Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	24th February 2021	**Level(s)**	FY/GP/ST
Type of visit	Enhanced Monitoring Revisit	**Hospital**	Princess Royal Maternity Hospital/Glasgow Royal Infirmary
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Prof. Alastair McLellan	Visit Chair - Postgraduate Dean
Mr Robin Benstead	GMC Visits & Monitoring Manager
Mr Craig Steele	GMC Associate
Dr Alastair Campbell	Associate Postgraduate Dean – Quality
Dr Gayle Littlewood	Training Programme Director
Dr Alan MacKenzie	Trainee Associate
Mr Archie Glen	Lay Representative
Ms Fiona Conville	Quality Improvement Manager
In attendance	
Ms Patriche McGuire	Quality Improvement Administrator

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

Unit/Site Information										
Non-medical staff in attendance	4									
Trainers in attendance	7									
Trainees in attendance	5 x FY2, 3 x GPST, 13 x ST1-7									
Feedback session: Managers in attendance	Chief Executive		DME	X	ADME	x	Medical Director		Other	X

Date report approved by Lead Visitor	09/03/2021

1. Principal issues arising from pre-visit review:

The Princess Royal Maternity Hospital has been under the GMC's Enhanced Monitoring process since May 2018 due to escalating concerns for the training environment. The last visit to the unit on 27 February 2020 indicated that progress made from the 2019 visit had not been sustained and significant educational challenges remain.

Requirements from visit on 24th January 2019:

- Educational and clinical supervisors must understand curriculum and portfolio requirements for the cohorts of trainees training in the unit.
- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for GP and Foundation doctors must be reduced.
- The department must develop and sustain a local teaching programme relevant to curriculum requirements of the ST3+ trainees including a system for protecting time for attendance.
- Trainees must be given protected study leave to attend mandatory regional teaching.
- Doctors in training must have access to appropriate resources to support their training - office space for doctors in training is an issue.
- Assignment of STs undertaking ATSMs must be within the unit's capacity to provide training.
- The department must support ST3+ trainee attendance at regional teaching days.
- Foundation and General Practice trainees must be assigned to a ward/unit for a minimum of a 4-week continuous period.

Requirements from visit on 27th February 2020:

- Clinical supervision must be available at all times to support trainees working in acute gynaecology.
- There must be a protected formal teaching programme for doctors in training.
- The department must respond to concerns about education and training and provide feedback on this.
- Educators must be supported to deliver the assessments required of trainees' curricula.
- The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
- Staffing levels in wards must be reviewed to ensure that workload is appropriate and does not prevent access to learning opportunities including outpatient clinics.

- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors must be reduced.
- The discontinuity of ward placements must be addressed as a matter of urgency as it is compromising quality of training, feedback, workload and the safety of the care that doctors in training can provide.
- The department must have a zero tolerance policy towards undermining behaviour.

The visit commenced with Dr Catrina Bain delivering an informative presentation to the panel which provided an update regarding progress against the previous visit requirements, along with supporting evidence/documentation and detailed the impact of COVID on the unit.

2.1 Induction (R1.13):

Trainers: Trainers advised all trainees receive induction to the site. The rota is coordinated to ensure trainees are not scheduled for on-call shifts when transferring from other units or coming off night shift. Trainees who are out of sync or can't attend the main induction are provided with a mini one-to-one session. Prior to starting the role trainees are advised to download the GGC wide O&G app which provides clarity of on-call duties, roles and expectations with links to supporting protocols and guidance. Previous suggestions to improve the induction by including speculum examination tutorials for junior doctors had been actioned.

FY2: All trainees present received site induction except for those who had started on nights. Some trainees were contacted to organise a mini induction, but 2 trainees did not receive the communication and had to seek out information on their own. Departmental induction was provided and was helpful. It was suggested that the content could be enhanced by provision of guidance on how to escalate and triage phone calls received when they held the on-call page; examples given related to calls from midwives in the hospital and in the community relating to insulin dosage in the management of gestational diabetes and symptoms experienced by a patient following methotrexate treatment of ectopic pregnancy.

