Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	19th May 2022	**Level(s)**	Foundation, IST, Specialty
Type of visit	Triggered	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	General Surgery	**Board**	NHS Greater Glasgow & Clyde

Visit Panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Leela Narayanan	Training Programme Director
Dr Graeme Guthrie	Foundation Programme Director
Mr John Dearden	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In Attendance	
Mrs Gaynor Macfarlane	Quality Improvement Manager

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	8
Trainees in attendance	22 (F1 – 9, F2 – 6, IST – 2, ST – 5)

Feedback session: Managers in attendance	Chief Executive	0	DME	1	ADME	0	Medical Director	0	Other	12
Date report approved by Lead Visitor	22/06/2022 Dr Marie Mathers									

1. Principal issues arising from pre-visit review:

Background information

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey a Deanery visit is being arranged to the General Surgery Department at the Queen Elizabeth University Hospital, Glasgow. This visit was requested by the Foundation Quality Review Panel held in November 2021.

Survey Data

*Note – NTS data combines all surgical specialties and is not specific to only General Surgery.

Triage List:
General Surgery, STS Level Triage List, number of red flags, persistent low scores.
F1 Surgery, NTS Programme Group Triage List, number of red flags, persistent low scores, significantly low for specialty.
F2 Surgery, NTS Programme Group Triage List, number of red flags, persistent low scores.

NTS 2021:
F1 Surgery – Triple Red Flags – Adequate Experience, Curriculum Coverage, Induction, Overall Satisfaction, Supportive Environment.
F1 Surgery – Red Flags – Educational Governance, Educational Supervision, Facilities, Feedback, Rota Design.
F2 Surgery – Triple Red Flags – Feedback, Overall Satisfaction.
F2 Surgery – Red Flags – Educational Supervision, Facilities, Reporting Systems, Supportive Environment, Teamwork.
CT – all white flags.
ST – Pink Flag – Clinical Supervision.

STS 2021:
Foundation General Surgery – Red Flags – Educational Environment, Induction, Teaching.
Foundation General Surgery – Pink Flags – Team Culture, Workload.

Core CST – all white flags.
Core General Surgery – all grey flags.
ST – all white flags

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

Department Presentation:

The visit commenced with a presentation by Miss Helen Dorrance, Lead Clinician. The panel were taken through the increase in remit for the General Surgery department, how the department deals with induction, educational supervision and teaching. The presentation also touched on the workload for everyone in the department, how the rota is managed and how welcoming and open everyone is. Future plans for the department were detailed including the distribution of trainee photographs and the provision of a trainee room with lockers nearby. A WeCare survey has been undertaken by the quality improvement team which will provide further insights into improving things.

Additional Information
Due to there being only one trainee available for the IST/ST1-ST3 session on the day of the visit an additional session was arranged, with the cooperation of the DME team and the department, for 14 June 2022 and the trainee comments from that session are incorporated into this report.

2.1 Induction (R1.13):

Trainers: F1 trainees benefit from the opportunity to shadow their first post which ensures a more meaningful induction as they have an understanding of the department before they start. Trainees starting in post later in the year have the benefit of understanding how the hospital works so the induction provides them with more useful departmental information. There has been an induction app and handbook developed which has been of benefit. Induction has evolved with feedback from the trainees.

F1 Trainees: Trainees attended an induction meeting on their first day which was comprehensive and provided an opportunity to ask questions. For those trainees who were unable to attend there

was not another opportunity to catch up with induction. An induction app has been produced but the trainees did not know how to access it.

F2 Trainees: Trainees received a departmental induction which was good which detailed the escalation process for the department and how they were to support the F1 trainees. The trainees were shown round the department by more senior trainees which was good and gave them the opportunity to ask questions. For one trainee it was their first job in the hospital and they would have benefitted from a hospital induction.

IST Trainees: Induction was good although some sessions were on Zoom which made it a bit disjointed but covered everything the trainee needed to know. Chief Residents were able to fill in any gaps of knowledge when they arose but nothing specific that could be added to induction.

