Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	11th March 2020	**Level(s)**	FY/GP/ST
Type of visit	Triggered	**Hospital**	Royal Alexandra Hospital
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Dr Alastair Campbell	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Alison Garvie	GP Training Programme Director
Dr Caithlin Neil	O&G Training Programme Director
Hugh Paton	Lay Representative
Fiona Conville	Quality Improvement Manager
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Alastair Campbell, Dr Peter MacDonald
Quality Improvement Manager(s)	Fiona Conville

Unit/Site Information		
Non-medical staff in attendance	3	
Trainers in attendance	3	
Trainees in attendance	3 x FY, 4 x GP, 7 x ST	

Feedback session: Managers in attendance	Chief Executive		DME		ADME		Medical Director		Other	16

Date report approved by Lead Visitor	8th May 2020

1. Principal issues arising from pre-visit review:

The O&G department at Royal Alexandra Hospital was last visited in July 2017 as part of the deanery's 5 yearly visit cycle. This was a positive visit to an engaged and supportive department. 3 requirements were set around induction, time in job plans for educational supervisors and ensuring awareness of trainee competence levels for GPST & ST1-2 trainees when on a combined rota with FY trainees.

At the 2019 quality review panel the General Practice group triggered a visit to this unit due to the sustained deterioration in the NTS survey results.

2.1 Induction (R1.13):

Trainers: Trainers reported that there is a well organised hospital and departmental induction which prepares trainees well for working in the unit. Trainees are provided with the link to the new O&G mobile app which details induction processes and clinical guidelines. Department induction is multi-disciplinary and consists of a tour of the unit, roles & responsibilities, and escalation procedures. Due to the geographical locations of the sites covered by the department, detailed information is provided to ensure trainees know where to attend and their role at the unit. Trainers reported that a comprehensive individual departmental induction is provided to trainees that commence in post outwith normal start times.

FY/GP: All trainees confirmed they received both hospital and departmental inductions. Trainees were sent a handbook prior to starting the role, this was slightly outdated and trainees have since worked to update this document. Trainees received a tour of the departments and roles and responsibilities were discussed. GP trainees were provided with the O&G app at the start of their post and felt this to be extremely beneficial. The app provided information on:

- Clinics
- Site role variation
- National Institute for Clinical Excellence (NICE) guidelines and,
- Greater Glasgow & Clyde guidelines.

ST: All trainees received a hospital induction which they felt was thorough some trainees reported a delay in receiving certain log in access. Trainees felt the departmental induction was adequate and suitably equipped them for starting in the unit. To help improve the induction trainees suggested providing a list of clinics they could attend.

Non-medical staff: Staff reported that they felt the department induction adequately prepared the trainees for their roles. Senior nursing staff from each department participate in the trainee induction.

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

Trainers: Trainers described a variety of local teaching sessions, these included:

- Ward rounds
- Postgraduate teaching
- Cardiotocography (CTG)
- Risk management meetings and
- PROMPT
- Simulation in emergency gynaecology (SinErGy)

FY/GP: Trainees reported that there is scheduled teaching every Friday but noted these sessions are inconsistent and cancelled at short notice. Trainees reported that workload can prevent them attending teaching. They felt that they cannot attend teaching when on labour ward or if on call due to service pressures. GP trainees felt the local teaching was not aimed at the appropriate level for their training. The majority, of trainees were able to attend regional teaching with no barriers.

ST: Trainees reported they find it difficult to attend the local teaching sessions delivered on Fridays due to clinical commitments. Sessions are not bleep free and the appropriateness of content variable. Trainees were aware of an initiative to improve the teaching sessions. Trainees highlighted challenges in attending regional teaching as clinical work is not cancelled. There has been limited sessions available to attend and a few of the teaching days are limited to a maximum of 12 trainees.

Non-medical staff: Staff reported that during teaching sessions they try not to disturb trainees and would only bleep a trainee if there was a clinical emergency.

