Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	13th May 2022	**Level(s)**	Foundation/Core/Specialty
Type of visit	Triggered Visit	**Hospital**	Golden Jubilee University National Hospital
Specialty(s)	Cardiothoracic Surgery	**Board**	National Facility

Visit panel	
Mr Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Prof Tim Graham	College Representative RCS Edinburgh
Dr Caroline Whitton	Foundation Programme Director
Dr Katherine Quiohilag	Trainee Associate
Dr Marie Cerinus	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashely Bairstow-Gay	Quality Improvement Administrator
Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	11
Trainees in attendance	3 FY, 4 CT, 5 ST
Feedback session	14
Date report approved by Lead Visitor	27th June 2022

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 Cardiothoracic Surgery at the Golden Jubilee University National Hospital. This visit was requested by the Quality Review Panel around the following concerns: Significant deterioration of results in the NTS (shown below).

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 Cardiothoracic Surgery.

NTS Data

FY – All Grey Data

CT – Green Flag - Workload

Red Flags – Adequate Experience, Curriculum Coverage, Educational Governance and Feedback, Overall Satisfaction, Reporting Systems and Supportive Environment

Pink Flags – Educational Supervision, Facilities, and Induction

ST – Red Flag – Supportive Environment

Pink Flags – Clinical Supervision, Curriculum Coverage, Educational Governance, Overall Satisfaction and Reporting Systems

STS Data

FY – All Grey Data

Core – Red Flags – Handover, Induction and Team Culture

ST – All Grey Data

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

The panel met with the following groups:

Core Trainees

Specialty Trainees

The Deanery would like to thank Mr Alan Kirk the Director of Medical Education and Clinical Director for Cardiothoracic Surgery for the helpful and informative presentation which gave a detailed overview of the department and training programme, the commitment to teaching and training as well as the common themes and challenges currently affecting the department.

2.1 Induction (R1.13)

Trainers: Trainers stated induction runs well in August but there is room for improvement at change-over times throughout the year. There is a corporate induction in the morning and a departmental induction in the afternoon. Trainers advised it is a relatively small unit and if a trainee cannot attend induction, supervisors arrange to meet trainees separately and discuss essential information on induction. Trainees have IT access and security badges before arriving and there is a new handbook in final draft which was distributed a few weeks ago. Once feedback has been given this will be circulated to trainees before they commence in post.

Foundation Trainees: Trainees advised they did not receive a formal induction and had to ask previous colleagues for information. Some trainees were advised to attend at 8am on their first day to attend the Anaesthetic induction until mid-day. They were not informed of their roles and responsibilities or who to contact about patients. Trainees were advised of historical bullying and harassment within the department which they found alarming. Trainees had no access to an induction booklet.

Core Trainees: Trainees advised there was no corporate induction or handbook and although some received log ins, these were not all activated. Induction consisted of an informal chat and a tour for some which did not equip them sufficiently to undertake their role. Not all trainees received an induction.

Specialty Trainees: Some trainees advised they received a corporate induction and a departmental induction which consisted of previous core trainees talking through responsibilities in the department. Some trainees were introduced to staff in the department and received access to a handbook.

Trainees suggested improvements to induction would be receiving information on managing emergencies and referrals.

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

Trainers: Trainers advised weekly teaching is held via MS teams at 5-6pm on a Wednesday and all those not in theatre are able to join, including those on zero hours to maximise attendance. There is MCQ based teaching which is for all grades of trainees and a journal club which covers MRCS outcome discussions. There is monthly CME teaching with dedicated wet lab sessions and a session which includes audit and quality improvement. Trainers are open to suggestions and invite external speakers for teaching.

Foundation Trainees: Trainees reported they are encouraged to attend departmental teaching which happens every Wednesday. This is explained well and appropriate to the level of training. All trainees can attend Foundation mandatory teaching.

Core Trainees: Trainees advised there is weekly departmental teaching which they are expected to attend even when on annual leave however it does not consistently cover topics relevant for core surgical training. There is CME teaching once a monthly which covers a range of topics.

Specialty Trainees: Trainees reported weekly departmental teaching which is a mix of formal teaching and a journal club. There is CME teaching and access to wet lab, which is managed by the Golden Jubilee Hospital, but CME teaching is available online. Trainees suggested a more focused teaching programme on the core syllabus would be beneficial to training.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. All recent study leave requests have been approved. The department have access to additional funding as well as the yearly study leave budget.

All Trainees: Trainees reported study leave requests are supported and accommodated and it can be difficult to keep track of applications as these are on paper.