ST Trainees: Induction was good for all trainees who received one. For trainees arriving in February there was no induction.

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

Trainers: Trainers support the trainees going to their teaching. Senior trainees cover the junior rota to enable trainees to attend their own grade of teaching. Recording of teaching sessions has helped trainees to catch up if they have been unable to attend a session. ST teaching has moved to a hybrid model so trainees have the option of attending sessions face to face which does have its benefits. Foundation trainees feel pressure from the nursing team when have to attend their teaching. Overall the department has put a lot of effort into ensuring all trainees are able to attend their teaching. One of the STs has been leading on mapping the F2 curriculum requirement on generic unwell patients to their teaching on critical care.

F1 Trainees: There is teaching for trainees which is led by the senior specialty trainees. Many of the trainees reported not being able to attend because of workload pressures or their rota pattern. Teaching gets cancelled and often this is not relayed to the trainees. Trainees attend their regional teaching but regularly get bleeped by nursing staff for non-urgent tasks.

F2 Trainees: Trainees stated there is no departmental teaching for them and they were told at their induction this was due to the workload. The trainees attend their programme teaching when they can but it is dependent on their work on the wards. Teaching is now recorded and available for them to watch when they have time. Trainees have to catch up on their teaching in their own time as there is no time when working.

IST Trainees: There is no departmental teaching for trainees but there is monthly IST programme teaching and trainees are supported to attend their teaching.

ST Trainees: There is departmental teaching on Thursday lunchtimes, there are M&M and x-ray meetings that trainees attend. Regional teaching is delivered in Glasgow Royal Infirmary which was suspended for 12 months due to the Covid pandemic but has now resumed. The department is supportive of all trainees attending their teaching.

2.3 Study Leave (R3.12)

Trainers: There are no issues supporting study leave. Trainees are asked to give 6 weeks' notice if possible and the emergency service has to be covered but changes to the rota can be made to support requests.

All Trainees: Study leave is supported.

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

Trainers: Trainers confirmed they all have time in their job plan to undertake supervision and they undergo appraisals on an annual basis. All trainers meet with their trainees, it is easier for STs as they are often in theatre together however they meet with all their trainees. A Trainee Committee was set up for trainees to discuss issues that would then be raised with the consultant group. There are 2 Chief Residents, both in their final year of training, and they have been very good.

F1 Trainees: A number of trainees have not met with their Educational Supervisor. One trainee had to escalate the matter to their FPD to secure a meeting.

F2, IST and ST Trainees: All trainees have met their Educational Supervisor and have a learning plan in place.

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 there is a clear escalation pathway that all trainees are aware off. The department work as a team and consultants get and respond to calls during the day. Mobile numbers are available and everyone is open to being contacted at any time and trainees are aware of this. Trainees are never left to work above their competencies, there is always someone available to provide support. This is highlighted at induction. The nursing team will also contact a consultant if they believe a trainee needs support.

F1 Trainees: Trainees all know who is providing clinical supervision and how to contact someone both during the day and out of hours. Surgical reviewing can be challenging, if patients are unwell it is the F1s that look after them but someone is always available by phone but they do not always come and see the patient.

F2 Trainees: Trainees all know who is providing clinical supervision and how to contact someone at all times. This is covered at induction and is clear. All the senior trainees and consultants are approachable so trainees have no concerns contacting anyone.

IST Trainees: Trainees all know who is providing clinical supervision and how to contact someone both during the day and out of hours.

ST Trainees: Trainees stated that they always know who is available to provide support. They are never left to work beyond their capability as there is always someone to contact and who is happy to come along and help out. All consultants are contactable, accessible and approachable.

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

Trainers: There have been changes to the ST3 and above curriculum and the trainers have attended webinars to understand these changes. Trainers talk to the trainees about what they need and if they are struggling to achieve their competencies they are supported by more than one trainer. Trainers

meet with F2 and Core trainees to discuss their interests and curriculum requirements, they take the trainees to clinics and formalise learning in that environment. Core trainees are missing out on the day cases but day surgery may be returning soon.