GP: GPST trainees received both hospital and departmental induction which they felt adequately prepared them for their roles. They noted the usefulness of the O&G app which they were sent prior to starting.

ST: Trainees present had received induction to site and department. The department induction was comprehensive and targeted by training level. Trainees felt well prepared for their role and did not suggest any improvements required.

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

Trainers: Trainers reported that there is 1st on call training provided on Thursday lunchtimes and registrar training delivered on Fridays. Despite an awareness that the Thursday sessions are bleep free, they acknowledged the challenges of ensuring this happens due to the acute nature of the specialty. Since COVID restrictions, sessions are now recorded which enables trainees to access the teaching when suitable. Trainers also highlighted a number of other teaching opportunities available including:

- Weekly CTG teaching
- Weekly obstetric risk management
- Perinatal risk management – monthly
- Laparoscopic simulation training

FY: Trainees reported that there is scheduled 1st on-call teaching on Thursday afternoons but noted that this has been inconsistent. Attendance had been variable, but generally low. Some felt their clinical workload was not a barrier to attending the sessions although noted rota allocation could affect ability to attend. The sessions can be attended in-person or via MSTeams. All regional teaching has been cancelled due to the pandemic.

GP: GPST's confirmed 1st on call teaching is delivered weekly on Thursday afternoons, and was available via MS Teams. The trainees interviewed had only been in post since 3rd February 2021 and had been unable to attend any sessions due to rota allocation but felt there would be no barriers in attending sessions going forward. Regional teaching had been cancelled due to the pandemic.

ST1-3: Trainees confirmed weekly teaching sessions and estimated they had attended 3 sessions in 6 months. Their average weekly attendance at local teaching sessions was zero hours. ST1-3's felt clinical service pressure to be the main reason they are unable to attend.

ST4-7: The majority, of teaching sessions are now delivered via MS Teams which has increased accessibility to trainees. Trainees can attend CTG teaching and participate in the delivery of 1st on call training on a weekly basis. The 'Registrar teaching sessions' are sporadic and unstructured with limited advanced scheduling of topics.

To address the limited gynaecological operating exposure due to COVID, regular simulation teaching has been delivered. Trainees spend a lot of their on-call shifts at night, which has limited their availability to attend teaching during the day.

Trainees felt able to attend on average 55% of regional teaching although noted this time is not protected. Trainees once again highlighted the benefits of delivering training via MS Teams.

2.3 Study Leave (R3.12): Not covered, no concerns raised in pre-visit information

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6): Not covered, no concerns raised in pre-visit information

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: The escalation policy is detailed at induction and trainees are made aware that senior escalation is expected due to the potential high risks within the specialty. Previous concerns over a lack of on call consultant presence between Mon-Fri, 09:00-17:00 in the gynaecology department had been addressed with consultants now being rota'd to be on and available during 'Hot Weeks' to support the management of acute gynaecological presentations. Trainers reported they were not aware of any instances where a trainee had been left to cope with a situation beyond their competence since this new work pattern was introduced.

FY: Trainees felt they knew who to contact for support both during the day and out of hours. Although they had never been left to deal with a situation out with their level of competence, they noted occasional challenges in contacting the on-call registrar, but all felt comfortable in escalating to consultants when required. When seeking support from senior trainee colleagues, trainees felt the majority to be approachable although on occasions, the response was less positive. Trainees reported the need to include within departmental induction guidance as to whom they should escalate calls they receive when holding the on-call page, when the subject of these calls related to issues beyond their knowledge or competence (see section 2.1).

GP/ST1-7: Trainees always felt well supported by their senior colleagues. They did not feel they had to work beyond their level of competence and reported no instances when they were required to do so.