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

Trainers: Trainers advised Educational Supervisors are allocated by experience and match the appropriate trainer with trainee in conjunction with the training programme director. There are current challenges with theatre time as trainers have been advised not to train in certain sessions so that they ensure all operations are complete. The reason given for this was that there is no theatre staff after 6pm which has meant theatre sessions had to be completed by then. Some cases scheduled for training and supported, agreed, and allocated. Trainers advised there is no protected time in their job plans for training, but the director of medical education and training programme director are working on this. Trainers hold a meeting once a month to discuss any issues and are happy to accommodate trainee needs. All trainees are informed at induction if they have any concerns to contact their Clinical or Educational Supervisor, or Training Programme Director.

Foundation Trainees: Trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan. Not all trainees have a rota therefore they cannot plan ahead or know where or what they are doing day to day.

Core/Specialty Trainees: Trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan.

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 advised the wider team may not understand the different levels of training or appreciate the difference in training requirements. Thoracic surgeons regularly meet to discuss trainees progress at monthly meetings. Trainers reported there is always someone available to contact out of hours and trainers make themselves available and are always open to discussions. Trainers are not aware of trainees working beyond their competence as they meet with trainees and discuss what level they are at and what the expectations are and set targets. Trainers also hold a feedback session if they undertake anything new and weekly/monthly progress meetings. Trainers reported that culture is a big issue and they have received personal complaints from colleagues working in the Golden Jubilee that there is a lack of training and progress on this.

Foundation Trainees: Trainees advised they contact the Cardiology registrar or consultant on the ward for help and advice. Consultants are approachable and willing to help.

Core Trainees: Trainees advised they do not always know who is on-call or who to contact and feel removed from patients. Trainees reported they do not have a clear role and are predominantly used for service as opposed to training. Trainees are called to look after patients in HDU which are from several specialties (CTS, General Surgery, Orthopaedics) plus some temporarily at GJUNH during the pandemic (Urology, Gynaecology and ENT). We have noted that both ENT and Gynaecology have since ceased the activity on this site. Trainees are unclear of escalation guidelines for non-cardiac patients or guidance from specialties out of hours.

Specialty Trainees: Trainees reported they do not work beyond their competence, and they know who to contact during the day and out of hours. Consultants are accessible and approachable.

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

Trainers: Trainers advised they are aware of the changes to the new curriculum and changes to the FRCS exam. All trainees have access to two days in theatre, one outpatient clinic and one MDT. The new MCR will be a huge improvement however the big issue is IT and core trainees may suffer trying to complete a mid-term MCR. The training programme director would like to upscale the ARCP process every 6 months.

Foundation Trainees: Trainees advised that foundation competencies are across the full year and trainees had completed a lot before starting this post. There are opportunities to participate in audit projects and robotics. Trainees reported a lot of nights and on-call and opportunities to attend clinic if there is a consultant available.

Core Trainees: Trainees advised they can struggle to gain experience with the management of surgical emergencies, except those relating to elective CTS patients, as these are not applicable to the Golden Jubilee as it is an elective only hospital. The also lack experience in managing critically ill patients as there is no formal attachment to ITU. Based on the old curriculum they should undertake 100 procedures in 6 months and trainees are nowhere near to achieving that. Trainees can attend outpatient clinics to see new patients. However, they sometimes do clinics alone if the Consultant has gone to theatre. Additionally, as the ward is ‘run’ by ANPs, trainees can find themselves being asked to do jobs in a way which does not support continuity of care – for example writing complex transfer

letters based on notes only, never having met nor looked after the patient themselves. Trainees noted that they are not attached to teams, and therefore felt the absence of working within a team. Trainees also described situations when they had been asked to step down from assisting because of an expressed preference by seniors to have an SCP assist instead. This adds to the lack of opportunities.

Specialty Trainees: Trainees reported a lack of exposure to trauma as these cases preferentially go to the Queen Elizabeth University Hospital. Trainees are taken off the rota in their final year (ST8) which is beneficial to their training. Trainees suggested that training could be optimised better as lists can get cancelled due to staff shortages and there is a lack of theatre staff past 6pm. The out of hours system includes access to one theatre which includes transplant.

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

Core Trainees: Trainees can struggle to complete workplace-based assessments as feedback in clinics is limited and consultant can be called to theatre. Feedback is variable as it is consultant dependent. Specialty Doctors do not have access to ISCP and cannot complete assessments.

Specialty Trainees: Trainees reported completing work placed based assessments is variable and consultant dependent. The introduction of the new MCRs for ISCP was not apparent

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

Core Trainees: Trainees advised they help the ANPs during ward rounds. The surgical care practioners assist on cardiothoracic lists however there is limited work to share.