F1 Trainees: Trainees reported, during the day, they feel they are there to keep the ward running and they are not learning. Trainees do not clerk patients or have training in preparing management plans. The trainees reported a better experience out of hours when they get to see unwell patients and have learning opportunities then. The trainees feel that nobody expects them to know anything therefore they are not asked anything with all queries about patients being directed to F2s. Trainees spend the majority of their time doing non-educational tasks. On bank holidays trainees feel they cover the pharmacy and phlebotomy services for the department.

F2 Trainees: Trainees reported that they are on the ward to support the F1 trainees and they have very few opportunities to gain experience of General Surgery. They have not been offered opportunities to go to theatre, clinics, develop management plans or undertake minor procedures. There are 3 or 4 F2s on the ward during the day which would give F2s flexibility to attend surgical opportunities. Not all trainees have acute days built into their rota which further limits interaction with senior colleagues. Trainees feel they are the buffer between the F1s and trainees above them and there only to fill the rota and do the admin jobs. Trainees feel they will finish the post knowing less about the specialty after being in the post than they did before they started the post. A number of the trainees are keen on surgery but have been kept on the ward carrying out admin tasks. Trainees with an interest in medicine have found the post more beneficial as they are managing unwell patients and dealing with post op complications. On nights the F2 trainees are expected to provide phlebotomy cover for all the patients despite nursing staff being available and trained to do this. Learning opportunities are missed due to this requirement.

IST Trainees: Trainees stated that it had been impossible to achieve their case numbers due to covid and they do not feel they have progressed as well as other trainees in other regions due to a lack of simulation opportunities throughout the covid period. Trainees are now all achieving their competencies and have been signed off. Their supervisors are encouraging and supportive. There are opportunities to go to clinics and theatre.

ST Trainees: Trainees are able to achieve their competencies, there are limited opportunities for colonoscopies but trainees have managed to complete the required number. Theatre lists are prioritised but senior trainees are always available by phone to support junior trainees on the ward.

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

Trainers: Trainers support trainees with their assessment every day. There are learning opportunities all the time in clinics, theatre and on ward rounds. All trainees are aware of what they need and make sure they get them done.

F1 Trainees: Trainees find it difficult to get their assessments completed as there are no senior trainees or consultants on the ward to assess them. Trainees work the majority of the time with F2 trainees but their assessments have to be completed by people more senior than F2. On night shift F1s escalate to F2 trainees and then have no further interaction with the case. Trainees believe if this had been their first post they would not have been able to complete their ARCP requirements.

F2 Trainees: Trainees stated it is difficult to get assessments completed without working acute days as there are no senior members of the team on the wards or working with the trainees at any other time.

Trainees: Trainees stated it can be difficult to have assessments completed by consultants, they are usually on call and working closely with senior specialty trainees and it is easier to ask them to complete the assessment. Specialty trainees are all supportive of completing assessments.

ST Trainees: Trainees have no issues getting their work assessments completed, all consultants are happy to complete them.

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

Trainers: Trainers reported that there is a monthly research meeting and anybody who has an idea for audit can discuss it there. There are projects available for all levels of trainees and support available to help them with the work. Research mornings are organised to allow trainees, particularly

Foundation and Core, to present their work and win prizes. Academic trainees have time built into the rota to enable them to undertake projects.

F1 Trainees: Trainees know that projects or audits are being undertaken but they do not have the time to complete an audit due to their workload. Any audit would have to be completed in their own time.

F2 Trainees: Trainees stated that they can join or work on a project as long as it is in their own time as they would be no time during their working day.

IST Trainees: There are projects available in the unit and trainees are able to undertake any project they are interested in. It is an ARCP requirement but some trainees may have already completed one prior to this post.

ST Trainees: Trainees stated they do not have protected time to become involved in QI projects however the academic trainees do have time to undertake projects.

