Scotland Deanery
Quality Management Visit Report

Date of visit	21st January 2020	Level(s)	Foundation and Specialty
Type of visit	Triggered	Hospital	Royal Alexandra Hospital
Specialty(s)	Trauma and Orthopaedics	Board	Greater Glasgow & Clyde

Visit panel	
Dr Geraldine Brennan	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Ben Thomas	Training Programme Director
Dr Alistair Milne	Foundation Consortium Lead
Dr Gillian Scott	Trainee Associate
Mrs Jennifer Duncan	Quality Improvement Manager
Mrs Carol Dobson	Lay Representative
In attendance	
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	6
Trainers in attendance	4
Trainees in attendance	7 - F1 (2), F2 (3), ST6 (1), ST8 (1)
Feedback session: Managers in attendance	11

Date report approved by Lead Visitor	17th November 2020

1. Principal issues arising from pre-visit review

Background information

At the Foundation Quality Review Panel there were some concerns raised regarding pink and red flags and the discussion resulted in a Triggered Visit being arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the NTS data includes all surgical specialties on site for the Foundation trainees and may not be wholly reflective of the experience in Trauma and Orthopaedics.

NTS Data

Specialty (ST) – Red Flags – Teamwork. Pink Flags – Local Teaching.

STS Data

Foundation (Surgical Trauma & Orthopaedics) – Red Flags – Clinical Supervision, Educational Environment, Teaching, Team Culture, Workload. Pink Flags – Induction.

STS Comments

Foundation trainee comments highlight a very supportive department with a good ethos. Concerns were also noted regarding OOH and a lack of support and induction from Orthopaedics.

Dean's Report Items

Appears on the GMC Triage list and 2019 priorities list and due to triple reds in overall satisfaction, clinical supervision and adequate experience. Also has 5 other red/pink outliers for 2019.

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 (F1 & F2) Trainees

Specialty Trainees (ST)

Non-Medical Staff

2.1 Induction (R1.13)

Trainers: Trainers reported that trainees receive both site and departmental induction. The department is making improvements to specialty induction in response to feedback from trainees. Foundation trainees are provided with face to face induction for each block. Foundation trainees also attend the morning trauma meeting, receive a presentation and walk through the department. Should a Foundation trainee miss their induction a named consultant or the trauma liaison co-ordinator provides a catch-up session to ensure they are suitably informed. There is no specific induction to out of hours working when trainees cross cover in general surgery and urology.

Foundation Trainees: Trainees received both hospital and departmental induction which is comprehensive and prepared them for working in the department. Trauma and orthopaedic induction take place over a morning. Trainees cross cover general surgery and urology out of hours and although induction to general surgery was scheduled, the time was not communicated to trainees. No clearly defined written roles and responsibilities were provided for the shifts. Trainees commented that covering multiple specialties on a night shift can be hectic and they require more robust information about their roles and responsibilities within these departments.

Specialty Trainees: Trainees confirmed that they received both site and departmental induction which works well and requires no improvements.

Non-Medical Staff: The team advised of no concerns with regards to site or departmental induction. The team commented that trainees' opinions on task prioritisation is often very different from that of the nursing team. For example, the nursing team perceive immediate discharge letters as just as high a priority task as providing direct patient care. However, trainees tend to prioritise these as low-level tasks.

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

Trainers: Trainers stated that specialty trainees attend Friday half day regional teaching during term time which is due to change to a rotating full day from August 2020. Foundation trainees have had no official weekly departmental teaching since 2015. Trainers explained that there is an expectation that departmental teaching for foundation trainees is self-directed. This is explained to foundation trainees at the start of each block with each group offered the previously used teaching material. However, as there has been no uptake in quite some time the teaching material may need to be updated Trainers recognise that departmental foundation teaching should be reinstated. Trainers stated that foundation trainees attend formal deanery arranged teaching sessions. They also advised that the department provide teaching for medical students which is

extremely well received, and it was thought this may also be relevant to foundation trainees. Trainers stated that all trainees are invited to attend monthly morbidity and mortality meetings (M&M meetings).

