

Scotland Deanery Quality Management Visit Report



Date of visit	10 th October 2022	Level(s)	Foundation, GP, Specialty
Type of visit	Revisit	Hospital	Queen Elizabeth University Hospital
Specialty(s)	Obstetrics and Gynaecology	Board	NHS Greater Glasgow & Clyde

Visit Panel	
Professor Alan Denison	Visit Chair – Postgraduate Dean
Professor Amjad Khan	Postgraduate Dean for General Practice
Dr Alastair Campbell	Associate Postgraduate Dean – Quality
Dr Caithlin Neill	Training Programme Director
Dr Alan Mackenzie	Trainee Associate
Mr Eddie Kelly	Lay Representative
Ms Jill Murray	Senior Quality Improvement Manager
In Attendance	
Mrs Susan Muir	Quality Improvement Manager

Specialty Group Information	
Specialty Group	Obstetrics, Gynaecology and Paediatrics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Alastair Campbell and Dr Peter MacDonald
Quality Improvement Manager(s)	Ms Fiona Paterson
Unit/Site Information	
Trainers in attendance	7
Trainees in attendance	16 (FY – 3, GP – 4, ST – 9)

Feedback session:	Chief	0	DME	1	ADME	0	Medical	0	Other	10
Managers in attendance	Executive						Director			
Date report approved by Lead Visitor			9 th November 2022							

1. Principal issues arising from pre-visit review:

Background information

Previous visit: 10th May 2021

The Deanery re-visited the Obstetrics & Gynaecology Department at Queen Elizabeth University Hospital to evaluate the progress made by the department in addressing the 12 requirements from the previous visit. These requirements are detailed in the summary later in this report along with the visit panel's determination of the progress made. The visit team was also keen to identify any good practice within the department that could be shared widely across Scotland.

Department Presentation

The visit commenced with Drs Lynne Thomson and Sarah Woldman delivering a detailed presentation to the panel which provided an update regarding progress against the previous visit requirements. They also highlighted the continued impact on training of the Covid pandemic, the challenges of having a mixed skill set on the middle grade rota and the departments commitment to the Civility Saves Lives initiative. The team have introduced the excellent clinic week previously on the junior rota to the middle grade rota, they are now providing pastoral support to each of the FY, GP and ST groups recognising the different needs of each group and many other positive interventions.

2.1 Induction (R1.13)

Trainers: Trainees meet with the departmental College Tutors for an initial induction and then the Foundation and GP trainees meet with their specific pastoral support leads. This is followed by a large MDT induction meeting on the first Friday which is a virtual meeting and recorded so that those who are unable to attend can catch up at a later date.

Foundation Trainees: Trainees all received an induction which included a tour of the department. Prior to starting all trainees received an email with their rota, a 60-page induction pack which included frequently asked questions and basic information such as how to complete a discharge letter, nearest

car park and the opening time of the café which was all very useful. One trainee who could not attend induction on the first day was given their induction at a later date.

GP and ST1-2 trainees: Trainees all received a comprehensive induction that covered how the on-call rota worked and how to assess patients. Many trainees agreed it was the best induction they had received.

ST3-7 trainees: All trainees received an induction when they started in post.

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

Trainers: Teaching has changed to a Tuesday as there is minimal clinical activity which allows all trainees to attend. This teaching is open to the wider multi-disciplinary team as well. Teaching is not bleep free as the on-call team have to carry to a bleep at all times. Trainees are able to attend both local and regional teaching. Feedback is gained from trainees via the trainee forum as to what teaching they want and this incorporated into the programme. Teaching is directed to specific trainee grades with separate teaching for Foundation, GP and specialty trainees.

Foundation Trainees: Trainees are encouraged to attend all local teaching and can attend most of it although it is not bleep free. The teaching is very good and useful and accommodates all grades of trainees. Trainees are also able to attend their regional teaching.

GP and ST1-2 trainees: Trainees can attend departmental, the teaching covers everything trainees need to gain their curriculum competencies and despite the rota having gaps a lot of effort is made to keep the teaching running and allow trainees to attend. All trainees can attend their specialty regional which is also very good.

