Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 1 November 2022	**Level(s)**	Foundation/Core/Specialty
Type of visit	Revisit (virtual)	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	General Surgery	**Board**	NHS Grampian

Visit panel	
Kerry Haddow	Visit Lead and Associate Postgraduate Dean for Surgery
Carol Blair	Training Programme Director
Colin Malcolm	Foundation Programme Director
Cameron Herbert	Trainee Associate
David Soden	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashley 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	14
Trainees in attendance	Foundation x 12 Core x 6 Specialty x 9
Feedback session: Managers in attendance	21
Date report approved by Lead Visitor	1st December 2022

1. Principal issues arising from pre-visit review

A previous visit was held on 11th January 2022. The visit panel highlighted a number of requirements (as listed below).

Previous Requirements:

- Induction must be provided for the specialties trainees cover which ensure they are aware of their roles and responsibilities and feel able to provide safe patient care
- Solutions must be found to address the non-compliant rota which may have non-intended consequences such as patient and trainee safety risks
- The Rota pattern must be reviewed with the trainees who are on the rota to identify ways to address their concerns and ensure sufficient rest time and avoid patterns which result in excessive fatigue.
- Educational Supervision structures must be formalised, and regular meetings held with trainees in line with requirements. Educational supervisors must understand curriculum and portfolio requirements for their trainee group.
- Handovers involving trainees must be optimised to ensure patient safety and learning opportunities.
- Clinical supervision must be available at all times.
- Feedback to all levels of trainees on their management of acute receiving cases must be provided to inform their learning and training (aiming for this in at least 40% of opportunities).
- Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.
- Measures must be implemented to address the patient safety concerns described in this report.

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
Foundation Trainees
Core Trainees
Specialty Trainees

The Deanery would like to thank Natasha Ross (consultant and lead on the teaching and training committee) for the helpful and informative presentation before the visit commenced. The presentation highlighted the recent improvements the department has made since the previous visit in line with the requirements in the visit report, the ongoing challenges and what is required to improve training for the future.

2.1 Induction (R1.13)

Trainers: Trainers advised cross cover induction for the peripheral specialties (Breast/Vascular and Paediatric Surgery) took place in August 2022 and will continue. Trainees have induction to the ward and meet the team and IT is set up on a bespoke basis. Trainees are invited to simulation day.

Foundation Trainees: All trainees received hospital and departmental induction and a cross cover induction to Breast/Vascular and Paediatric surgery. All had access to the departmental handbook which they found useful. Trainees advised they would have liked more information when starting on nights especially in Vascular surgery.

Core Trainees: Trainees received hospital and departmental induction. Those who started in August 2022 were given a cross cover induction to Breast/Vascular and Paediatric Surgery. Although trainees had access to the departmental handbook, they advised some areas require updating.

Specialty Trainees: The majority of trainees received a cross cover induction to Breast/Vascular and Paediatric surgery. Not everyone received the handbook but those who did found it useful. Trainees did not feel induction gave enough information to cover all specialties.

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

Trainers: Trainers advised that teaching is now signposted using a newsletter. Recent feedback from FY trainees has been positive and they seem to be able to leave bleeps with nursing staff and attend teaching. Regional teaching is held twice a year in May and November between Inverness and Aberdeen and trainers have adapted activities to enable trainees to attend.

Foundation Trainees: Trainees advised they are able to attend teaching on a normal day shift with their base team however, it can be difficult when they are in receiving as it can be extremely busy and difficult to hand the bleep over. Trainees stated they have a receiving shift once every four weeks so will miss at least one session of teaching a month.

Core Trainees: Trainees receive teaching every week which can sometimes clash with ward rounds. Trainees reported attending regional teaching most of the time.

Specialty Trainees: Trainees advised there are teaching opportunities available which include QA meetings, journal clubs and some local teaching which is recorded. Trainees advised they cannot get access to NHS Grampian teaching for exams which his online and would be useful. Trainees reported a lack of regional teaching which happens twice a year and trainees have to find cover to attend, and they cannot attend if on nights or on call.

2.3 Study Leave (R3.12)

Trainers: Trainers advised there are no issues supporting study leave requests.

Core Trainees: Trainees reported attending training at weekends but haven’t received time back or been compensated for rest days.