Foundation Trainees: Trainees reported no difficulties in attending mandatory teaching or in achieving their minimum assessment requirements. However, teaching is not bleep free. Trainees also stated that they attend trauma meetings and sessions arranged by the departmental clinical fellow.

Specialty Trainees: Trainees provided details of their Friday afternoon regional teaching which they have no problems in attending and stated they can meet minimum attendance requirements. Trainees also reported that there were many excellent informal teaching opportunities available and commented on the quality of learning available in trauma meetings and clinics.

Non-Medical Staff: The team advised that they are well informed about the various teaching programmes and advised that cover for trainees attending these is provided by senior nurses and advanced nurse practitioners.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no concerns in supporting study leave.

Foundation/Specialty Trainees: All trainee grades reported no concerns in the requesting or taking of study leave.

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

Trainers: Trainers advised that foundation trainees are allocated a joint educational and clinical supervisor and were notified about these in advance. Specialty trainees are supervised by their designated consultant. All trainers have GMC recognition of trainer's approval however many do not have sufficient time within their job plans for their educational role as they are working 9-1 contracts. [1] Most trainers have one foundation trainee and one specialty trainee allocated to them. However, they indicated that once the new clinical director is in post, a review of job plans will be undertaken. Trainers reported that they receive details of any trainees with whom there may be concerns and are fully aware of escalation policies should any concerns develop with a trainee whilst in the department.

[1] Clinical Director and General Manager have confirmed that all trainers in the department have 0.5 PA's for educational and clinical supervision since the introduction of e-job planning approximately 18-24 months ago.

Foundation Trainees: F2 trainees stated that their educational and clinical supervisor was notified on the first day in post. Several trainees indicated that they have not yet had an induction meeting with their supervisor after over 6 weeks in post. At the time of the visit F1 trainees stated they had not been linked to a named educational supervisor on Turas and had raised this with the postgraduate administration team. A member of the consultant team had stepped in and arranged initial meetings with these trainees. Trainees reported that on a day to day basis, they seek guidance informally from the departmental clinical fellow.

Specialty Trainees: Trainees stated that they work very closely with their onsite educational supervisors who set up regular meetings and create learning agreements with them.

Non-Medical Staff: The team stated that supervision arrangements differ between day shift and out of hours working although there is always someone contactable by phone. At 4pm the F1 in the department leaves to provide cover within the medical admissions unit.

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 stated that trainees always know who to contact should they require any support or advice. In response to previous feedback, the department have employed two advanced nurse practitioners and 2 emergency nurse practitioners who provide excellent support to trainees. Trainers reported no concerns with trainees working out-with their competencies or with seeking consent.

Foundation Trainees: All trainees stated that there were clear lines of contact within the team during the day. Overnight there are no registrars from the orthopaedic team on site, but they are contactable by phone. General surgery has a registrar available on site and urology also have a registrar who is contactable at home. Trainees stated that they were unsure as to when they were expected to begin and end their shifts as there were no clear times stated on the rota. Trainees also reported difficulties in attending trauma meetings at the weekend as these do not occur at a set time and on occasions have finished before the foundation daytime trainee has arrived.

Specialty Trainees: Trainees confirmed they are always aware of who to contact and that, consultants are easily accessible if required. As a group they are very well supported in this post.

Non-Medical Staff: A list of trainees is available to the team along with pictures. None of the non-medical team in attendance were aware of the colour coded badge system in use within the hospital to identify trainee grades.

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

Trainers: Trainers are aware of the various trainee curricula. The foundation curriculum is available in Turas and speciality curricula through the intercollegiate surgical curriculum programme (ISCP). Trainers stated that the department offers a good balance between clinical working and educational opportunities. Weekly rotas are sent out which provide details, session by session of clinics, theatre rotas and administration time which is available for all team members. Specialty trainees follow a consultant or provide cover for trauma emergencies. The department, where possible allows a degree of flexibility to meet educational requests from trainees. Trainers have no concerns about specialty trainees' abilities to meet their curriculum requirements.