2.8 Feedback to trainees (R1.15, 3.13)

Trainers: Trainees are given feedback informally when working together with a consultant or if they ask for it. Trainers are happy to review the work of trainees and provide feedback on ttheir decision making process. Trainees are always thanked for their work as the consultant group know how hard they work.

F1 Trainees: Trainees stated that they receive no feedback and workplace-based assessments are usually completed by senior trainees rather than consultants and the trainees have to do a lot of chasing to get them completed.

F2 Trainees: Trainees have received spontaneous feedback but nothing formal. Out of hours they receive feedback from senior trainees rather than a consultant. People do thank you for looking after a patient, which is appreciated, but do not provide feedback to go with that.

IST Trainees: Feedback is given indirectly when working with senior colleagues and is given on management plans. The trainees try to give feedback to the more junior trainees.

ST Trainees: Trainees get feedback at the end of a case in theatre and at the end of on-call and it is always positive and supportive feedback.

2.10 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers receive feedback from trainees in their role as Educational Supervisor and regularly ask trainees to give them feedback as a department with suggestions for improvements.

F1 and F2 Trainees: Trainees detailed having raised concerns but received no feedback nor have they seen any change. Trainees do not believe them raising concerns will lead to change in the department.

IST Trainees: Trainees feedback via surveys and informal conversations with consultants or senior trainees.

ST Trainees: Due to time constraints and no concerns trainees were not asked these questions.

2.11 Culture & undermining (R3.3)

Trainers: Trainers stated that undermining is not tolerated in the department. Trainees are told this is not tolerated at induction with an escalation pathway detailed if it does happen.

F1 Trainees: Trainees stated that the senior trainees and F2s are approachable and easy to contact but none of the trainees would contact a consultant as their experience has been variable. Depending on which ward a trainee is based on or who they are working with on night shift some nursing team members can display undermining behaviours.

F2 Trainees: Trainees reported the department is supportive and whilst they have not experienced any undermining they have witnessed it being done to F1 trainees by a member of the nursing team. The trainees stated they would not feel comfortable raising their concerns within the department as the person is a long-term member of the team and they are only in post 4 months. The issue has been raised with a Foundation Programme Director.

IST Trainees: The department is supportive and everyone is approachable with no undermining witnessed or experienced.

ST Trainees: Trainees stated the department is a very supportive team. No trainees had experienced or witnessed undermining but if they did they would speak to their Educational Supervisor or the Clinical Lead.

2.12 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that there are gaps on the rota and they are widely distributed across the trainee groups who are encouraged to cover them for continuity of care and understanding of how the department works however if they are unable to do so the gaps are covered by locums. The rota is constantly under review and improvements made following feedback from trainees.

F1 Trainees: Trainees stated there are often gaps on the rota due to sickness and they are usually covered by existing staff but the team do put them out to locums if they cannot be covered internally. Trainees work 4 long days in a row followed by 3 nights for one of their weeks, the rota also has the trainees working 7 days in a row with 2 days off followed by a run of long days again. Trainees have no say in their rota they are allocated annual leave and if they want a specific day or week they have to swap their entire rota. There is no flexibility and were not told they need to get annual leave requests in before the rota was issued.

F2 Trainees: Trainees stated that there are no long-term gaps on their rota however their rota is not flexible and in order to take annual leave the trainee has to organise the swap themselves which does not always work. There are not many zero days on the rota and working HDU is demanding with long days into nights, a long weekend of working followed by 4-night shifts. Cover for HDU is shared with trainees from Trauma and Orthopaedics.

IST Trainees: There are some gaps on the rota which are covered by other team members. Trainees work together with the senior trainee and Consultant when on nights to create a team environment.

ST Trainees: There are currently no rota gaps on the senior rota. Trainees have access to clinics and theatre each week with good training available.

2.13 Handover (R1.14)

Trainers: The morning emergency handover is from F1 trainee to Consultant, all patients are discussed and radiology images are projected for everyone to discuss. Scans and management plans are reviewed and it's a learning opportunity for everyone. The team prioritise the workload and organise the team accordingly.