ST3-7 trainees: Trainees can attend their teaching but it is not always bleep free, the trainee covering the labour ward also has to carry a bleep. Teaching has moved from Friday to Tuesday which has made it much easier to attend. Regional teaching is recorded now so trainees who are unable to attend can catch up when they have time.

2.3 Study Leave (R3.12)

Trainers: There are no issues supporting study leaves, the department is now better staffed which helps support requests.

Foundation, GP and ST1-2 trainees: There are no issues with study leave being granted.

ST3-7 trainees: Trainees find it hard to attend ATSM courses, although they are recorded it can be difficult to find time to catch up and trainees miss out on the engagement with other trainees and the ability to ask questions.

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

All trainees: Trainees all have a named Educational Supervisor but not all trainees have met with their supervisor. Those trainees who have met their supervisor have agreed a 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: Clinical supervision is always available to trainees. Trainees wear colour coded name badges so that everyone in the department knows what grade each trainee is. There is also a poster with names and photographs of all trainees.

Foundation trainees: Trainees are always able to access clinical supervision and know when to access as they have been given a list of situations when they require to seek senior review. There can be issues with the level of support depending on the level and knowledge of the senior trainee. The department have a number of ST3/LATs on the rota and the variance in their experience can impact on the support for the Foundation trainees. On occasion the trainees have to seek alternative support. Trainees always know who to contact, in the labour ward there is a whiteboard with the details for the consultant on call and the details for the gynaecology on call consultant are always available. At induction the trainees were all told to ask for senior help and to have a low threshold to do so as there is a high consultant presence in the department and everyone is happy to be contacted. No trainees have been left to deal with situations above their competence.

GP and ST1-2 trainees: Trainees always know who to contact for support however there can be some inconsistency knowing if there is a 2nd on obstetric consultant available, there is not always one on-call in which case the trainees have to contact the labour ward for support. Trainees do have difficulty on nights at times due to the number of inexperienced trainees on the senior rota who are not always accessible and cannot always provide the response and support required. The GP trainees can often be referred to as Foundation trainees. Trainees have not been asked to work beyond their competence but would be comfortable to refuse if asked as the environment is supportive.

ST3-7 trainees: Clinical supervision is always available to trainees including in the post-natal unit. All consultants are accessible and approachable.

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

Trainers: Educational Supervisors are allocated to senior trainees based on the trainee's learning needs. All consultants in the department are educational supervisors to all grades of trainees, any queries regarding the curriculum of specialty trainees are discussed with the College Tutors. Foundation and GP trainees have pastoral care leads who provide support to them during their post. GP trainees have had protected time on their rota to attend clinics. Theatre opportunities for trainees at QEUH has been badly hit by the pandemic but weekly laparoscopic simulation time has been protected on the rota for trainees and sometimes they have had more than one session a week. In patient theatre and day surgery has now been re-established and training opportunities are available. Trainees also have the opportunity to attend theatre at any site within the West of Scotland training programme.

Foundation trainees: It can be challenging to acquire some FY2 curriculum competencies such as mental and physical health but trainees can achieve these in other posts. All trainees have a clinic week allocated to them and they can choose the clinics they want to attend, even if they are in a different hospital. Theatre opportunities are also available in obstetrics but not so much in gynaecology. Trainees have limited one to one time with their own supervisor within the department but are confident their supervisor receives input from other consultants when signing off their progression.

GP and ST1-2 trainees: Trainees are able to achieve the competencies they need to meet their curricula. Clinic sessions are built into the rota for each trainee and all have been able to attend them. ST2 trainees are buddied with ST7 trainees on nightshift and weekends which helps gain experience. For specialty trainees it is good working with consultants because they learn the skillset of the trainee so the trainee can progress well if they continue to work with the same consultants.