2.3 Study Leave (R3.12)

Trainers: Trainers felt it could be challenging to approve all study leave due to the need to have sufficient cover for the department.

All trainees: Trainees reported that it was easy for them to request and take study leave and felt the department were very accommodating and supportive of requests.

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

Trainers: Trainers reported that specialty trainees are allocated supervisors based, where possible on the trainee's interests. Junior trainees are allocated through Dr Quinn. The majority, of consultants are educational supervisors although not all have allocated sessions in their job plan for this role. Trainers reported they have undertaken the NES supervisors' course to undertake their supervisory role and all have their role reviewed annually during appraisal. Any known concerns regarding a trainee would be discussed and an appropriate support plan put in place.

FY/GP: All FY trainees had an allocated educational and all GP trainees had an allocated clinical supervisor. The majority had met with them and agreed a learning plan. The trainees felt the meetings were very useful and tailored to their own learning needs. The clinical supervisor of one trainee was unable to access their portfolio for the duration of the placement this was escalated to NES.

ST: The trainees present had all been allocated Educational Supervisors and met with them regularly on an informal basis. Trainees were unaware of the new O&G curriculum requirement for trainees to have monthly meetings with their supervisor. ST5-7 trainees shadow the work rota of their supervisor which provides enhanced learning opportunities.

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 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 use of colour coded badges are in place throughout the hospital. They would also plan to be aware of a new trainees' grade prior to working with them. Escalation processes are detailed at induction and guidance for compulsory consultant presence on the labour ward is outline at in the clinical guidelines and highlighted at induction. They felt that trainees are well supported and were not aware of any instances of a trainees feeling left to cope with a situation beyond their competence. Trainers reported that trainees would only seek consent for a procedure that they were performing.

All trainees: Trainees reported that they always know who is providing supervision within the department and that all seniors were very approachable when asked for support. Noone felt that they had been left to work beyond their level of competency.

Non-medical staff: Staff are first made aware of a trainees' grade at induction this information is also available in the on call folder. Staff felt that chatting to trainees during or after ward rounds was also a useful way of determining each trainee's level of competence.

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

Trainers: Trainers reported that they are aware of the curriculum for O&G trainees but highlighted they were familiarising themselves with the recent changes to the new curriculum and eportfolio. They felt unfamiliar with the requirements of the FY and GP curriculum and trainees were allocated educational supervisors on a random basis. At the educational meeting trainees inform supervisors of their individual goals and learning needs and they try to accommodate these. Trainers reported they prioritise ST trainees to undertake their required ATSM sessions and distribute theatre time amongst the rest of the cohort. Junior doctors have the opportunity to attend clinics when on their float week on the rota. They felt there was a good balance between educationally beneficial work and more service-based tasks and felt there was always an opportunity for trainees to learn. Trainers told the panel of a project to limit non educational tasks for junior doctors. Discharge prescriptions are now dispensed directly from the ward which eases the burden of completing prescriptions.

FY/GP: GP trainees reported although they will be able to achieve their required competencies, they felt it would be useful if they could have more exposure to the community and clinics. They reported that access to antenatal clinics would be beneficial to their training. FY trainees reported they can attend clinics when on their float week but noted this was sometimes cancelled due to rota pressures. Trainees discussed the burden of pre-assessment clinics on their workload and highlighted that they have too review emergency gynaecology patients in A&E providing at times an anaesthetic pre assessment which they are not trained to do. Trainees noted at Inverclyde Hospital and The Vale of Leven Hospital that there was little educational value in the pre assessment clinics which run. All trainees felt when working on ward 31 they were purely service provision as the day is spent completing immediate discharge letters and there was minimal educational or training benefit from this work.