Specialty Trainees: Trainees must find adequate cover themselves if they wish to take study leave regardless of the notice given, which can be stressful, particularly if the leave is for exams or required courses.

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

Trainers: Trainers advised experienced trainers are allocated to trainees and a reminder system has been set up. The administration co-ordinator sends regular reminders to the educational supervisors. All trainers have time in their job plan.

Foundation Trainees: All trainees advised they had met with their allocated educational supervisor and had proactive meetings to support training with helpful feedback.

Core Trainees: All trainees have met with their educational supervisor and had a constructive meeting and discussed objectives.

Specialty Trainees: All trainees advised they were allocated an educational supervisor and reported a mix of supervision which is consultant dependent. Trainees do not feel supervision is conducive to career guiding and more of a tick box exercise. Educational and Clinical Supervisors are the same person which is not in line with the rules of the new curriculum for the MCR.

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 that there is a photographic board which is very clear and shows who is in each team. This is regularly updated and located on teams and in the nurse's station. Trainers reported there is a clear structure and escalation plan for trainees which is discussed at induction and during their educational supervisor meetings.

Foundation Trainees: Trainees advised they know who to contact for supervision during the day and out of hours. Contact details for members of staff are visible in the doctor's rooms and on the handover sheets. The majority of trainees do not have a problem accessing support especially during the day. Trainees gave an example of working beyond competence but advised it is not a regular occurrence.

Core Trainees: All trainees know who to contact for supervision during the day and out of hours and advised that senior colleagues were accessible and approachable. Trainees do not regularly work beyond their competence. There was one instance due to short staff when trainees had to deal with multiple unwell patients out of hours.

Specialty Trainees: Trainees advised they know who to contact during the day and out of hours and there is always someone available who is accessible and approachable.

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

Trainers: Trainers advised that senior trainees are involved in the allocation of supervisors and discuss what they require for their curriculum. There is management support for trainees to attend theatre lists in Stracathro 3 days week however there is still a lack of theatre lists at ARI. Trainers are currently undertaking robotic training and trying to get the balance right for trainees. Trainers advised that the majority of jobs have educational benefit, handover has recently been improved to be more educational and there is learning on ward rounds.

Foundation Trainees: Trainees stated they have no issues achieving the required number of core competencies for this post. Trainees advised this post allows you to develop skills and manage acutely unwell patients but also undertake a number of admin tasks.

Core Trainees: Trainees advised they have opportunities to attend clinics but do not feel they are receiving their fair share of training opportunities and operating lists. Trainees try to do lists out with Stracathro however they advised there is a lack of opportunities due to the number of higher trainees. Trainees reported it was difficult to get to know trainers in a 6-month training block. Working in peripheral specialties and being on the General Surgery rota on receiving and on call nights means you are out of the department for a month and lose contact with trainers.

Specialty Trainees: Trainees advised they have serious concerns regarding their logbook numbers and do not believe they will achieve the required competencies. They reported there are no opportunities for laparoscopic or endoscopy training. Lists have improved in the last 6 months, but Stracathro lists are few and far between. Trainees advise they are not operating at their skill level and do not believe they receive equal training opportunities. Some trainees have done 1 list in 3 months

and are feeling de-skilled. Trainees reported a couple of trainers using the educational checklist recently which they found very useful.

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

Foundation/Core Trainees: Trainees advised it can be difficult to get CBDs and mini cex's signed off.

Specialty Trainees: Trainees advised completing workplace-based assessments is consultant dependent and can take a very long time to be signed off.

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

Trainers: Trainers advised trainees work with other healthcare professionals on the ward, in theatre and during robotic training.

Foundation Trainees: Trainees advised there are opportunities for multiprofessional learning with nurses and pharmacists.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainees are encouraged and supported to get involved in audit.

Foundation/Core Trainees: Trainees advised there are opportunities if you wish to undertake a quality improvement project or audit.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that trainees are given regular informal feedback presenting cases via handover, workplace-based assessments, case-based discussions, educational supervisor meetings, bedside discussions, and ward rounds. Formal feedback is given via ISCP and mini cex's.

Foundation Trainees: Trainees advised they receive regular feedback in SAC and out of hours but when on general ward duties WBAs can be difficult to complete.