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

Trainers: Trainers confirmed that successive FY & GP trainees are allocated to the same consultants acknowledging the different curricular needs compared to those of specialty trainees. Dr Vella and Dr Banks keep up to date with the changes to the specialty curricula and maintain a close relationship with the training programme director. Trainers felt there has been a cultural shift in the recognition in value of being a supervisor and noted all trainers now have allocated time in their job plan. To ensure trainees meet the satisfactory number of clinics and learning experiences, trainees are asked to highlight their learning needs to the rota coordinator. Due to the pandemic, there has been limited gynaecological operating exposure for trainees, and this has impacted in particular on the Gynaecology – Oncology subspecialty trainees. To help address this the department now have a new laparoscopic simulator which allows trainees to gain gynaecological competencies. Trainers felt highlighted other competencies they thought trainees may struggle to achieve were around mid-trimester surgical evacuations and scan training.

COVID has allowed for a review and change in processes which has resulted in fewer non-educational tasks for trainees. Immediate discharge letters continue to be challenging although steps have been taken to improve the efficiency of the IDL-completion process.

FY2: COVID has reduced the opportunities for FY2 trainees to attend clinics and the rota has been altered to reflect this. They reported spending much more time on wards. Trainees reported that since December they have attended on average, 2 clinics and 1 theatre session. As first responding doctors, trainees can participate in the management of acutely unwell patients. Due to the nature of the specialty this is a whole team event and trainees felt their skills have not developed as fully as in other posts. All described a lot of time being spent on non-educational tasks. They advised whilst working in obstetric wards they could spend 80% of their time completing IDL's and prescriptions.

GP: Trainees felt they were receiving enough exposure to meet their curricular requirements. Opportunities to attend the Sandyford clinic for sexual health experience has been halted due to the pandemic. Trainees have scheduled clinic days on their rota however, current social distancing rules impacts on the number of trainees able to participate. Trainees have been able to assess acutely unwell patients particularly in the gynaecology wards. Due to rota structure the trainees we met with felt less confident in dealing with unwell obstetrics patients due to a lack of exposure but felt this may improve with more time in post. Similar to their FY colleagues when working on an obstetrics ward they spend approximately 90% of time completing IDL's, phlebotomy and inserting cannulas.

ST1-2: Trainees acknowledged the impact of COVID on their learning opportunities and operating exposure. Priority has been given to more senior trainees who require competencies signed off at ARCP's. Trainees are encouraged to speak with the rota coordinator should they require specific educational opportunities. They described the balance of non-educational tasks vs medical work as variable.

ST3-7: Gynaecological operating exposure has been significantly reduced during the pandemic. Trainees discussed proactive rota management that ensured those requiring procedural sign off were able to attend sessions. Trainees commended highly the work of the rota coordinator. ATSM trainees have been able to continue training throughout the pandemic averaging 3 operating lists per week. Although the volume of clinics has decreased, educational opportunities whilst attending clinics have improved and have enabled trainees to complete work placed based assessments (WPBA's). Trainees who had

worked in the department previously highlighted the significant shift in focus in their rota over the past 2 years to incorporate their training and learning needs.

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

Trainers: Trainees communicated an issue with the completion of assessments at a senior management meeting, once highlighted this issue was addressed, no further issues have been raised.

All trainees: Trainees confirmed that in general they were able to complete Workplace Based Assessments and have them signed off easily. They felt they were assessed fairly and consistently.

2.8 Adequate Experience (multi-professional learning) (R1.17): Not covered, no concerns raised in pre-visit information

2.9 Adequate Experience (quality improvement) (R1.22): Not covered, no concerns raised in pre-visit information

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt informal feedback was regularly provided to trainees. Formal feedback is delivered through review of significant event cases at risk management meetings. The labour ward utilises a Greatix system which allows staff to record when something has gone well. Once reviewed, the form acknowledging this is delivered to the recipient.

FY: Trainees felt they have had limited day to day feedback, when received it has been constructive and meaningful.

GP: Trainees have the opportunity, to get informal feedback whilst working in the Maternity Assessment Unit by creating a management plan and discussing with a senior.

ST1-7: Trainees reported they receive good levels of feedback and described pro-active consultants who deliver constructive and meaningful feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers highlighted the trainee forum, chief resident and survey results as avenues for trainees to feedback on concerns about their training.

FY: Trainees were not aware of any opportunities to feedback to the trainers about their experience in the post. Trainees were not aware of the chief resident and their role in the department. They were aware of a trainee forum however, felt this was to address specialty level training concerns only.