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

All Trainees: Trainees are encouraged to participate in audit projects and present at conferences, CME meetings or Morbidity and Mortality meetings.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is given via the electronic referral system which gathers information and is discussed at Wednesday teaching sessions. Trainee present mini CEX from outpatient clinics and SLEs and reflective writing after theatre sessions.

Foundation Trainees: Some trainees advised they receive prompt feedback when in clinic and theatre but not all as it can be consultant dependent. During out of hours, they are encouraged to give ideas then receive feedback which is constructive and meaningful. Trainees reported they are no longer ward based therefore the ANPs do the majority of the work on the ward. Trainees advised their role can be unclear and the majority of their time can be as bleep holders.

Core Trainees: Trainees advised they do not receive any constructive feedback and feedback is very limited, especially when they are in clinic or on nights. Trainees report an expectation to undertake ward rounds themselves and follow instructions making very little clinical decisions therefore feedback is limited.

Specialty Trainees: Trainees advised that feedback is variable and consultant dependent and it is not always done in the right way or right place.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised they see trainees every day and there is ample opportunity for them to give feedback.

Foundation Trainees: Trainees were unaware of any methods to feedback to trainers until yesterday when they were informed of a chief resident post which exists in GJUNH.

Core Trainees: Trainees reported feeling humiliated and undermined when feeding back concerns regarding training.

Specialty Trainees: Trainees have the opportunity to feedback to consultants, but it does not transpire to anything as they are met with barriers. Trainees have reported a lack of training opportunities which the department are trying to improve, and an agreement has been made that trainees come first.

2.12 Culture & undermining (R3.3)

Trainers: Trainers acknowledge they need to set objectives for trainees to work together and share problems promptly with each other to achieve satisfactory training. After receiving management feedback after a recent survey all trainers will attend the non-technical skills for surgery course. Trainers advised there are formal channels to report any concerns which they take seriously and do not want anyone to have an unpleasant experience. The training programme director has been contacted previously about challenging relationships in the department and any issues are discussed and trainees maybe moved from one trainer to another to remove any conflict.

All trainees: A significant number of concerns and examples of undermining, bullying, intimidation, and sexism with fear of repercussion were raised both during the visit and following the visit from a number of trainees at different levels, these concerns have been raised and discussed with the Chief Executive, Medical Director, and Director of Medical Education.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised there are 2 levels on the rota and hospital at night. There are ten people on the senior registrar rota which is fully staffed with clinical fellows and there is also the ability to use long term locums if there are any rota gaps. All rotas are currently compliant. Senior trainees are removed from the rota in their last year to be an independent operator and concentrate on technical abilities.

Foundation Trainees: Trainees advised there are currently no gaps in the rota but there isn't always a middle grade on during long days. Trainees attended taster week which had a good variation of theatre and clinics.

Specialty Trainees: Trainees advised there are rota gaps, but these are filled by locums. There is a week of longs day and trainees try to attend clinics/theatre whilst clinical fellows hold the bleep. Trainees can change nightshifts amongst themselves and swap if necessary. The rota is 1 in 10 which is fair and standard.

2.14 Handover (R1.14)

Foundation Trainees: Trainees advised ANPs have a different handover from trainees therefore they aren't always aware of patient information which is a patient safety concern when trainees are holding the bleep. There is no handover document, and it is not used as learning opportunity.

Core Trainees: Trainees advised there is an 8am handover from on call and trainees take the on-call page from the registrar overnight and hold for the rest of the day. The ANPs have their own handover which trainees advised does not provide a safe continuity for patients and is a concern as they are unaware of patient information shared at that handover.

Specialty Trainees: Trainees advised the person on-call is responsible for ICU and handovers any patients they are concerned about. There is a morning handover with the Anaesthetic consultant and an evening handover which is registrar to registrar. Trainees advised it can be challenging handing over from other specialties like General Surgery and Urology, but a formal note can be done. Trainees advised handover is not used as a learning opportunity.

2.15 Educational Resources (R1.19)

All Trainees: Trainees reported there is no dedicated space for learning or rest which is difficult especially during nightshift. There is access to a library and computers.

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

Foundation Trainees: Trainees advised they have contacted the Core and Specialty trainees for support in the past and staff are approachable.

Core Trainees: Trainees advised there are some supportive consultants, but others can discuss trainee's issues in front of other trainees which can cause concern.

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

Foundation Trainees: Trainees advised they would raise concerns in relation to their training via email or in person with their educational supervisor, training programme director or via the trainee forum.

Core/Specialty Trainees: Trainees reported they can raise concerns via the recent establishment of chief registrars (since September 2021) or training programme director.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are encouraged and supported to raise any concerns in relation to patient safety or education and training with a Consultant or Educational Supervisor.

