Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	16th & 18th May 2023	**Level(s)**	FY/GP/ST
Type of visit	Enhanced Monitoring Revisit	**Hospital**	Princess Royal Maternity Hospital/Glasgow Royal Infirmary
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Prof. Alan Denison	Visit Chair - Postgraduate Dean
Ms Kate Bowden	GMC Visits & Monitoring Manager
Mr Craig Steele	GMC Associate
Dr Alastair Campbell	Associate Postgraduate Dean – Quality
Dr Caithlin Neil	Training Programme Director
Dr Linda Dubiel	Foundation Training Programme Director
Dr Sarah Stevenson	General Practice Training Programme Director
Dr Sanju Vijayan	Trainee Associate
Mr Richard Gibbons	Lay Representative
Ms Fiona Paterson	Quality Improvement Manager
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology and Paediatrics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Peter MacDonald & Dr Alastair Campbell
Quality Improvement Manager(s)	Fiona Paterson
Unit/Site Information	
Non-medical staff in attendance	2

Trainers in attendance	5	
Trainees in attendance	FY2 x 3, GP x 4, ST1-7 x 9	

Feedback session: Managers in attendance	Chief Executive		DME	✓	ADME		Medical Director	✓	Other	✓

Date report approved by Lead Visitor	26th May 2023

1. Principal issues arising from pre-visit review:

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.

2.1 Induction (R1.13):

Trainers: To ensure trainees have timely access to IT systems all trainee information is sent to the relevant departments for set up. System training sessions are delivered at induction.

FY: Prior to starting all trainees were emailed log in details for most IT systems, Badgernet access was provided at induction and a comprehensive training session delivered**.**

GP: Trainees told us that there was a delay in receiving log in details for the Badgernet system. They confirmed they received a short training presentation at induction but were unable to put into practice any of the information until they received access 2-3 weeks later.

ST: Trainees all received system access in a timely manner.

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

Trainers: Trainers described a variety of teaching sessions available to trainees which included the reinstated Cardiotocography (CTG) session. All teaching sessions are detailed on the GGC O&G app which trainees are asked to download. Throughout departments there are posters which state teaching times and encourage interruption free teaching. Trainees are told at induction that teaching is bleep free, trainers acknowledged some junior trainees do not feel comfortable handing bleeps to senior staff but hope that the culture will soon become embedded in the unit. When attending trainees can scan a QR code which tracks their attendance, provides a certificate, and seeks feedback. Department sessions are recorded using MS Teams which allows trainees to access the sessions at a more suitable time. Attendance at regional teaching is facilitated and if required service reduced or

time back to review recorded sessions given. There are 3 laparoscopic simulation kits available, and we were told trainers hope to run more formal sessions going forward.

FY: 1 hour of 1st on call departmental teaching and FY2 teaching is available to trainees weekly. Attendance was variable and dependent on shift pattern. Department teaching is very good and relevant to their curriculum. Core FY2 teaching is recorded and if unable to attend trainees are given time in lieu to catch up. Teaching is not bleep free and they were unaware of any process to facilitate this.

GP: Attendance at teaching was variable with some trainees stating they had not yet managed to access any sessions whilst others told us they had attended 3-4 hours since starting in February. We heard that service pressures and rota allocations limited their availability to attend. They were unsure who they would give their page to when attending teaching and told us that this was not encouraged. Those that had attended teaching reported good quality sessions which were useful to their role. The majority, of trainees were able to attend their regional teaching and organise their keeping in touch days at their practice.

ST: Weekly CTG teaching has been reinstated and trainees estimated they had attended 3 sessions in the past 2 months. Friday afternoon departmental teaching can be difficult to access due to clinical commitments but those able to attend are scheduled on the rota. They told us that GG&C wide O&G sessions would benefit from improved planning and direction. All teaching is relevant however trainees suggested more gynaecology sessions would enhance their learning. Regional teaching is recorded 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.

FY: Trainees reported no issues in accessing study leave for singular days, but some had experienced difficulties in securing leave to accommodate taster weeks.

