grey	white
	Study Leave	pink	grey	white
	Teamwork	light green	grey	red
	Curriculum Coverage	white	grey	red
	Educational Governance	pink	grey	pink
	Rota Design	grey	grey	white

The visit aims to further investigate issues highlighted and to advise on steps towards addressing and resolving them where required.

The visit team will also take the opportunity to gain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

At the previous visit in June 2017, 5 requirements were made around:

- Bleep free teaching
- Teaching that meets curriculum requirements
- The introduction of a regional programme

- Time in job plans for educational supervisor role
- Ensuring locum doctors receive suitable induction that promotes the educational culture and their supporting role for trainees.

According to the action plan received in October 2017 these have all been met.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were areas where there had been a deterioration in results for example induction and adequate experience. The panel also noted the detailed and contributory submission from the site, including valuable comments from the TPD and DME.

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.

2.1 Induction (R1.13)

Trainers: Trainees are given a handbook which is updated annually by one of the trainees. Trainees also receive information about how the department works, have a tour and meet staff. Trainees are made aware of who their clinical supervisor is.

If a trainee is not able to attend the induction for any reason, they are given a brief induction meeting after they join the department. There is no formal feedback for seeking feedback around induction but the informal feedback has been good.

All trainees: All but one of the trainees had a timely departmental induction. One had theirs 2-3 weeks after they started. The induction consisted of meeting staff, having a tour of the department and getting passwords. The induction booklet provided was said to be useful. Suggestions for improvement were to have a fellow junior doctor involved in the December & February inductions and to receive the day to day rota sooner.

Non-Medical staff: They were not completely sure what the induction involved but know that the trainees get a tour round the department as they meet them then.

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

Trainers: Teaching happens on a Tuesday afternoon from 1400-1600. Where possible a consultant will hold the registrars bleep and junior trainees are only to be called in emergency. Dates for all teaching sessions and events are listed on the medical education board which is on the wall in the department. Trainees are asked to provide all their regional teaching dates with the relevant rota master who will annotate the rota accordingly.

All trainees: Local teaching takes place on a Tuesday afternoon. There are no major issues with attendance. It is not bleep free but trainees are only supposed to be contacted in an emergency. There is also informal teaching on ward rounds and continuous professional development (CPD) teaching on a Monday afternoon.

Regional teaching for the registrars is delivered via video link to Aberdeen. This link is trainee facilitated and there are often issues with finding a room with suitable facilities to join the teaching. Some administrative assistance with this would be appreciated.

Non-Medical staff: They try to minimise contact with trainees during their teaching sessions and would only contact them in emergency.

2.3 Study Leave (R3.12)

Trainers: The pre visit questionnaire (PVQ) did not show any issues with this topic.

All trainees: The pre visit questionnaire (PVQ) did not show any issues with this topic.

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

Trainers: All consultants (except one who is new to the department) have been trained as clinical or educational supervisors. They have 1 hour per week per trainee in their job plans for this role. The

roles are reviewed during appraisal. A number of different consultants are able to supervise the various cohorts of trainees in the department. Supervisors would look at the trainee's previous supervisor reports to identify any issues and provide support where required.

All trainees: All trainees have met or have arrangements to meet their educational supervisor. Some trainees also see them regular on an informal basis.

Non-Medical staff: They feel that trainees are well supported both in and out of hours.

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: Trainees are told at handover who the consultant in charge is for that shift. It is written on the board too. Also, it is a small unit and everyone knows everyone. It is made clear to all trainees on all shifts to call a consultant for help where needed. Nurses and midwives are also available to provide support.

All trainees: All trainees knew who to contact for support both in and out of hours. All consultants are supportive and approachable. No trainee has had to cope with any problems beyond their competence. One of the more junior trainees expressed concern about the level of experience/confidence of some of the senior team, this has been fed back to the consultants and been dealt with.

Non-Medical staff: They are aware of what rota each of the trainees works on and what their roles are. Trainees tell them what experience they have.

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

Trainers: Trainee experience is tailored to their individual needs and training level. The supervisors keep up to date with the various trainee curricula. Trainers are aware that some aspects of the general practice (GP) curriculum can be tricky to deliver so specific clinics have been set up to focus on these training needs. There are also clinics for other training levels. Attendance at these clinics is not mandated.

All trainees: Trainees acknowledged the number of clinics that they could possibly attend although it can be difficult for some of them to attend them. They all do some duties that as not as educational such as discharge letters but acknowledge that this is part of the job. Registrars have some admin time on their rota to carry out such tasks.