All Trainees: Trainees gave examples of raising concerns and felt uncomfortable and intimated when doing so. They reported feeling that some concerns raised in the past have not been adequately listened to, addressed, or resolved completely.

2.19 Patient safety (R1.2)

Trainers: Trainers advised their priority is patient and trainee safety which is discussed at management level. All trainers want trainees to have a good experience and that the safety of patients is not compromised. Trainers reported a safe clinical environment and when any problems arise, they are dealt with in a compassionate and empathetic way. A review is held of any incidents which is a robust and transparent process.

Foundation Trainees: Trainees reported that staff are committed and invested in their patients however translation and communication can be lost, plus advice can be very disjointed. Concerns have been raised to consultants which were not acted upon. Trainees have a lack of knowledge of other specialties which impacts patient safety if a patient deteriorates. There is a lack of advice and support for general medical issues.

Core/Specialty Trainees: Trainees reported patient safety concerns as care is variable and consultant dependent. Medical issues can be overlooked as there is no medical registrar on site. There were also issues locating the responsible Consultant overnight for patients on HDU

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

Trainers: Trainers advised that any incidents are discussed in an open forum or in a short working group and used as a learning opportunity with feedback given. There is a Morbidity and Mortality meeting held during CME teaching which all trainees are invited to attend in protected time.

Core/Specialty Trainees: Trainees are unaware of any feedback following adverse or significant events and if something was to go wrong with a patients care support would be consultant dependent.

2.21 Other

Core Trainees: Trainees advised that they have been disappointed with this training post and do not feel this has been of any benefit to their training. Trainees advised their role is unclear, they are not attached to specific teams and have variable and inconsistent theatre access. Trainees do not feel this department/location should be part of the rotation for core surgical trainees.

3.0 Summary

The visit panel found a department with a good teaching programme for trainees with CME teaching and simulation. There were positive comments regarding engagement from foundation educational supervisors and the ability to remove trainees from the rota in their final year of training. There were significant bullying/undermining and patient safety concerns from several trainees both past and present. The visit panel held an urgent meeting with the Chief Executive and Medical Director following the visit to discuss next steps which include a follow up review meeting in two months. The possibility of enhanced monitoring was also discussed which will be continuing to be reviewed.

What is working well:

- Regular, varied, and accessible teaching for all grades of trainees, leading to sustained trainee success in postgraduate exit examinations
- Monthly CME teaching with simulation

- Ability to remove ST8 from on-call rota without financial penalty to allow experience in trauma operating and consultant level operating, both of which are beneficial to training
- Recent production of handbook for future induction
- Good engagement from Foundation educational supervisors, supported training and facilitating completion of WBA's

What is working less well:

- Several reports of alleged bullying/undermining/intimidating and sexist behaviour with a significant lack of professionalism causing concerns for trainee's wellbeing

Patient safety concerns in relation to:

- Unclear lines of escalation for non-cardiac patients with no clear communication of infrastructure or guidance from specialties for support or management out of hours
- Fragmented handover with no written documentation
- Lack of senior medical cover on site
- Lack of appropriate training opportunities, as per curriculum requirements, for Core and IST trainees
- Reported instances of trainees working beyond their competence
- No involvement in or feedback from any potential learning from significant events or with the clinical governance system
- Lack of constructive feedback, and what does occur can be variable and is consultant dependent
- Lack of formal induction especially for those starting out with the August rotation
- No dedicated space/room for trainees

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

4. Areas of Good Practice

Ref	Item
5.1	N/A

5. Areas for Improvement

Ref	Item	Action
6.1	An area for trainees to study and rest	

6. Requirements - Issues to be Addressed

Ref	**Issue**	**By when**	**Trainee cohorts in scope**
7.1	Measures must be implemented to address the patient safety concerns associated with escalation, handover, and lack of medical cover. There must be a clear escalation policy which is understood and followed by all involved	As soon as possible	All
7.2	Departmental induction must be provided which ensures trainees are aware of all their roles and responsibilities and feel able to provide safe patient care.	Jan 2023	All
7.3	Appropriate training opportunities must be provided for Core trainees in line with Core Surgical Training curriculum requirements	Jan 2023	CT
7.4	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care with adequate documentation.	Jan 2023	All
7.5	Any allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	As soon as possible	All
7.7	The department must ensure that there are clear systems in place to provide feedback to trainees.	Jan 2023	All
7.8	The site must foster a culture of learning that includes doctors in training both in reporting critical incidents	Jan 2023	All

	using channels such as the Datix reporting system but also in the consequent learning that comes from an effective system.		
7.9	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	As soon as possible	All
7.10	All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	Jan 2023	