ST3-7 trainees: Trainees reported that NHS Greater Glasgow and Clyde have been slow to reintroduce gynaecology outpatient services which has had a detrimental effect on their training. Due to the missed year of training caused by the pandemic the trainees feel they are starting from a lower skill level than they should be. Day surgery has still not returned to normal despite discussions between the consultants and management. There is also an issue of having boarders on the wards with gynaecological patients being send to surgical wards with staff who do not know how to treat emergencies should they occur. Gynaecology clinics have not returned to face to face and continue to be virtual online clinics. Scan training continues to be difficult to access for some trainees. Trainees reported that ante natal clinics are frequently overbooked and covered by trainees alone when consultants are not there due to be on call for the labour ward, on leave or nights. Due to the intensity of the clinics they are not ideal training opportunities.

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

Trainers: There are many opportunities to have assessments completed and all consultants are willing to complete them when asked.

All trainees: There are no issues with completion of assessments, everyone is happy to complete assessments when asked.

2.8 Feedback to trainees (R1.15, 3.13)

Trainers: There are a number of trainees receiving targeted training in the department and they receive regular feedback from consultants and the College tutors. The department try to promote feedback in a positive and constructive manner and if given to a trainee the trainee is welcome to further discuss the feedback with a consultant.

Foundation trainees: Trainees do get constructive feedback and people are very keen to teach in the department.

GP and ST1-2 trainees: Trainees have the opportunity to discuss management plans and receive feedback on them. Feedback is regularly given in clinic settings and whenever someone is approached to discuss a patient. The feedback given is constructive and helpful.

ST3-7 trainees: Trainees receive regular good and constructive feedback during the day, it differs at night as it depends on who the trainees are working alongside. Some trainees would prefer to receive more feedback than they currently do.

2.10 Feedback from trainees (R1.5, 2.3)

Trainers: There is a monthly meeting run by the Chief Resident and feedback from this meeting is given by the Chief Resident at the senior staff meeting. There are pastoral care meetings for Foundation and GP trainees where feedback is sought and the agenda at these meetings is driven by the trainees. An example of the department reacting to feedback from trainees regarding weekend working was given where the rota was changed based on trainee feedback.

Foundation trainees: Trainees have had a meeting with their pastoral lead who asked for feedback about how the rota was working and how the trainees were getting on. There is trainee forum across the hospital for all foundation trainees and they believe there is a departmental forum.

GP and ST1-2 trainees: Trainees have regular pastoral meetings with their lead consultant which is really good and they can flag any issues at that meeting. There is a trainee forum within the department which is run by a senior trainee and is an informal way to provide feedback.

ST3-7 trainees: There is a trainee forum where feedback is given and there is a Chief Resident who attends the senior staff meeting and provides feedback from trainees at the meeting.

2.11 Culture & undermining (R3.3)

Trainers: Everyone in the department has engaged with the Civility Saves Lives initiative as well as the introduction of "What matters to me". There is time at the beginning of each handover and ward

round for people to introduce themselves and establish learning objectives for the meeting or ward round. There is a bullying champion for the department who is an anaesthetist, so trainees do not have to worry about the effect of reporting incidents on their training. For Foundation and GP trainees pastoral leads have been appointed to provide support during their time in the department.

Foundation trainees: No issues with undermining and bullying, the trainees find the department very supportive and welcoming. The midwives are very nice and supportive. If there were any issues the trainees would speak to a consultant, their educational supervisor or the Foundation pastoral lead. There is also a Chief Resident in the department who trainees could approach.

GP and ST1-2 trainees: No issues with undermining and bullying, the trainees find the department very supportive. If there were any issues the trainees would speak to a consultant as they are always present and for GP trainees there is a pastoral lead.

ST3-7 trainees: Trainees feel well supported by the majority of the consultants in the department. The senior midwives on the labour ward are very supportive and everyone works well together as a team. There can be tensions when working on the gynaecology ward and a trainee is bleeped to go the labour ward but it is a high-risk department.

2.12 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: There is one gap on the senior trainee rota. Every effort is made to fill the gap on the rota and the shifts are offered to all West of Scotland trainees as training opportunities. Weekend working has been transformed with the introduction of an additional trainee working a short day, this was as a result of trainee feedback.

Foundation trainees: There are no gaps on the rota which helps with the workload. Weekend shifts have improved with an additional person now on the rota doing a short day on both days. This person helps with all the reviews on the postnatal ward and also in the maternity assessment unit when gynaecology is inundated.