Core Trainees: Trainees advised they received regular feedback from senior registrars which is constructive and meaningful.

Specialty Trainees: Trainees reported a lack of feedback which is mainly given via the MCR. Feedback can be given on ward rounds, but it is sporadic and consultant dependent. When the checklist is used its very useful and the consultant follows up with a debrief.

2.11 Feedback from trainees (R1.5, 2.3)

Foundation Trainees: Trainees advised they are actively encouraged to feedback to the lead trainee who attends the specialty trainee committee.

Core Trainees: Trainees can feedback any concerns on the quality of their training to the trainee representative on the teaching and training committee. Those in peripheral specialties were not aware of the committee.

Specialty Trainees: Trainees advised they are aware of the teaching and training committee but did not feel the outcomes were very proactive for example discussions regarding endoscopy.

2.12 Culture & undermining (R3.3)

Foundation Trainees: Trainees advised they had witnessed some undermining instances at weekends but felt it would have been problematic to raise these formally.
Core Trainees: Trainees had witnessed undermining behaviour between senior nursing staff and junior trainees especially during out of hours.

Specialty Trainees: Trainees advised nursing staff can speak inappropriately to all levels of staff but particularly junior trainees. Trainees can sometimes feel undermined in theatre when they are not allowed to work at their level of training.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised there is currently a FY1 vacancy leaving a gap on nightshift which will be filled by a clinical development fellow in January 2023. There has been a recent shift change in discussion with FY trainees and the rota has been adjusted accordingly. Trainers ask trainees in advance if they can fill gaps or if understaffed at the weekends trainees are reallocated to different areas. It is a busy unit, and any rota issues are discussed with the hospital co-ordinator who tries to address any gaps. The Wecare survey has been a recent introduction to the department and results highlight any wellbeing or burnt-out concerns which are looked at and addressed.

Foundation Trainees: Trainees advised there has been a gap in the FY rota which means that workload can be doubled when receiving. Trainees advised they can have 2 bleeps during nights which can be very challenging looking after 80 patients with no breaks which cause patient safety concerns. The rota is rigid and therefore it is impossible to arrange a swap and if you need time off no one covers. The rota can affect wellbeing due to a long run of nights followed by a couple of dayshifts then back on nights which causes sleep to be constantly disrupted.

Core Trainees: Trainees advised they are unaware of any current rota gaps and reported a very rigid rota with very little scope to change. Trainees advised it is their responsibility to find a swap which can be very stressful despite giving the required notice for example to sit an exam.

Specialty Trainees: Trainees stated the rota is now less stressful but still inefficient and inflexible with a lack of clinical activity and training opportunities. Trainees reported finishing at 6pm which is a long day/week if they have also been on receiving.

2.14 Handover (R1.14)

Trainers: Trainers advised that handover is verbal and led by consultants in the morning and specialty trainees in receiving and non-receiving. Handover is written, printed, and stored on the drive for everyone to access. Sick patients are highlighted with escalation plans. Trainers hope to improve and evolve handover by increasing training in the future and ask more junior trainees to contribute and present patients.

Foundation Trainees: Trainees reported a lack of handover from day to late shift and no formal handover from receiving to non-receiving. There are three teams trying to handover at night with lots of interruptions. The evening to night handover is a junior handover and trainees advised it would be beneficial if a registrar attended.

Core Trainees: Trainees advised there are several handovers throughout the day and information can get lost due to the frequency of changeover. Trainees reported an adequate safe and well-structured handover on receiving.

Specialty Trainees: Trainees reported a safe morning and night handover but felt the take and post intake at 2pm was unsafe as things can be missed due to a huge influx of patients and junior trainees leaving at 4pm. Handover is very busy with around 40 patients to handover therefore there is no time for it to be used as a learning opportunity.

2.15 Educational Resources (R1.19) – Not asked.

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 reported fantastic formal support from educational supervisors and the team.

Core/Specialty Trainees: The majority of trainees advised if they were struggling with the job or their health the team would be supportive.

2.17 Educational Governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1) – Not asked

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised trainees are encouraged at induction to raise any concerns to their educational/clinical supervisor, consultant on-call or relevant trainee representative. Formal concerns can be raised via Datix which is used widely and discussed at weekly QI meetings.

