Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	25th May 2023	**Level(s)**	FY, CT, GPST & ST
Type of visit	Triggered	**Hospital**	Royal Infirmary Edinburgh
Specialty(s)	Emergency Medicine	**Board**	NHS Lothian

Visit panel	
Dr Holly Metcalfe	Visit Chair - Associate Postgraduate Dean – Quality
Dr Stewart Teece	Training Programme Director
Dr Lisa Black	Foundation Programme Director
Dr Andrew Moore	GP Training Programme Director
Mrs Natalie Bain	Quality Improvement Manager
Mr David Soden	Lay Representative
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Anaesthetics, ACCS, ICM & EM	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Mr Yazan Masannat & Dr Holly Metcalfe	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	17	
Trainees in attendance	4 x FY2, 3 x GPST & 9 x ST	

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

Date report approved by Lead Visitor	8th June 2023

1. Principal issues arising from pre-visit review:

The General Practice Quality team at Scotland Deanery triggered a visit in view of survey data relating to Emergency Medicine at Royal Edinburgh Hospital, NHS Lothian. The visit team plan to investigate the red flags at all trainee level in the 2022 National Training Survey for regional teaching. There were also red flags at GPST level for workload, regional teaching and supportive environment with a further pink flag for teamwork. The Scottish Training Survey did not highlight any specific areas for concerns. There were three patient safety comments from the NTS 2022 survey. The visit team will also use the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely. During the pre-visit teleconference it was noted that the ST group were highlighting multiple areas of concerns and the visit team agreed to investigate their issues in more detail. It was also noted that the in February 2023 Healthcare Improvement Scotland (HIS) had visited the site. The report published in May 2023 highlighted multiple areas of concern in relation to patient and staff safety, an action plan is in place to address the issues found.

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: Trainers reported that induction is organised by a consultant trainer for all cohorts of trainees. Induction is managed differently for the more junior trainees and the higher specialty trainees and the trainers highlight that the higher trainees induction is focussed on leadership skills and management. Induction sessions are recorded and available for trainees to watch, and they are also posted in the Teams channel to refer back to. The trainers note that the trainees have access to a number of training videos on the website and there are manuals that are sent prior to beginning in post. The trainers seek feedback on induction through a feedback form given to the trainees during the sessions, it was also stated that the department have received positive feedback through the greatix system about induction. The trainers emphasise that they try to engage with the trainees to ensure that they are clear about the information given at induction. However, they have found that

there are times when trainees are struggling, they may not have engaged with the online induction material. The trainers did note that although the ST3's are included with the higher specialty induction, they believe that a separate half day induction for these trainees would be beneficial and they are looking to implement this in the future.

FY Trainees: The trainees reported that they all received a good induction and the emergency medicine specific induction was helpful. The trainees were provided with a handbook that contained all the relevant information to beginning in post. It was noted that there were some issues with IT passwords, but they were easily resolved. The trainees felt induction equipped them for working in the department and felt that they could easily ask questions to clarify anything. The trainees did not feel that there was a huge expectation on them to know everything on the first day. The trainees emphasised that there is an app that the department use called Medic One and this is a handy tool to access information such as clinical guidelines and contacts.

GPST Trainees: The trainees reported that they all received induction to site and department. Induction was noted as being good and prepared the trainees for beginning in post. Trainees who started out of sync were able to attend induction and were well supported when they started. Trainees felt that induction to department specifically was informative and comprehensive. It was emphasised that although there is a lot of information, there are other tools available to refer to when required, such as intranet with guidelines. The trainees stated that induction covered all the main aspects of how patients are set up in the site and how to use the referral services. The referral services are not an exhaustive list; however, the senior colleagues are approachable to ask for support with referrals or any escalation policies. The trainees did note there were a few IT issues, but they were resolved within the week of starting.

ST Trainees: The trainees reported that they did not all receive an induction to site, having previously worked in the department. The trainees stated they were given a mini-induction to site if they had not previously worked there, as there had been changes to how the department operated. It was noted that the site was not previously a major trauma centre when the trainees had rotated there. The trainees emphasised that the department would benefit from a specific ST3 induction, but they have raised this with the team and induction is being revised to include this from the new training year in August 2023. The trainees feel induction could be improved by having simple features like names badges and IT passwords created for beginning in post.