GP and ST1-2 trainees: There are currently no gaps on the rota and weekend shifts have improved with an additional person on the rota.

ST3-7 trainees: There is one gap on the rota and trainees are asked to cover additional shifts to cover on call but the day-to-day work is covered by all trainees. The workload at the weekend if manageable but it depends on what comes into the department. The consultant presence is good at the weekend and if they need to stay to help they will. The on-call shifts are intense, the rota is at the maximum for a 2-tier rota so picking up extra on calls shifts to cover the gap is tiring.

2.13 Handover (R1.14)

Trainers: There are designated handover sheets for both obstetrics and gynaecology and there is a whiteboard that highlights anti-natal high risk, any new patients and any ante-natal patients handed over. Patients can be escalated and reviewed at morning and evening handovers is required.

All trainees: Handover in the department is good for continuity of care. There is an 8.30am and 8.30pm handover in the labour suite where everyone meets before gynaecology have a separate handover. The handover is led by the obstetric trainee who is at the end of their shift. There is handover sheet for gynaecology that is discussed.

2.15 Educational Resources (R1.19)

Trainers: There are LearnPro modules for trainees to complete and the junior trainees tend to complete all relevant modules rather than just the mandatory ones. A need for additional computers has been identified and installation is underway.

All trainees: There are a lack of computers available for trainees to access. There is currently one computer for all trainees which is challenging for trainees to update their portfolio or complete assessments. The computer that is available does not have a camera or speakers which means it cannot be used for Teams meetings.

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

Trainers: There is teaching that is run on Teams for all West of Scotland trainees and recorded so that there is now a bank of recordings that trainees can access. These sessions cover a variety of topics such risk management, contraceptive teaching and menopause. Although there is no formal

committee within the department there is a team who identify training and teaching needs for each grade of trainee.

Foundation trainees: Trainees would be happy to discuss any issues related to their training with the senior trainees in the department who are all interested in training. Trainees would also raise concerns with the Foundation Programme Director. There is forum for Foundation trainees across the hospital where they could also raise training issues.

GP trainees and ST1-2 trainees: Trainees would discuss any concerns with their supervisor.

ST3-7 trainees: Trainees would discuss any training concerns with either the College Tutors in the department or their educational supervisor, all of whom are very approachable. There is a Chief Resident who attends departmental meetings with the consultant team and trainees would pass on concerns to them for further discussion.

2.16 Raising concerns (R1.1, 2.7)

Trainers: Trainees are given details of escalation pathways during their induction. There are monthly risk meetings and Datix is also used in the department. There are links with other departments to ensure there is no delay to seeing patients elsewhere in the hospital, for example, the emergency department. If trainees have concerns with their training they contact their Educational Supervisor in the first instance which can then be escalated to the College Tutors for Specialty trainees or the pastoral care leads for Foundation and GP trainees.

All trainees: Trainees would speak to any of the consultants or senior trainees to raise a concern as all are approachable. There are also Obstetrics and Gynaecology risk meetings where concerns could be raised. Trainees are confident that any concerns raised would be acted on.

2.17 Patient safety (R1.2)

Trainers: There are no concerns, the environment is safe due all the processes within the department from handover to escalation procedures and everyone knowing to contact if help is needed. There is a large multi-disciplinary team that work well together and attend handovers and

ward rounds. As a tertiary referral unit the majority of work undertaken is consultant led with opportunities for trainees to learn.

All trainees: Trainees have no concerns regarding patient safety and are confident any issues would be dealt with appropriately. There is a big effort within the department to ensure it is well staffed and a consultant led service.

2.18 Additional Information

Foundation trainees: The department have worked hard to get the trainees on board and have shown that they value the trainees' education. Trainees have had access to interesting cases and seen different groups of patients, healthier patients, than in some of their other previous posts. The post has been better than expected for all trainees.

GP and ST1-2 trainees: There is a very good Mess facility and excellent teaching available in the department. Experience and knowledgeable midwives are very support of junior trainees. There were challenges for some initially with a lack of access to IT facilities and not being familiar with the systems before having to cover clinics and wards.