Foundation Trainees: Trainees advised if they had any patient safety concerns, they would know how to raise them.

Core Trainees: Trainees advised if they had any patient safety concerns, they would discuss with the members, or the team then escalate to service manager.

Specialty Trainees: Trainees advised they would raise any patient safety concerns with anyone in the team and be supported. Raising concerns is easier during the day as it can be challenging during overnight with unwell patients and only a FY trainee.

2.19 Patient safety (R1.2)

Trainers: Trainers advised there were aware of one patient safety concern which was discussed at addressed at the time. Trainers empower trainees to speak up and highlight any concerns they have.

Foundation/Core Trainees: Trainees advised they have no patient safety concerns.

Specialty Trainees: Trainees reported it would be consultant dependent how comfortable they would feel if a friend or relative was admitted.

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

All trainees: Trainees advised that any adverse incidents are reported via Datix and discussed at the QA meetings with consultant input.

Additional comments:

Foundation Trainees: Trainees advised they would have benefited from information about accommodation, salary and moving costs as they found this very difficult to find and only received contract information from HR.

Core Trainees: Trainees advised this was a dynamic department that is keen to take on feedback and support trainees.

Specialty Trainees: Trainees advised their training numbers look like their training has been delayed and there needs to be a long-term strategy for training in General Surgery and peripheral specialties. at ARI.

3. Summary

The visit panel found a supportive, proactive team who have recently developed initiatives to make improvements following the previous visit. Improvements were made in induction with the development of a cross cover induction for peripheral specialties and a comprehensive handbook. The introduction of the Wecare survey asking trainees for feedback was positively received as was the educational checklist. There are however some significant concerns regarding a lack training for higher trainees and very low logbook numbers leaving trainees feeling de-skilled.

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

The requirements from this report will be discussed and followed up at an action plan review meeting. Following a successful action plan review a revisit will not be required.

We have highlighted below both the positive aspects from the visit, and some areas for improvement and requirements.

What is working well:

- Supportive and approachable senior team proactively improving the training environment
- Improved induction from August 2022 which includes cross cover arrangements and comprehensive handbook
- Significant improvement in handover including the introduction of photographic pictures of all teams and a standard operating procedure
- Good structure of the teaching and training committee which would benefit from input from Breast/Paediatric and Vascular Surgery trainees
- Introduction of Wecare survey and rota modifications
- All those who used the educational checklist found it very useful and would benefit from being used universally across the department

What is working less well:

- Serious concerns regarding lack of experience for specialty trainees. Slow remobilisation following covid means theatre lists are still less than pre-pandemic. There is a significant deficit in Endoscopy training and trainees are not getting anywhere near the required numbers.
- Lack of training opportunities which are not distribution equally leaving trainees feel de-skilled
- Workplace based assessments are not being signed off in a reasonable time and trainees can be waiting months
- Although there have been some improvements in the rota (still waiting monitoring outcome) it can still be intense with potential for burnout due to long weeks of nights and days impacting trainee wellbeing
- Despite trainees giving adequate notice for study leave they still are still required to arrange swaps themselves to cover the ward which causes significant stress
- Regional teaching happens 2 days twice a year which is significantly less than other surgical specialties and other regions. Not all trainees can attend due to nights or on call
- Alleged undermining from experienced nursing staff to junior trainees

4. Areas of Good Practice

Ref	**Item**
4.1	Photographic Wall

5. Areas for Improvement

Ref	Item	Action
5.1	Lack of regional teaching sessions	
5.2	Trainees would benefit from trainers using the educational checklist more frequently	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Lack of access to clinics and theatre for CT/ST must be addressed to improve the training opportunities for these cohorts.	1st August 2023	CT/ST
6.2	There must be senior support, including from consultants/recognised trainers to enable doctors in training to complete sufficient WBAs/SLEs to satisfy the needs of their curriculum	1st August 2023	All
6.3	Rota patterns must ensure sufficient rest time for trainees in transition from night to day working and must avoid patterns which result in excessive fatigue.	1st August 2023	All
6.4	There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover.	1st August 2023	CT/ST
6.5	The department must have a zero-tolerance policy towards undermining behaviour.	1st August 2023	All