ST: Trainees reported that they were not aware of any competencies that would be difficult to achieve. Some trainees had difficulty in accessing scanning or operative laparoscopy theatre lists. ST1-2 trainees do not have dedicated theatre sessions scheduled into their rota they have 1 clinic week on a 12 week rotation but told the panel that clinic weeks could be changed to cover rota gaps meaning that their experience in ante natal clinics and gynaecology outpatient clinics was limited. 1 trainee reported only attending 5 clinic sessions since August. Trainees echoed the concerns of the FY & GP trainees over the non-educational tasks on ward 31 and highlighted the lack of learning opportunities at the pre-assessment clinics at the Vale of Leven Hospital.

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

Trainers: Trainers reported that despite the change in eportfolio and the RCOG curriculum there had been no issues in completion of trainee assessments. Trainers indicated that they had received training in completing workplace-based assessments but had not had the opportunity to benchmark their assessments with each other.

FY/GP: FY trainees reported they found it easy to get senior trainees to complete their assessment forms as they work alongside them regularly. GP trainees felt that it was difficult to get examinations signed off. All trainees felt that their assessments were completed in a fair and consistent manner.

ST: Trainees reported that apart from teething issues on the new eportfolio system, they did not have any issues completing their assessments. They felt that their assessments were completed in a fair and consistent manner.

None-medical staff: Staff reported that they provide regular feedback to trainees and when asked complete assessments.

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

Trainers: Trainers described a variety of multi-professional learning opportunities which trainees are encouraged to attend, including:

- PROMPT
- SinErGy
- CTG meetings
- Obstetrics risk management meetings
- Gynaecology risk management meetings
- Regional clinical guidance group

FY/GP: Trainees reported that they receive useful informal ward-based training from the midwifery staff. Trainees were aware of the PROMPT and CTG meeting but the majority had been unable to attend.

ST: Trainees confirmed they can attend both PROMPT and the monthly CTG meetings.

Non-medical staff: Staff reported that they have the opportunity for joint learning at CTG meetings and the SinErGy course.

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

Trainer: Trainers reported they encourage trainees to complete an audit whilst in post. Trainees who wished to undertake other types of quality improvement projects would be well supported through their educational supervisor or Dr Murphy.

FY/GP: Trainees felt audit opportunities were readily available to them but due to service pressures the majority had not been able to participate. 1 trainee highlighted issues accessing the Badger net system as a barrier in completing their audit.

ST: Trainees reported that it is easy for them to undertake quality improvement work and that they feel well supported throughout the project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that they provide informal feedback to trainees at times during or following work undertaken within clinics and theatre. Feedback can also be provided as part of a debrief at the end of shift. Trainers reported that they also email either the trainee directly or through their educational supervisor to let them know when they have performed well. If a trainee is involved in a significant clinical incident the trainee would be supported.

FY/GP: Trainees reported that when working in the obstetrics ward they discuss every patient with the registrar this helps provide a good learning opportunity. On the gynaecology ward they liaise more with the consultants. Trainees described all feedback as constructive and meaningful.

ST: Trainees reported that they receive constructive and meaningful feedback on their decision-making skills.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that they ask trainees to complete multi source feedback forms for their own appraisals. To help improve the interface between trainers and trainees the department would like to appoint a chief resident. They also felt trainees were comfortable in highlighting any concerns to Dr Murphy.

FY/GP: Trainees reported that they are encouraged to feedback any concerns to their supervisors regarding their training and experience within the post. Trainees also have the opportunity to complete training surveys and multisource feedback forms.

ST: Trainees advised there is no formal process to feedback concerns however they felt they work in an approachable environment and would feel comfortable raising any issues with the consultant team. Trainees were aware of the plans to implement a chief resident.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported they promote an approachable, open and honest culture within the department which they felt has helped foster good team culture. The department organise social events 2-3 times per year. Trainers reported that no bullying or undermining concerns had been reported to them.

All trainees: Trainees reported that they work in a very supportive team. They reported that if they had concerns about bullying or undermining behaviours, they would challenge this speak directly with person involved or raise with their educational supervisor.