GP: There was a lack of awareness of opportunities for trainees to feedback on their experience in the department. One trainee was aware they could raise any concerns with their educational supervisor.

ST1-7: Trainees reported multiple effective routes for feedback to be shared including via the chief resident and trainee forum.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that from induction they embed the positive culture of the department, highlighting the openness of the multidisciplinary team. Trainees are informed how to report any bullying or undermining concerns and are encouraged to raise any issues with consultants, senior nurses or midwives. On the labour ward each person introduces themselves stating their name and role for the shift, trainees then have the opportunity, to highlight any learning needs. Trainers detailed a previous instance where there was friction between disciplines, this was addressed and has not presented again.

FY: Trainees felt they worked in a generally supportive environment and felt all consultants were approachable. However, some trainees interviewed reported they had witnessed

occasional inappropriate conversations between registrars about a fellow trainee's clinical decisions.

GP: Trainees reported that they worked in a very supportive team. None of the trainees interviewed had experienced or witnessed any bullying or undermining behaviours but would raise this with their Clinical Supervisor if they did.

ST1-7: All trainees felt they worked in a very supportive department. They described a valued relationship between the midwifery and nursing staff who take time to teach and highlight learning opportunities. There are posters throughout the department which provide information on how to report any concerns relating to bullying and undermining. Trainees who had previously worked in the unit commented on the improvements to clinical supervision with consultants now being more familiar with their individual skill sets and efforts that had been made to make the rota more training focused.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that there are no gaps on the current rota. The health board have funded clinical fellows who have been beneficial in covering gaps and enhancing trainees' training opportunities. ST2 trainees are supernumerary on the rota to allow them access to more educational opportunities and experiences before transitioning to the more senior on-call rota.

FY2: There are currently no gaps on the rota. Trainees raised concern over a lack of a 'rolling' rota and perceived a disparity between obstetrics and gynaecology shifts. They also felt there to be an unfair discrepancy between the amount of night shifts with some trainees completing 25 compared to others at 14.

GP: Trainees were not aware of any gaps on their rota. They had only been in post for about 3 weeks. Trainees felt their rota is tailored to curricular requirements but noted there are a lot of on call shifts which can leave them feeling tired.

ST1-2: Trainees reported their current rota accommodates access to learning opportunities. They can raise any learning requirements such as access to scan lists or operating procedures with the rota master or supervisor and requests are accommodated.

ST3-7: Trainees were aware of a vacancy on their rota, which was being covered by a locum. They described their rota as tailored to individual learning needs and ST7 trainees noted they have good access to ATSM sessions. There is an online calendar which enables trainees to select their annual / study leave. Trainees described the volume of night shifts as 'overwhelming' although they were keen that any solution to this should not compromise their valued day-time learning.

2.14 Handover (R1.14): Not covered, no concerns raised in pre-visit information

2.15 Educational Resources (R1.19): Not covered, no concerns raised in pre-visit information

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12) Not covered, no concerns raised in pre-visit information

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

Trainees: All trainees would raise concerns about the quality of training in the post through their Educational Supervisor, Training Program Director or Clinical Supervisor.

2.18 Raising concerns (R1.1, 2.7):

Trainers: Trainers felt they encouraged trainees to raise concerns through the open culture of the department. Risk management meetings provide the opportunity to formally review cases and share learning from incidents.

2.19 Patient safety (R1.2)

Trainees: All trainees interviewed felt the department provided an extremely safe environment for patients and reported they would not have any concerns about the quality of care if a family member was admitted to the department.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4) Not covered, no concerns raised in pre-visit information

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:

- Foundation – Range 4-6, Average 4.6
- General Practice – Average 7
- ST1-2 – Average 8
- ST3-7 – Range 7-9, Average 8.4

3. Summary

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

This was a very positive visit to the department and there have been significant improvements made across several areas of previous concern. We would like to commend the ongoing engagement of the DME and local team in addressing these issues. The pandemic has limited certain training opportunities however, it has also allowed for a more focused training and educational approach to service. The overall training experience has improved for most cohorts, the exception being the FY trainees who did not feel as embedded in the team culture. This is reflected in their overall satisfaction scores. Some challenges remain and have been reflected in the requirements.