GP: The rota coordinator is very approachable and accommodating. At times it can be challenging to get study leave approved if multiple trainees wish to attend the same course.

ST: Trainees told us this was the best unit for access to study leave. Rota gaps can at times affect approval, but overall trainees were happy with accessibility.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6) Not asked

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 told us that they were not aware of any instances where a trainee had been left to cope with a situation beyond their competence. Some trainees had raised concerns over the presence of medical boarders within the gynaecology ward, they were unsure of their role and who they should escalate to. In response, a meeting was organised with the Clinical Director for medicine and the trainees to discuss their concerns, a detailed escalation plan was created and trainees are now comfortable with the boarding arrangements. Consultants confirmed trainees would not be asked to consent a patient unless competent to do so.

FY: Trainees are aware who to contact and have never worked beyond their level of competence. They work closely with their seniors and always feel supported.

GP: Escalation policies are detailed at induction and trainees were aware who they should contact for support both during the day and out of hours. When there is a gap on the senior rota, it can be challenging to get timely support within the Maternity Assessment Unit (MAU) as trainees escalate to the main obstetrics registrar who may be in theatre or have other duties. When seeking support for acutely unwell patients, they are responded to in a timely manner.

ST: Clinical supervision is always available and consultants were described as being accessible and approachable.

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

Trainers: Trainers reported it can be challenging to keep up to date with the different requirements for each trainee group, to help ensure familiarity allocated trainers maintain responsibility for each cohort.

Specialty trainees are asked to highlight priorities and learning needs at the start of their post these are then built into the rota where possible. Trainees are encouraged to raise any concerns with their educational opportunities with the rota coordinator. A record of who has attended which clinics/surgeries is kept, ensuring equity.

Since the pandemic, gynaecology operating has been significantly reduced. Senior trainees completing their Advanced Training Skills Modules (ATSMs) each have regular operating lists and ST2-5 trainees have 1 day surgery list per week.

The implementation of the phlebotomy service has greatly reduced the burden of tasks on junior doctors.

FY: Trainees felt it was quite easy to achieve most of their learning outcomes as they see a range of patients. They had lots of exposure in their post to developing their skills in managing acutely unwell patients, particularly when working in the MAU. Trainees do not attend clinics however theatre opportunities provide valuable learning experiences receiving on the job feedback. When working on the wards learning is limited by the burden of non-educational tasks such as immediate discharge letters (IDL) or electrocardiograms (ECG). Phlebotomy services were good.

GP & ST1: It can be difficult to complete some aspects of the GP curriculum such as community orientation reflections due to the repetitive nature of presentations within the unit. Clinics are scheduled on the rota however trainees told us this would be the first activity to be pulled should there be staff shortages or an increase in clinical pressure. Trainees described limited learning within their roles and estimated that up to 85% of their work is carrying out tasks with little or no educational benefit. At times when medical students are on site they have been turned away from clinics as educational priority is given to students. They were able to maintain their skills in looking after acutely

unwell patients but felt these were skills gained in previous roles with no further learning. Access to gynaecology patients/clinics for ST1 trainees was perceived to be inadequate.

ST2-7: ST2-5 Trainees reported plenty of access to obstetrics work but noted reduced gynaecology clinic and operating opportunities. Similar, to their GP & ST1 colleagues the repetitive patient case load limits their portfolio reflections. Trainees are frequently pulled from learning events such as scan lists to provide consultant cover at antenatal clinics.

Senior trainees completing their ATSMs were happy with their learning opportunities and have received regular gynaecology operating lists.

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

Trainers: Recent survey feedback suggests there are no problems for trainees to complete their assessments. Trainees on the junior rota are told at induction that the 6 weekly feedback meeting is an opportunity to complete case-based discussions (CBD's) or workplace-based assessments (WPBA's).

FY & GP: Trainees stated that in general they were able to complete WPBAs and have them signed off easily. The MAU provides the greatest potential as they can assess patients and complete a CBD with their seniors. At the start of their post, FY trainees received an email offering them the chance to complete speculum examinations as a mini-CEX assessment but as yet none of managed to complete this. Occasionally, due to the rota the registrar is not senior enough to sign off assessments for the GP trainees.