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

Trainers: There are no issues with trainees getting their assessments completed. The onus is on the trainee to ask but the consultants will also ask the trainees if they want any assessments signed off.

All trainees: Trainees do not have any issues with getting assessments signed off and some feel that it is easier than in some other roles.

Non-Medical staff: Staff complete trainees' multi source feedback assessments and certain on the job assessments.

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

Trainers: The department regularly works with paediatric and anaesthetic colleagues. Some of the meetings such as risk management meetings are open to nursing staff and the recent suturing workshop was open to midwives. There are also medical and physio students in the department.

All trainees: The department is planning some 'prompt' multi-disciplinary training. Midwives are invited to attend the Monday afternoon CPD sessions.

Non-Medical staff: Various staff cohorts attend the morbidity and mortality (M&M) meetings. They have departmental drills.

2.9 Adequate Experience (Quality improvement) (R1.22)

Trainers: Trainees are encouraged to do audits. There is an audit lead in the department. Trainees have presented at Royal College meetings.

All trainees: All trainees are signed up for an audit/quality improvement. There are lots of opportunities in the department to do them.

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

Trainers: Trainees are given informal feedback regularly as many cases are discussed as they are ongoing. All feedback whether positive or less positive is given face to face. If a midwife or nurse had feedback they would be encouraged to raise this with the consultant on call who would speak to the trainee.

All trainees: They all receive good constructive formal and informal feedback.

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

Trainers: There is a trainee representative who attends the senior staff meeting. Registrars are sent an annual training evaluation form. Any feedback can be raised with the trainees' clinical or educational supervisor. They try and respond to all feedback whether it be from meetings or from survey results.

All trainees: Feedback would be given to one of the consultants or the trainee's educational supervisor. There is also a trainee committee but that is based in Aberdeen so mainly focuses on issues there.

2.12 Culture & undermining (R3.3)

Trainers: The department have a zero-tolerance approach to any bullying or undermining behaviours. They have social events where staff can get to know each other outside work. The College has information and toolkit on its website and there is a behaviours champion working in Aberdeen. There is also ongoing organisation wide work being undertaken. Trainees are given information on who to speak to if they have concerns at induction.

Any previous issues have been addressed in a timely manner. Trainers said that they would like to have access to a more private room in order to have confidential conversations as they all currently share their office space.

All trainees: The whole team is very supportive. None of the trainees has experienced any bullying or undermining behaviours and if they did they would raise it with one of the consultants or their educational supervisor.

Non-Medical staff: The department staff are all respectful of each other and there is a culture of inclusivity. None of the staff were aware of any comments received by trainees that were bullying or undermining and if they did they would raise this with one of the consultants.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: After successful recruitment at both consultant and trainee level there are currently 2 gaps in the department, on the consultant and middle grade rotas which are both filled by regular locums. The trainees work on 2 different rotas – the middle grade and the junior rotas. The middle grade is staffed by specialty doctors and registrars. The junior rota is made up of foundation year 2 doctors and general practice trainees as well as the clinical development fellow when there is one working in the department. Each rota has its own rota master who is approached with annual and study leave requests.

All trainees: There is a gap on the middle grade rota but this covered well in advance by sourcing a locum. There are no patient safety issues with either rota and on call work is well spaced out with rest provision. The rota masters will do their best to accommodate any requests.

Non-Medical staff: They are not involved in the trainees rotas.

2.14 Handover (R1.14)

Trainers: There are 3 daily handovers that take place in labour ward at 0830, 1700 and 2030. Due to shift times the one at 1700 is less well attended and tends to be medic only. The handovers follow a

laminated checklist structured and notes are completed electronically and also printed and put up on the board in labour ward. Handover is used as a reflective learning opportunity.

All trainees: The 0830 and 2030 handovers are multi-disciplinary. These handovers follow a structure and there is a record kept of these meetings. The 1700 handover tends to be more informal discussing what is to be done that evening and is mainly attended by medics. All handovers are safe and robust.

Non-Medical staff: There are handovers 3 times a day, which are multi-disciplinary. The handovers are very thorough and are used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: Trainees have access to a training room with computers and a library nearby in the centre for health science.

All trainees: They have an office with computers. However, there are only 2 of them so an extra 1 would be good.

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

Trainers: Any issues are flagged to a trainee's educational supervisor and where appropriate occupational health. Regular meetings are held with trainees who need a bit of extra support. Career support is available for those who need it.

All trainees: Trainees were aware of the occupational health service and the support that they can provide. Within the department, they always listen to any requests for reasonable adjustments.