Foundation Trainees: Trainees were unsure whether any competencies would be difficult to achieve whilst in the department. However, they reported that although opportunities for F2s to attend clinics or theatre lists exist, in reality there is no dedicated time in the rota for this. F1s do not go on consultant ward rounds or routinely provided direct care for patients. Their main role is to complete immediate discharge letters and change kardexes in addition to performing other routine tasks. Occasionally they assist F2s with managing easy cases. Foundation trainees stated that the ANPs and ENPs are extremely supportive to them, however they expressed concerns that nursing teams tend to approach the ANPs/ENPs in preference to the Foundation trainees when they were looking for advice on unwell patients. Trainees do not regard this post as being of good educational value.

Specialty Trainees: Trainees reported receiving a good experience and have no concerns about their ability to attend clinics, theatres or achieve required competencies. They described working in the department as being similar to an apprenticeship and reported that there is a good variety of experience on offer.

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

Trainers: Trainers advised that assessment requirements are available within the college portfolio which all specialty trainees and supervisors have relevant access to. Trainers advised of no concerns about trainees achieving their minimum assessment requirement. Trainers have had no formal training in how to undertake work place-based assessments and there is no system in place for trainers to benchmark their assessments against other trainers.

Foundation: Trainees stated they have very little interaction with senior trainees and consultants which makes completing assessments difficult. The current departmental clinical fellow has been very helpful in assisting foundation trainees by completing most of their assessments. F2 trainees generally attend ward rounds however F1s are not expected to attend.

Specialty Trainees: Trainees advised there were no concerns regarding opportunities to obtain mandatory workplace-based assessments and stated that their assessments were fair and consistent.

Non-Medical Staff: The team advised that they would only complete assessment requests if they had worked directly with the trainee.

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

Trainers/Foundation Trainees/Specialty Trainees: Not asked due to time constraints.

2.9 Adequate Experience (other) (R1.22)

Trainers/Foundation Trainees: Not asked due to time constraints.

Specialty Trainees: Trainees advised of a bi-monthly audit meeting. Audits are trainee led and well supported by consultants.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that the level of feedback differs for each trainee cohort. The department adopts an apprenticeship style and provides formal and informal feedback for specialty trainees. The department encourages feedback and trauma meetings are regarded as a good place to receive feedback on specific cases. Trainees are encouraged to sign up more than one clinical supervisor to their portfolio to allow them to gain a wider range of formal feedback.

Foundation: F2 trainees stated that feedback is provided at trauma meetings although the most useful feedback is received when working with the on-call registrar. F1 trainees are invited to attend trauma meetings however they are not actively involved in the care of ward patients and so have little opportunity to receive feedback on cases. Feedback to F1s is usually provided by the F2 trainees or ANP.

Specialty Trainees: Trainees advised that cases are discussed in clinics and feedback is received. In theatre feedback is provided continuously. Direct feedback is also received in trauma meetings which at times can be robust but appropriate to their training level. Trainees confirmed that their feedback is constructive and meaningful, and they have never received or witnessed undermining behaviours.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that feedback is obtained informally. The department provides a relaxed atmosphere with trainers having a good rapport with trainees who feel comfortable in providing feedback. Trainers are aware of formal governance arrangements to adopt should a trainee wish to raise concerns regarding their training or experience in the department.

Foundation Trainees: Trainees advised that they have no mechanism to provide feedback to trainers.

Specialty Trainees: Not asked due to time constraints.

2.12 Culture & undermining (R3.3)

Trainers: Trainers highlighted that the working environment whereby the team use a hub/trauma room as a base creates a good team culture. In addition, they cited the whole team involvement in the daily trauma meeting as creating a positive team culture. Trainers were not aware of any trainees raising concerns with regards to being unsupported or undermined. The trainers alluded to a somewhat charged environment on occasions within trauma meetings as trainees are questioned about management of cases. However, they felt that this was an appropriate part of teaching and working in a training environment and stated that any direct questions would be adjusted to the grade of the trainee.