F1 Trainees: Trainees stated that there is no structured handover, it is verbal between trainees with no electronic or written format to support it. The trainees do attend ward rounds so they know what duties they have to pick up but often there are multiple ward rounds going on covering 30 patients and trainees have to review the notes for any patients that are not covered in the handover or on the ward round they are attending. Consultants ask trainees to stop going on the ward round they have started to attend their own ward round which causes confusion and difficulties for the trainees.

F2 Trainees: Trainees attend handover meetings in the morning and the afternoon but they do not feel they are learning opportunities.

IST Trainees: There is not a formalised handover checklist but they are very thorough handovers that are attended by the trainees. In the morning the night team handover to the day team and all patients are discussed. At night the day team handover to the night team and only new patients or those who may have difficulties are discussed. There are informal discussions between all teams members so whilst not a formal learning opportunity there are opportunities to learn.

ST Trainees: Trainees stated that there are 2 handovers each day that run to an agreed format and all patients are discussed amongst the team.

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

F1 Trainees: Trainees would contact their Educational Supervisor in the first instance but none had experience of needing support.

F2 Trainees: Trainees were unsure if support is available for those struggling or in need of support and how they would access it.

IST Trainees: Trainees would discuss any concerns about their training with their Educational Supervisor and believe any concerns would be addressed and supported.

ST Trainees: Have not had to use the process and would talk to the chief resident and the needs would be accommodated.

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

F1 and F2 Trainees: Trainees would speak to their Foundation Programme Director if there were any concerns about their training.

IST Trainees: Trainees would raise any concerns regarding their training with their Supervisor or their Training Programme Director.

ST Trainees: Trainees would raise any concerns regarding their training with their Supervisor or the Clinical Lead.

2.16 Raising concerns (R1.1, 2.7)

F2 Trainees: Trainees would contact the patient's consultant if they had any concerns regarding their safety.

IST Trainees: Trainees would discuss any concerns with the immediate team on the ward or escalate to their supervisor or Chief Resident if needed.

ST Trainees: Trainees would contact the Clinical Lead if they had any concerns about patient safety or any consultant as they are all very supportive.

2.17 Patient safety (R1.2)

Trainers: Trainers stated that it is a safe environment for trainees, there are clear escalation pathways in place that are shared with all trainees.

F1 Trainees: Trainees reported a mixed experience with some stating they feel some things get missed or delayed because the department is not well staffed and they are rushing to do their jobs. Patients need to be discharged but they cannot get to them which adds to the pressure for beds. The trainees feel their workload is too much for the number of them. Trainees are aware of M&M meetings as they were mentioned at induction but they believe only one has taken place.

F2 Trainees: Trainees do not have any concerns regarding surgical patient safety as have all been seen by a consultant and can discuss issues with the nursing team however sometimes medical patients are boarded to the ward and that then is dependent on the patient's consultant.

IST Trainees: Trainees highlighted concerns about pressures on beds and how that affects the department. The lack of an arrest trolley and wall oxygen in the GP referral unit were also raised as concerns.

ST Trainees: Trainees do not have any concerns regarding safety in the department and would be happy for a family member to be admitted to the unit. There are monthly M&M meetings and the Clinical Lead receives reports back from the Datix system and these are discussed.

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

Trainers: Trainers stated that there are M&M meetings that everyone in the unit is invited to. Everything is discussed at these meetings and they are good learning opportunities. Attendance by Core and Specialty trainees is good but it is more challenging for Foundation trainees, particularly, F1s to attend.

F1 Trainees: Trainees submit Datix reports if incidents occur however the culture in the department is to not use Datix as a reporting tool. Examples were given of incidents trainees would want to report but were told not to submit a report.

F2 Trainees: Trainees reported not having experienced many issues. M&M meetings do happen but the trainees feel there is a blame culture in the meeting and whilst they agreed they are well supported at work they do not feel that would necessarily be the case is something went wrong.