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

Trainers: Trainers reported that there are a group of trainers currently looking at the availability of the teaching as there are many opportunities that are being missed. The ACCS trainees have access to the mastery teaching and are able to get procedures signed off through this. The trainers are looking at handover teaching and trying to look at ways of delivering effective and useful teaching during handover. The department offers weekly resus and skills and drills sessions, and it is also stated that there are monthly education sessions that are held on the last Wednesday of each month. The trainers are aware that the department does not offer the traditional lunchtime sessions and talks and do wonder if this is part of the trainees expectation. The department did initiate journal clubs previously, but the engagement was poor, therefore they are unsure of the best way to deliver this type of teaching. The trainers highlighted that their educational development time (EDT) available to trainees, up to around 8 hours per week to use as they wish. As the ST trainees are on the eRostering platform, is it easy to have oversight of when the trainees are taking their EDT.

FY Trainees: The trainees reported that they attend the formal teaching once every four weeks and there is resus teaching held on a Friday. The trainees have handover in the morning and afternoon and these are used as informal teaching sessions. The trainees also note there is various opportunistic teaching around the department. The trainees feel there are little barriers to attending teaching and it is usually bleep free. Although there is departmental teaching, the trainees feel that it would be beneficial to have these more regularly and timetabled information of the type of teaching being provided in each session. The trainees state that if they miss teaching, it is recorded and they can catch up when they need to.

GPST Trainees: The trainees reported that there is departmental teaching offered on an ad hoc basis and this can be attended by all staff. Trauma teaching is also offered to the trainees and they attend this. It was highlighted that there is no formal GP teaching during the 6-month block, however NES offered teaching is available to attend should they wish to. The trainees note that there is resus teaching on a Friday, however it can be difficult to attend due to the make-up of the rota. The trainees do acknowledge that it can be difficult to rota this type of teaching currently within an emergency medicine department. The trainees did highlight that it would be beneficial if there were more GP tailored learning available.

ST Trainees: The trainees reported that the ST group have little to no formal teaching, due to the service pressures in the department, and when they do attend, they are called back to the shopfloor. The trainees note that there is resus Friday's teaching, however trainees are either not rota'd on to attend this, and the teaching is more focussed on teaching the more junior trainees. The trainees state that there is registrar teaching that is all facilitated by the trainees and the time is protected unless they are on nightshift, and trainees are allocated a substantial number of nightshifts. The trainees highlight that there is no consultant or deanery involvement in the organisation of teaching. The trainees believe there was to be consultant involvement in the organisation, however this has not come to fruition. Although trainees are happy with the teaching provided, there has never been a robust way of it being organised with any consultant support. Trainees are attending between 50-60% of their formal teaching, and there is a small amount of locally delivered teaching. The trainees state that handover teaching is more often than not delivered by the senior trainees. The trainees also feel that handover teaching is dwindling and there is a feeling that it is too busy to teach the trainees. The trainees highlight that there is not a culture of teaching in the department. Trainees feel that there are consultants that will give good teaching at times, but it is not a regular occurrence or a priority. The trainees also state that the is little capacity for the consultants to provide more teaching. The trainees note that there is a consultant who has PAs for teaching, but there are several barriers in place to prevent more teaching from being organised.

2.3 Study Leave (R3.12)

Trainers: Not formally asked, but there were no concerns around this from the pre-visit information.

All Trainees: No issues with study leave.

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

Trainers: The trainers reported that trainees are allocated to the trainer prior to beginning in post by the PA in the department. The trainers supervise the same cohort of trainees each rotation to ensure continuity of requirements and keeping up to date with the curriculums. The trainers are allocated around 2 to 3 trainees each per 6-month block. The trainers highlighted that there is no rotation of the ES/CS roles, however this could be something to consider in the future. It was also stated that the

TPD for Emergency Medicine would allocate educational supervisors to the FY trainees. The trainers reported that they do have allocated time in their job plan, however it was since followed up that the trainers do not specifically have time allocated for educational roles. Trainers are allocated a generic 0.5PA for teaching/training in general, irrespective of whether they are clinical/educational supervisors or not. The trainers did note that their roles are considered during appraisals. The trainers highlight that the way they are informed of trainees with concerns, is hugely variable, some are highlighted prior to beginning in post and others are after trainees are in post. The department do receive transfer of information forms (TOI) and these would usually be directed to the clinical director or the ADME to ensure suitable support is in place for the trainees. The trainers also state that there are faculty governance meetings where they would discuss any concerns around trainees to enable a supportive plan for them to thrive in the department.

FY Trainees: The trainees report that they were allocated their ES/CS ahead of beginning in post and were informed via email. The trainees state they have met with their ES regularly, but the end of post meeting has been early in this post due to the ARCP evidence deadline. The trainees feel that the meetings they have had with their supervisors have been constructive and meaningful.