ST: ST1 trainees told us they can struggle to get to learning events that can be used for assessment. ST2-7 trainees reported no issues completing their WPBAs.

2.8 Adequate Experience (multi-professional learning) (R1.17) Not asked

2.9 Adequate Experience (quality improvement) (R1.22) Not asked

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised they provide regular constructive informal feedback to trainees.

FY: Trainees reported they receive good levels of both formal and informal feedback from their senior colleagues.

GP: Trainees felt their role had limited opportunity for clinical decision making unless working in the MAU. When received, feedback was fair and consistent.

ST: Trainees reported they receive good levels of feedback and described approachable consultants who deliver constructive and meaningful feedback.

2.11 Feedback from trainees (R1.5, 2.3) Not asked

2.12 Culture & undermining (R3.3)

Trainers: The team have worked hard to create a positive culture within the unit, running Civility Saves Lives initiatives and incorporating trainee educational objectives into the daily handovers. After feedback from trainees the rota was amended to provide enhanced continuity with 1 trainee and 1 consultant on the gynaecology ward per week. At induction they emphasise the culture and approachability of the multidisciplinary team and escalation pathways are shared.

FY: Trainees told us they work in a very supportive, approachable multidisciplinary team. They would raise any concerns with their supervisor or Training Programme Director. When working as a team they feel listened to and that their opinion matters.

GP: No issues with undermining or bullying, they felt well supported by their senior colleagues. The midwifery staff are very supportive and reliable. They were informed at induction how to raise any concerns.

ST: Trainees feel well supported at all times and work collaboratively on decision making with the wider team. Some trainees had witnessed occasional undermining behaviours from the senior gynaecology nursing staff to their junior colleagues but told us this was not representative of the overall culture.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: There is 1 gap on the senior rota, the on-call shifts are covered by trainees at locum pay or time in lieu. To address gaps on the junior rota, the health board have funded a clinical fellow (CF) post. Efforts are made to fill any remaining gaps with locums or the current trainee group. Workload pressures can have a negative impact on training opportunities that can be allocated to the junior rota. The department plan to develop a standard operating policy for rota gap management to ensure transparency across the board.

FY: Trainees can discuss their rota and make suggestions for improvements. They commended Dr McBride on the management of the rota. It can be challenging at times with trainees working additional night shifts to provide cover. FY trainees told us this was no worse than any previous rota they had worked in other departments.

GP & ST1-2: They described a very tight rota with frequent gaps uncovered which had resulted in delayed patient care. The workload is extremely high and impacts on access to learning opportunities. Dr McBride is receptive to suggestions of improvement, but the majority of issues relate to staffing levels which are out with her control.

ST3-7: Trainees were aware of gaps on their rota. They described an intense working period from January-March of this year which was alleviated in April when the ST2 trainees stepped up onto the senior rota. This had a knock-on effect on the junior rota. The burden of night shift provision can leave trainees feeling stretched and provides limited educational experiences within the gynaecology department. Senior trainees completing their ATSM's were happy with learning opportunities on their rota.

2.14 Handover (R1.14)

Trainers: Trainers felt that handover arrangements were robust and provided safe care for patients. They have further developed the gynaecology handover to include boarded patients. Additional departmental safety briefs supplement the structure.

All trainees: There are multidisciplinary effective handovers which are good for continuity of care.

2.15 Educational Resources (R1.19)

Trainers: Trainees described a variety of educational resources available to trainees including:

- Laparoscopic Simulation
- Doctors room
- Library
- Recorded teaching sessions, and
- O&G mobile app.

FY: Trainees reported that they are satisfied with the IT and educational resources available to them on site.

GP: There is a lack of available space for trainees to access.

ST: Trainees reported adequate facilities and resources to support their learning. The implementation of the doctor's room provides further space for learning.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12) – Not asked

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: Escalation pathways are detailed at induction and the college tutor sends an email to trainees detailing who to speak to. Trainees can also raise concerns at the 6 weekly feedback meeting.