Foundation Trainees: Trainees advised that the clinical support is good, and they have had no personal experience of bullying or undermining. On occasions they have witnessed situations that felt uncomfortable, but no specific incidents of undermining were shared. Trainees are aware of the escalation route should they wish to raise a concern with regards to bullying and undermining.

Specialty Trainees: Trainees advised that the clinical support is good, and they have had no experience of bullying or undermining. Trainees are aware of the escalation route should they wish to raise a concern with regards to bullying and undermining.

Non-Medical Staff: The team described a supportive culture in the department and were not aware of any bullying or undermining issues. They highlighted that the trainees have a close relationship with ANPs which offers a lot of shared learning. The team advised that the first block is often a difficult one for foundation trainees.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that there were no rota gaps at any grade and stated the department is no longer allocated specialty trainees from general practice. Trainers reported that the rota works well when fully staffed but it can be extremely challenging when there is one person down.

Foundation Trainees: Trainees advised that there are currently no gaps in the F2 rota. F1s do not have rota as such but they work together to ensure all 3 wards are covered during the day. The F2 rota can be very difficult to ensure cover in the event of sick leave. Trainees advised that a consultant oversees the rota and the clinical fellow looks after all swap requests. Trainees suggested that having additional staff available on a Monday would be helpful.

Specialty Trainees: Trainees reported no rota gaps and no concerns for patient safety or trainee wellbeing. Trainees stated that they have no need to be involved in rota design as they follow their allocated consultants' weekly timetable.

Non-Medical Staff: The team are not aware of any concerns with regards to the rota.

2.14 Handover (R1.14)

Trainers: Trainers advised that cases are handed over to the trauma meetings every morning which all trainees and consultants attend. This also provides trainees with many learning opportunities. There is also hospital at night (H@N) handover.

Foundation Trainees: Trainees advised that a written handover is available on the trauma whiteboard but that there is no written handover for night shifts. Trainees stated that F1s, specialty trainees and ANPs finish at 4.30pm and it would be useful to have a designated time for handover prior to that as currently there is no shift overlap. F2s reported that between the period of 4.30pm and 9pm it can be difficult to complete allocated duties as the department can be extremely busy and this then leads to unfinished tasks being passed over to the H@N team at 9pm.

Specialty Trainees: Trainees advised that the main handover occurs at the daily trauma meeting. They also described a 5pm handover should there be a change in on-call registrar and a 9pm H@N handover which they did not attend. Written handover is available on the trauma whiteboard. Trainees confirmed that morning handover was a good learning opportunity.

Non-Medical Staff: The team advised no concerns with handover.

2.15 Educational Resources (R1.19)

Trainers: Trainers advised that trainees have 24-hour access to the library and trauma room where there are books available. All staff also have access to the intranet and shared drive and posters are regularly displayed around the ward.

Foundation Trainees: Trainees described the Library as a good resource.

Specialty Trainees: Trainees confirmed the knowledge network and library as good training resources.

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 advised that they liaise with the training programme director, the postgraduate training committee and deanery should they have any concerns with regards to a trainee. The department provides regular career support when requested.

Foundation: Trainees commented that the educational supervisors provide support to struggling trainees and they were not aware of any trainees requiring reasonable adjustments to training.

Specialty Trainees: Trainees advised they had not had to request support or reasonable adjustments but are sure adequate processes for this are in place.

Non-Medical Staff: The team advised that concerns would be highlighted with the consultant team.

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 stated that the quality of education and training in the department is managed by the postgraduate training committee.

Foundation/Specialty Trainees: No grade of trainee was aware of who was responsible for education or training within the site. They were also unaware of who the director of medical education or who their on-site deputies were. Specialty trainees advised that regional postgraduate committee meetings take place 3 times per year which have 2 trainee representatives attending.