Non-Medical staff: If they had any concerns these would be escalated to the consultant on call or the trainee's supervisor.

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

Trainers: Training is on the agenda at the specialty training committee (STC) led by the training programme director (TPD). Any issues identified are escalated to the deanery via the TPD or the regional associate postgraduate dean (APGD) who is based in the department.

All trainees: Trainees were not sure who the director of medical education is. They have a trainee registrar forum based in Aberdeen. There is also a general practice (GP) trainee forum.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise any concerns with their clinical or educational supervisors.

All trainees: Any concerns would be raised with the consultant on call, the charge midwife or the trainee's clinical supervisor.

Non-Medical staff: Patient safety concerns would be raised with a consultant. Feedback is provided when a concern is raised.

2.19 Patient safety (R1.2)

Trainers: Within the department the environment is safe.

All trainees: They would have no concerns about a friend or relative being treated in the department. Patients from other wards are boarded in the department. This can lead to issues with bed provision, this is worse in the winter.

Non-Medical staff: The department is safe. Only patients who are fit to be moved are boarded in the department. There is a non-clinical hospital wide safety huddle every morning. All relevant staff on shift attend the departmental handovers.

2.20 Adverse incidents and Duty of candour (R1.3 & R1.4)

Trainers: If something went wrong the consultant in charge would speak to the patient. The trainee is under no obligation to attend but are welcome to do so as a learning opportunity.

All trainees: Adverse incidents would be recorded on DATIX. There is also a risk book which is discussed at handover. If you were involved in an incident recorded in the risk book, the risk lead would contact you with learning points. None of the trainees had been involved in an incident but if they had been, they feel they would be well supported.

Non-Medical staff: How an incident is reported depends on the gravity of the situation. Any adverse incidents have an immediate debrief, are discussed at the weekly clinical risk meeting and also at the M&M. Minutes of the M&M are circulated to all staff.

2.21 Other

Trainers: n/a

All trainees: Trainees feel well supported according to their stage of training. The survey results and feedback are not reflective of their experience in the department. Based on previous colleagues' experience there have been many positive changes made.

The overall satisfaction scores for trainees ranged from 3-9 with the average being 7.

3. Summary

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

Positive aspects of the visit were:

- The consultant team are motivated and supportive.
- There is a structured multi-disciplinary team handover which is used as a learning opportunity.
- The induction handbook includes input from trainees, which is valued by trainees and consultants.

- There is a breadth and depth of multi-disciplinary learning.
- There is anticipatory planning for trainees who will arrive in the team with particular training needs.
- There is a good culture of learning & development; example all but one of the consultants has undergone formal training in supervision.
- Training has been mapped to multiple trainee curricula and has been used to provide specialised clinics.
- There is a dedicated Medical Educational Board in the department.
- All recognised trainers have dedicated time in their job plans.
- Trainers are proactive in seeking, providing and responding to feedback to enhance the training environment.
- There is a very warm & supportive culture at all staff grades.

Less positive aspects of the visit were:

- The arrangements for release to regional teaching as well as access to outpatient clinics could be improved.
- The videoconference link to Aberdeen for teaching and for the trainee forum meetings should be more reliable and robust; administrative support for trainees organising these links would be appreciated.
- There is an inconsistent approach to induction for trainees joining out with the usual changeover dates.
- Trainees may benefit from some peer-peer input into the induction process, in addition to the existing Consultant input.
- The rota should be shared with trainees further in advance where possible.
- A private room should be made available for trainees and trainers to have confidential conversations.

4. Areas of Good Practice

Ref	Item	Action
4.1	There is a well-structured and embedded multi-disciplinary team handover which is used as a learning opportunity	n/a
4.2	The induction handbook includes input from trainees, which is valued by trainees and consultants.	n/a
4.3	There is a good culture of trainer learning & development; for example all but one of the consultants has undergone formal training in supervision.	n/a
4.4	There is a dedicated Medical Educational Board in the department.	n/a
4.5	All recognised trainers have dedicated time in their job plans.	n/a
4.6	Trainers are proactive in seeking, providing and responding to feedback to enhance the training environment.	n/a

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	The videoconference link to Aberdeen for teaching and for the trainee forum meetings should be more reliable and robust; administrative support for trainees organising these links would be appreciated.	n/a
5.2	Induction arrangements should be improved for trainees joining out with the usual changeover dates.	n/a
5.3	The rota should be shared with trainees further in advance where possible.	n/a
5.4	A private room should be made available for trainees and trainers to have confidential conversations.	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	None		all