Non-medical staff: Staff felt the department provides a friendly and supportive environment in which undermining and bullying behaviours are not acceptable. Staff help to build on the team culture by attending multi-disciplinary training, chatting to the trainees and attending social events. Staff reported that they would be comfortable to challenge any negative behaviours such as undermining and encourage all staff to raise concerns if anyone was to experience or witness such behaviours.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised there are currently no gaps on the rota. Middle grade trainees will have their rota matched to learning needs. Junior trainees have float weeks on their rota and should email any requests to the rota master for consideration. Trainers reported that they actively respond to trainees feedback about the rota.

FY/GP: Trainees reported that the rota is currently fully staffed however at the start of the post there had been a 1.5 gap which was uncovered. Trainees felt their workload was manageable but had concerns when working at the weekend and being asked to cover both the obstetrics and gynaecology sides of the department concurrently due to sickness. Trainees advised their rota accommodates specific learning but noted learning opportunities could be variable depending on

service pressures. Trainees cover clinics at the Vale of Leven and Inverclyde hospital. All trainees felt learning opportunities at these sites were limited. When on site trainees predominately run pre-assessment clinics and are unable to attend any other on-site clinics. Trainees felt not all supervisors were aware of curriculum requirements.

ST: Trainees reported there are no gaps in their rota. Prior to starting the role trainees were emailed and asked their curricular requirements and interests. ST4-7 trainees are allocated a supervisor in line with their curricular interests and follow their working pattern. Trainees echoed concerns from their colleagues regarding working at the 2 peripheral sites. 2 trainees are scheduled to attend Inverclyde Royal Hospital on Monday and Thursday mornings despite there being no clinics on. Trainees felt they could increase learning opportunities at the main site at these times.

Non-medical staff: Staff felt the discontinuity of the rota meant trainees may not work in departments for a prolonged period but, reported that this did not raise any safety issues.

2.14 Handover (R1.14)

Trainer: Trainers reported there is a structured and effective handover twice daily for obstetrics and gynaecology. Handover includes discussion of all patients. Trainers felt that the handovers are used as a learning opportunity through discussion of complex cases and patient management overnight. Trainers reported there is a 3pm safety brief which trainees also attend.

FY/GP: Trainees confirmed twice daily handovers for obstetrics and gynaecology. When covering gynaecology, trainees felt they had to be proactive in providing information as the meeting heavily focuses on obstetrics. Trainees did not feel handover is used as a learning opportunity.

ST: Trainees reported there is a safe, structured, multi-disciplinary handover in place for obstetrics and gynaecology and a written record is kept. Trainees confirmed they attend the safety brief at 3pm when on call. Like the FY/GP trainees the group did not feel handover was used as a learning opportunity.

Non-medical staff: Staff reported there is a robust handover in place, patients from each department are discussed.

2.15 Educational Resources (R1.19)

Trainers: Trainers described a variety of educational resources available to trainees including:

- Library
- O&G mobile app
- Learn pro
- Scottie and PROMPT
- Laparoscopic box trainers

All trainees: All trainees commented on the lack of educational resources such as laptops and computers. Trainees reported that the majority, of computers available are either slow or do not work. Badgernet is not available on all devices and the wifi can be intermittent.

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

Trainers: There is a robust system in place to support trainees in difficulty. Concerns would be raised through the trainee's educational supervisor and escalated further if required.

All Trainees: Trainees reported that support is available to them including reasonable adjustments such as phased returns or changes to working patterns if they are experiencing personal or professional problems or returning to work after a long period of absence. 2 trainees had been through the process and felt adequately supported.

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: Trainers reported there are no formal committees within the site. They advised they discuss training issues via the medical education manager and the associate director for medical education.

All Trainees: Trainees advised they would raise any concerns about the quality of their training through their educational supervisor or training programme director.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported there is a strong patient safety culture within the department which encourages trainees to raise concerns. They encourage trainees to raise any concerns with the consultant team or through the Datix system.