ST3-ST7 trainees: The availability and supportiveness of consultants is excellent, patient safety is paramount, there are good clinical teaching and learning opportunities and good teamwork across the department. The urogynaecology team are exceptional, they are driven to maximise educational opportunities, they utilise every session to teach and complete WPBAs. There is a lack of IT facilities, with one desktop computer for all trainees, the consultants are working to improve this but progress has been slow. We heard from senior staff that a dedicated space has recently been identified and that improvement in IT provision is imminent.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly Unlikely
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Overall, the panel felt the visit was very positive indeed with a good positive culture in the Obstetrics and Gynaecology 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:

- The work undertaken to address the previous visit requirements is extensive and of a very high standard.
- There has been a very considerable positive cultural change in the department with high quality education and training an embedded and shared commitment by management, consultants and trainees.
- A very supportive consultant team.
- Excellent pastoral support, which is multi-layered, granular and accessible to all.
- The buddying system of senior/junior trainees is valuable and supportive.
- Handovers are effective and robust.
- Induction processes are exemplary.
- The department has worked promptly and in an agile and sensitive manner to identify, support and address the needs of a number of trainees.

Less positive aspects of the visit:

- Whilst the IT facilities have been reviewed and work is ongoing, the actual provision of IT infrastructure for trainees could be significantly improved.
- Senior trainees are covering clinics when consultants are on leave.
- Some trainee rotas are of a high intensity which may pose a risk to trainee wellbeing if they are regularly asked to cover absences on a long-term basis.
- Not all trainees have met with their Educational Supervisor.

Requirements from May 2021 visit

Ref	Issue	Progress Noted in October 2022
6.1	Weekend trainee medical staffing must be reviewed to ensure doctors in training have a reasonable and manageable workload and that patient safety is safeguarded.	Met
6.2	The department should ensure that service needs do not routinely prevent trainees from attending clinics and other scheduled service-based clinical learning opportunities.	Met
6.3	Access to clinics for Foundation and GP trainees must be reviewed to optimise the training opportunities for these cohorts.	Met
6.4	The department should ensure that the on-call consultant can be clearly identified by trainees.	Met
6.5	Arrangements for on call teaching programmes should be reviewed and monitored to maximise attendance by/accessibility to trainees.	Met
6.6	The Board must ensure that staff (including non-medical staff) behave with dignity, respect, care and compassion towards each other.	Met
6.7	Feedback to trainees on their management of cases must be constructive, timely, objective, and meaningful, and delivered in an appropriate environment, particularly during handover.	Met
6.8	The department must ensure that there are clear systems in place to provide supervision, support and feedback to trainees working within the post-natal ward.	Met
6.9	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.	Met

6.10	The department must ensure that references to “SHOs” and “SHO Rotas” cease.	Met
6.11	The Board must review the IT provision available to doctors in training such that they can access appropriate core teaching and learning materials.	Partially met with a follow up requirement from October 2022
6.12	The Department must ensure that rotas are issued to trainees in a timely manner, usually 6 weeks in advance.	Met

4. Areas of Good Practice

Ref	Item	Action
4.1	Excellent pastoral support leads for Foundation and GP trainees.	
4.2	Buddying system for ST2 trainees with ST7 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	Recognition by the wider multi-disciplinary team that GP trainees are not FY2 trainees and should not be referred to as such.	
5.2	Some trainees rotas are of a high intensity which may pose a risk to trainee wellbeing if they are regularly asked to cover absences on a long-term basis.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	10 July 2023	All trainees
6.2	Trainees must not undertake clinics without access to immediate appropriate clinical supervision.	10 July 2023	Specialty
6.3	Initial meetings and development of learning agreements between Educational Supervisors and trainees must occur in a timely manner.	10 July 2023	Foundation and Specialty
6.4	Alternatives to departmental doctors in training must be explored and employed to address the long-term gap on the senior rota which, due to the high intensity of on-call, has the potential to pose a risk to trainee wellbeing.	10 July 2023	Specialty