General Surgery: An example was provided at the visit conducted to general surgery at the royal alexandra hospital on the same day which highlighted that though the escalation process for raising concerns is working the example given involving trauma and orthopaedics showed that the feedback processes could be improved. It was commented that the person who escalated the concerns received no feedback on the progress or outcome of the concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not asked due to time constraints.

Foundation Trainees: Not asked due to time constraints.

Specialty Trainees: Trainees were confident of the escalation policy and would contact the clinical lead if they had any concerns.

Non-Medical Staff: The team advised that concerns are raised via the Datix system with relevant feedback provided through the system.

2.19 Patient safety (R1.2)

Trainers: Trainers believe the department is very safe and have no concerns with regards to patient safety, although they highlighted that medical boarding into their unit could be a safety issue at times.

Foundation Trainees: Trainees commented that arrangements for the care of patients boarded from the medical unit could be improved.

Specialty Trainees: Trainees advised they would have no concerns if a friend or relative was admitted to the department. Trainees were aware of wider issues with medical boarders however had no direct experience of the current system.

Non-Medical Staff: The team advised that the environment was generally safe. However, concerns were raised about the potential impact of medical boarders on patient safety within the unit.

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

Trainers: Trainers advised that adverse incidents are discussed though the local M&M process. There is also a clyde wide M&M meeting which occurs less frequently. Trainees are encouraged to use the datix system to notify incidents and to complete a piece of reflection and case-based discussion which should be upload to their portfolio. Trainers reported that they have no involvement in providing feedback to trainees regarding incidents reported via datix.

Foundation Trainees: Trainees advised that incidents are reported through the datix system although they have never had to use it.

Specialty Trainees: Trainees advised that if they were involved in an incident, direct support would be received from their educational supervisor. There were aware of the datix system for reporting adverse incidents though were unsure how the outcomes of reported incidents would be fed back to them. Trainees were aware of their duty of candour. They would have no problems in communicating with a patient if something was to go wrong with their care, although they felt they would need to ensure that they would be the most appropriate person to do so.

Non-medical staff: Not asked due to time constraints.

2.21 Other

Overall satisfaction scores:
Foundation trainees average score: 5.8/10.
Specialty trainees: average score: 8.5/10.

3. Summary

The visit panel was disappointed by the late arrival of specialty trainees to their session. The foundation trainees were also late to their session and we were informed by them that they had not been made aware that the meeting was taking place. This reduced the time available in both sessions for discussion. However, the panel commended the site on the level of engagement from other groups. The panel noted a supportive environment and good training experience for specialty trainees. However, this was in contrast to the poor experience reported by foundation trainees with concerns regarding induction to out of hours working, educational supervision arrangements, adequate experience, workload and handover. Frequent reference was also made to the term SHO by some trainees and by nursing staff. Due to the level of concerns raised during the visit, along with information gathered from the pre-visit questionnaire, the panel advised that a revisit would likely occur towards the end of 2020 and a confirmed date would be notified in due course.

What is working well:

- Senior trainees feel well supported and are enjoying their time within the training programme. They report high levels of overall satisfaction within the post.
- Excellent support provided to junior doctors in training by ANPs and trauma liaison nurses.
- All trainee grades reported no difficulties in attending teaching.
- All trainee grades confirmed they were aware of a clear escalation policy and did not have to work beyond their competencies.
- The daily trauma meeting was highlighted as a learning opportunity for all trainees.
- Improvements already made to induction are recognised and continued development of induction is encouraged.

What is working less well:

- No time in consultant job plans for recognised trainers' role, many of whom are employed on 9:1 contracts. [2]
- F1 trainees were not linked to named educational supervisors on Turas when commencing in post. This led to a member of the consultant team providing each F1 with initial inductions.
- F2 trainees have named educational supervisors however have had no initial meeting. This situation is having a negative impact on the training of junior medical staff and needs to be resolved immediately.
- The roles of the foundation trainees within the unit appears to be poorly understood. The current lack of understanding is having a negative impact on the morale of a significant number of Foundation doctors

[2] Clinical Director and General Manager have confirmed that all trainers in the department have 0.5 PA's for educational and clinical supervision since the introduction of e-job planning approximately 18-24 months ago.

reporting that they do not feel part of the team and perceive they have little role to play in patient management. There needs to be a better understanding of the role of the foundation trainees in the department.