The positive aspects of the visit were:

- Significant progress in addressing concerns was noted in particular for run-through trainees.
- Very supportive, caring and accessible consultants who value contributions from trainees and ensure no one is working beyond their level of competence.
- Positive impact of the rota coordinator on senior trainees' experience with greatly valued tailoring of opportunities to individual trainee's needs.
- ST2 trainees are supernumerary on the junior rota to enable their smooth transition to the more senior on call rota.
- The GGC app supports induction to O&G in PRMU and provides clarity of on-call duties, roles and expectations with links to supporting protocols & guidance.
- The wider multi-disciplinary team including midwives are supportive and contribute to the education and learning of the doctors in training.
- The culture ensuring the safety of patient care.

The less positive aspects of the visit were:

- The educational experience of Foundation doctors in training: a) the burden of non-educational tasks is a barrier to their education and training particularly in the obstetrics role, b) they struggle to access local formal teaching opportunities, & c) it appears this cohort are not as embedded in the positive team experience reflected by other cohorts.
- Significant burden of night shifts on senior trainees (although they were keen that solutions to that should not compromise their highly valued, tailored day time learning opportunities).
- The senior trainee formal education programme would benefit from more consistent scheduling and more advanced notice of topics.

Review of previous requirements from 2020:

Ref	Visit requirement from 2020	Progress in 2021 visit
7.1	Clinical supervision must be available at all times to support trainees working in acute gynaecology.	Addressed
7.2	There must be a protected formal teaching programme for doctors in training.	Partially met see requirement 6.2
7.3	The department must respond to concerns about education and training and provide feedback on this.	Addressed
7.4	Educators must be supported to deliver the assessments required of trainees' curricula.	Addressed
7.5	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	Addressed
7.6	Staffing levels in wards must be reviewed to ensure that workload is appropriate and does not prevent access to learning opportunities including outpatient clinics.	Largely addressed
7.7	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors must be reduced.	Partially met see requirement 6.4 – specifically obstetrics ward
7.8	The discontinuity of ward placements must be addressed as a matter of urgency as it is compromising quality of training, feedback, workload and the safety of the care that doctors in training can provide.	Addressed
7.9	The department must have a zero tolerance policy towards undermining behaviour.	Largely addressed

4. Areas of Good Practice

Ref	Item	Action
4.1	The use of the GGC O&G app	
4.2	ST2 trainees are supernumerary on the rota allowing them to develop with appropriate support before transitioning to the senior rota.	
4.3	The use of MS Teams to record training sessions which can be accessed later by trainees.	

5. Areas for Improvement

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

Ref	Item	Action
5.1	Departmental induction	Doctors who hold the on-call page should be made aware as to whom they should escalate queries whether from within the hospital or from the community relating to matters that are beyond their knowledge or competence to answer.
5.2	Trainee Engagement	Ensure all grades of trainees are aware of the trainee forum and chief resident as a way to raise concerns.
5.3	Senior rota	Review with senior trainees the pattern of night shifts on the senior rota as this is perceived to be heavy and demanding. In addressing this, it would be important not to compromise the educational benefits achieved for this cohort during daytime hours.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department must increase relevant training opportunities for FY trainees.	24th November 2021	FY
6.2	There must be a protected and accessible formal local teaching programme appropriate for the learning needs of doctors in training (in particular for FYs & ST1-3s). There must also be more consistent and regular scheduling of the formal teaching for senior trainees with more advanced notice of topics.	24th November 2021	All
6.3	Foundation trainees must be given the opportunity to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.	24th November 2021	FY
6.4	Tasks that do not support educational and professional development and that compromise access to learning opportunities for FY/GP doctors must be reduced.	24th November 2021	FY/GP
6.5	A process must be put in place to ensure that any trainee who misses their induction session (hospital or departmental) is identified and provided with an induction.	24th November 2021	All