IST Trainees: Trainees reported the Datix system can be used to report incidents however discussions at M&M meetings are often not positive and frequently result in a blame culture.

ST Trainees: There are M&M meetings every month with the dates set in advance and open to all trainees. The environment is very supportive and encourages learning.

Overall Satisfaction Scores:

F1 – average 6
F2 – average 5.5
IST – average 7.5
ST – average 8

3. Summary

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

Overall the panel felt the visit was very positive with a good positive culture in the General Surgery department which came through in all sessions of the visit. There is a committed group of trainers with a strong and clear vision for the department.

Positive aspects of the visit:

- Strong engagement from NHS Greater Glasgow and Clyde Medical Education team, trainers, and site management team in supporting the visit.
- Overall positive culture in General Surgery with a strong clear vision for training within the department.
- Enthusiastic and committed group of trainers.
- Well defined levels of clinical supervision with clear escalation pathways for in hours and out of hours working.
- Although trainees are busy, they are not working beyond their level of competence.

- Comprehensive induction programme supported by an induction handbook and app.
- Educational structure working well with the majority of trainees confirming they had an allocated supervisor and set learning objectives for the post.
- Chief resident role is working well as a collective voice for IST and ST trainees.
- Good levels of support available to the next level of training.
- Accessible, approachable, and supportive consultants.
- Active engagement with WeCare framework however it is too early to see any impact from this.

Less positive aspects of the visit:

- No catch-up induction is provided for those who start on nights or out of sync.
- Very little formal departmental teaching available to foundation trainees.
- Aspects of the foundation rota are having a negative impact on trainee wellbeing at times. Some chunks are difficult to manage and have very little rest time. Trainees commented that rotas are punishing, inflexible and do not support annual leave or life events.
- Foundation trainees report that few if any of their workplace-based assessments are signed off by a consultant.
- Ongoing work on a suite of QI audit projects is not widely known at foundation level.
- Foundation trainees spend a large proportion of their time carrying out routine ward-based tasks with little opportunity to get involved with patients and management plans which impacts the educational value of the post.
- Foundation trainees have little opportunity for direct interaction with consultants and senior trainees.
- No formal mechanisms for Foundation trainees to receive feedback on their day-to-day decision making.
- Foundation trainees were not aware of any formal mechanism for them to provide feedback on their training.
- Handover is rarely a learning experience for Foundation trainees due to lack of senior input.
- The panel heard of good relationships with nursing staff reported through WeCare however the foundation trainees report concerns around undermining on the ward which was later supported by the senior cohort. Foundation trainees at times feel harshly treated by nursing staff who actively prevent them from attending teaching, do not value them as doctors in training and often escalate matters within their competence above their head.

- The panel noted a reluctance from junior trainees to raise any concerns as they do not wish to be perceived as problematic.

4. Areas of Good Practice

Ref	Item	Action
4.1	Chief resident role is working well as a collective voice for IST and ST 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	Promote the ongoing work on a suite of Quality Improvement audit projects to the Foundation trainees.	
5.2	Promote the role and the good work of the Chief Resident to the Foundation trainees.	
5.3	Establish departmental teaching for Foundation trainees.	
5.4	Foster a culture that allows junior trainees to raise concerns so they do not feel they are being problematic.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.		FY, IST, ST
6.2	The Foundation rota structure is perceived to be too demanding and inflexible because of a lack of down time between nights and long days and ability to take leave, this must be addressed.		FY
6.3	There must be consultant/recognised trainers support to enable doctors in training to complete sufficient WPBAs to satisfy the needs of their curriculum.		FY
6.4	Foundation trainees have little opportunity for direct interaction with consultants and senior trainees.		FY
6.5	Trainers must engage in developing a culture of routinely supporting opportunities to provide informal feedback, particularly for FY trainees.		FY
6.6	Handovers involving Foundation trainees must include senior input to ensure learning opportunities.		FY