- This is exacerbated by F1 trainees not attending ward rounds and spending significant time doing non-educational tasks which are allocated in a ward book by nursing staff.
- There is a lack of senior trainee and consultant engagement in completing mandatory assessments that are required by foundation trainees. These are more often undertaken by a fixed term clinical fellow.
- Review of duties is required to allow integration of F1 trainees into the team along with their more formal inclusion in the daily trauma meeting.
- Mandatory weekly foundation teaching should be bleep free and ways to ensure this can be delivered should be investigated.
- No allocated time for F2 trainees to attend clinics or theatre.
- No consistency in availability of written handovers.
- No formal time in the rota to undertake handovers. There is an expectation that staff should come in early or stay late to ensure adequate handover.
- Repeated use of SHO terminology.
- Nursing staff in attendance were unfamiliar with the colour coding of badges to identify grades of trainees and their associated levels of competency.
- Educational governance arrangements were not well known by any training grade or consultant team.
- There is no formal induction for cover of other specialities e.g. general surgery or urology out of hours.
- No clear start or finish times displayed on rotas for any shifts.
- Trauma meetings at weekends require clear communication around starting times to ensure that the daytime foundation doctors can be in attendance.
- No formal mechanism to ensure that trainees who miss inductions e.g. due to night shift are then suitably informed.

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

4. Areas of Good Practice

Ref	Item
4.1	The daily Trauma Meeting was highlighted as a learning opportunity for all trainees.

5. Areas for Improvement

Ref	Item	Action
5.1	There is a lack of senior trainee and consultant engagement in completing mandatory assessments that are required by Foundation trainees. These are more often undertaken by a fixed term Clinical Fellow.	
5.2	Review of duties is required to allow integration of Foundation Year 1 trainees into the team along with their more formal inclusion in the daily Trauma Meeting.	
5.3	No clear start or finish times displayed on rotas for any shifts.	
5.4	Trauma meetings at weekends require clear communication around starting times to ensure that the daytime Foundation doctors can be in attendance.	
5.5	The roles of the foundation trainees within the unit appears to be poorly understood. This situation has had a negative impact on the morale of a significant number of Foundation doctors who report that they do not feel part of the team and perceive they have little role to play in patient management. There needs to be a better understanding of the role of the foundation trainees amongst the wider team in the department.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	All Consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	Immediate	N/A
6.2	Trainees must have an allocated educational supervisor throughout their post.	Immediate	FY
6.3	Educational supervisors must understand curriculum and portfolio requirements for their trainee group. Initial meetings and development of learning agreements must occur within a month in post.	31st December 2020	FY
6.4	FY1 trainees in surgical specialties must have opportunities to assess acutely unwell patients during	31st December 2020	FY

	ward rounds and to receive constructive feedback on their contributions to add learning to their experience.		
6.5	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	31st December 2020	FY
6.6	Lack of access to clinics for F2 trainees must be addressed to improve the training opportunities for these cohorts.	31st December 2020	FY
6.7	All handovers within Trauma & Orthopaedics must be more structured and more robust with written or electronic documentation.	31st December 2020	ALL
6.8	The morning and/or evening handover must be scheduled within the rostered hours of work of the trainees.	31st December 2020	FY
6.9	All references to “SHOs” must cease.	31st December 2020	ALL
6.10	The level of competence of trainees must be evident to those that they come in contact with. Raise awareness and promotion of colour coded badges.	31st December 2020	ALL
6.11	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	31st December 2020	ALL
6.12	Trainees must receive adequate induction to all sites they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	31st December 2020	FY
6.13	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	31st December 2020	ALL
6.14	Educators must be trained and calibrated in the assessments they are required to conduct.	31st December 2020	FY