FY/GP: Trainees advised they would raise any patient safety concerns through senior midwives, nurses or the consultant on call. They felt any concerns would be adequately addressed.

ST: Trainees reported they would raise any concerns with the relevant member of staff (midwife, consultant). They would also speak with Dr Murphy as the clinical risk lead for obstetrics. Trainees felt that any concerns raised would be actively addressed by the department.

Non-medical staff: Staff reported that if they had any patient safety concern's they would raise these through the Datix system. Recorded incidents are discussed at the monthly risk management groups. Learning outcomes and action plans are displayed in ward notice boards and shared board wide when appropriate. There are patient safety briefs throughout the day at which concerns could also be raised.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that the department provides a safe environment for both patients and trainees.

All trainees: Trainees reported they would have no concerns about the quality or safety of care a family member would receive if they were admitted to the department. Boarding occurs on the gynaecology ward and is generally well managed.

Non-medical staff: Staff felt the department provided a safe environment for both patients and trainees. In addition to handover there are various safety huddles to monitor patient safety which trainees participate in.

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

Trainers: If a trainee is involved in an adverse incident, the consultant in charge would provide direct feedback. Where appropriate incidents are reported through the datix system and reviewed at clinical governance meetings.

FY/GP: Trainees felt they would be supported from colleagues if they were involved in an incident where something went wrong. Trainees shared concern regarding insulin prescribing errors which we understand have been escalated and will be addressed.

ST: Trainees reported that adverse incidents are reported through the datix system. They felt the department fosters learning from outcomes and promotes a no blame culture. Trainees highlighted the supportiveness and approachability of all staff in the department.

2.21 Other

Trainees were asked to rate their overall satisfaction experience of working within the department from a range of 0 (very poor) to 10 (excellent). The scores are listed below:

- FY/GP – Range: 7 – 8, Average 8 out of 10
- ST - Range: 7 – 10, Average: 8.1 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 proactively responded to last year's negative trainee questionnaires and significantly improved the training environment.

Positive aspects of the visit:

- The introduction of the O&G induction app has been beneficial and has enhanced the induction program.
- The consultant team are supportive and approachable and have created a strong positive team culture across professions
- Dedicated Educational Supervisors who continue to provide high level support whilst having little or no allocated time in their job plans
- Senior nursing staff are part of the network to support doctors in difficulty, providing developmental feedback and support
- Good team working across all levels, on the job feedback is good and valued by trainees.

Less positive aspects of the visit:

- Lack of an adequate and effective local teaching programme which is specific to curricular groups. Regional teaching appears disorganised and subject to cancellation – this will be taken up by the deanery.
- A number of trainers do not have the allocated time in their job plans for their educational roles.
- The panel acknowledge the challenges in providing cover across 3 geographical sites. However, it was felt that there were some activities on other sites which provide little educational opportunities for trainees. In particular, the need for doctors in training to attend pre assessment clinics could be reviewed allowing the junior tier of doctors to attend more curricular relevant activities
- It would be beneficial to have specific FY and GP supervisor champions who would be familiar with the curricular requirements of the group
- Limited functioning computer facilities and inadequate WIFI.
- There is no formal mechanism for trainees to feedback formally on their training.

4. Areas of Good Practice

Ref	Item	Action
4.1	The use of senior nurses/midwives to support doctors in difficulty.	
4.2	The introduction of the GGC wide O&G guideline app.	
4.3	The mapping of senior trainees' clinics with that of their supervisor.	

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	GP/FY Champion	The department should consider implementing FY and GP champions to ensure the requirements of trainees in these groups are adequately met.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be a protected formal local teaching programme for doctors in training.		
6.2	All Consultants who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.		
6.3	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.		
6.4	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.		
6.5	The establishment of a trainee forum should be strongly considered and supported so trainees can safely raise concerns and provide feedback.		