FY: Trainees advised they would raise any patient safety concerns with their senior or consultant on call.

GP & ST: Trainees told us they are encouraged to raise patient safety concerns through Datix and or via the consultant in charge. Effective risk management meetings are in place and a culture of learning from incidents.

2.19 Patient safety (R1.2) – Not asked

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4) – Not asked

3. Summary

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

Once again, we would like to commend the ongoing engagement of the local team and DME in addressing these issues. Throughout the visit all levels of trainees emphasised positive working relationships across the multidisciplinary team. Despite the site's progress, some concerns remain around the learning opportunities for GP trainees. Discussions will now take place with the GMC around whether or not the site has reached the threshold for removal of its Enhanced Monitoring status.

Review of previous requirements from 2022:

Ref	Visit requirement from 2022	Progress in 2023 visit
7.1	The training opportunities provided to GPSTs must be tailored to their learning needs including relevant gynaecology and obstetrics clinic experience, feedback on their clinical decisions and access to WPBAs including training towards competence in procedures such as use of the speculum.	Little progress noted
7.2	Ensure that service needs do not prevent trainees from attending clinics and other scheduled local learning opportunities.	Progress noted
7.3	There must be a protected and accessible formal local teaching programme appropriate for the learning needs of doctors in training, in particular for FYs & GPSTs.	Progress noted
7.4	The first on call rota structure is perceived to be too demanding because of a lack of down time between nights and long days and this must be addressed.	Addressed

The positive aspects of the visit were:

- There is an excellent supportive culture within the department despite considerable service pressures
- There are excellent working relationships with nursing and midwifery colleagues
- The introduction of technology to support education and learning (for example the GGC app and IT room facilities) has been well received
- Efforts have been made to reduce time spent on non-educational tasks (e.g. phlebotomy)
- The foundation doctor experience is positive, particularly relating to induction, supervision, support and teaching

- The Rota coordinators are viewed very highly, being approachable and making active efforts to accommodate requests fairly and equitably.
- Handovers are effective, multidisciplinary, and supportive
- Feedback is valued by trainers and trainees
- There are effective and collaborative clinical risk management processes with a culture of learning from events.

The less positive aspects of the visit were:

- Training opportunities for trainees on the junior rota are not fully meeting their curricular needs.
- Access to a clinical system (Badgernet) was not provided in a timely manner for General Practice Specialty trainees, although it was for other trainee groups.
- Gynaecology operating theatre experience and gynaecology clinic access is limited for O&G specialty trainees.
- Trainees sometimes are required to cover clinics when the usual consultant is on leave, although none felt they were working outwith their competence
- Teaching is not consistently bleep free
- Teaching for specialty trainees could benefit from further coordination and planning

4. Areas of Good Practice

Ref	Item	Action
4.1	Culture. There is a very high quality of workplace culture shown by all staff. This promotes effective, insightful and collaborative approaches to a range of activities, including feedback, handover and clinical risk management.	

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	Induction	Ensure all trainees have timely access to IT systems and passwords.
5.2	Rota	Consultant absences should be staggered to ensure the burden of covering antenatal clinics does not solely fall to trainees
5.3	Adequate experience	Consideration should be given to ensure learning opportunities for GP and junior specialty doctors are not compromised when hosting medical students
5.4	Teaching	Forward planning of the specialty teaching programme could be enhanced, including more advance notice and alignment of the programme with curricular requirements.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department must review and optimise training opportunities for specialty trainees on the junior rota.	18th February 2024	GP/ST1
6.2	All trainees must have timely access to IT passwords and system training through their induction programme.	18th February 2024	All
6.3	Access to appropriate gynaecology clinic & theatre opportunities and experience must be provided for ST2-5 Trainees which aligns with curriculum requirements.	18th February 2024	ST2-5
6.4	There must be prospective support of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free / bleep minimised teaching attendance.	18th February 2024	All