GPST Trainees: The trainees reported that they were emailed prior to beginning in post about who was allocated as their supervisor. The trainees meet with the clinical supervisor regularly and found them to be supportive. It was noted that some trainees experienced a delay in meeting with their CS initially, but when they had meetings, they were useful and constructive. The trainees also noted that they were able to meet with their ES in the GP practice regularly.

ST Trainees: The trainees report that they were made aware of who they allocated supervisors were. The trainees report that the onus was on the trainees to meet with their supervisors and it was made clear to them that this was what was expected.

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: The trainers report that they do not advocate the use of the term SHO. The department use colour coded uniforms to distinguish between staff members, however trainees groups CT, FY and GPST would wear the same colour, therefore it is less visible to distinguish between the grades. The department also use a photograph board to enables the entire team to know who everyone is. The

trainers note that it is always easy for trainees to know who to contact both during the day and OOH. The trainers are not aware of trainees working beyond their consultant as there is always a senior colleague around for support. It is also noted that there is senior nursing staff that can escalate when required. The trainers do emphasise that although there are trainers around for support and identifiable, they believe that the trainees will still feel overwhelmed in the current environment. This is also exacerbated by the amount of the ward-based tasks being completed by trainees in the ED that would usually be done by the other specialty trainees.

FY Trainees: The trainees report that it is easy to identify who is available for support both during the day and OOH. The trainees all agree that the supervisors are approachable and supportive.

GPST Trainees: The trainees reported that all the colleagues are supportive and it is easy to recognise who the trainees can approach for support. The trainees stated that they can approach anyone for support and it would be given. The trainees have not experienced working beyond their competences, and if there was anything they were unsure of they are confident to approach seniors in the department.

ST Trainees: The trainees report that it is always apparent who to contact both during the day and OOH. There is a consultant on site until 2am, then contactable from home if required. The trainees state that most consultants are approachable, however it is felt that at times there is less supervision provided to the senior trainees. Some trainees emphasise that they feel alone and fire fighting in the department. It was also highlighted some trainees feel that their previous experience has supported them through this post and they believe that training is not being prioritised at the Royal Infirmary Edinburgh. The trainees note that there is an ambulatory response department that does not have consultant supervision and if the trainees are based in this area, they would have to seek out support. The trainees highlight that they are frequently being asked to manage the pod areas when they should not be as there is consultant cover available.

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

Trainers: Not formally asked

FY Trainees: The trainees report that they are able to achieve their portfolio requirements and they have adequate exposure to many procedures. The trainees feel that they do complete a proportionate amount of expected date of discharge (EDD) letters compared to other trainees. It was noted that although they do certain procedures, they are not done too regularly.

GPST Trainees: The trainees stated that they have not experienced difficulty in achieving any of their competencies and they do not spend too much time doing task that are of little educational benefit.

ST Trainees: The trainees report that that their post is more focussed on service provision than a learning experience. The trainees state that training happens incidentally rather than proactively. It is felt that the consultants do not seek out the trainees when there are good learning experiences to be had or a specific learning case. The trainees emphasise that although their training has progressed, it is not down to the training at Royal Infirmary Edinburgh. The trainees report that competencies are more of an issue for junior trainees, as they must complete certain procedures. It is noted that mastery simulation is offered, however the trainees state that this should not be the only means of teaching trainees.

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

Trainers: The trainers reported that they believe it is easy for trainees to achieve their portfolio assessments. There is a considerable amount of exposure to be able to complete practical procedures. The trainers ensure they are available to complete work-placed based assessments (WPBA's), and they would also encourage trainees to complete WPBA's based on various interactions or cases. The trainers note that although there are many learning opportunities, trainees have to be proactive in seeking these out for a WPBA. The trainers have no formal opportunities to benchmark against other trainers and note that it would be useful to know ahead of time if there are going to be changes to certain assessments.

FY Trainees: The trainees reports that they find it easy to complete WPBA's. The senior colleagues usually guide the trainees as to what can be completed for an assessment. Consultants or registrars usually complete their assessments. The trainees reports that the assessments are fair, consistent and usually completed in a reasonable time.

GPST Trainees: The trainees reported that they find it easy to complete WPBA's and they are fair and consistent.

ST Trainees: The trainees report that WPBA's is some cases are easy to complete, but it can be lacking in the more day to day assessments. These are harder to complete at busy times in the department. The trainees feel that is can be difficult to ask for assessments to be completed, they send tickets and have to repeatedly chase for them to be completed. The trainees report that they are anxious to ask for CBD's due to the service pressures on the department.

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

Trainers: The trainers report that there is a monthly educational meeting, where all members of staff are invited to attend as well as the resus Friday session. The trainers also report that there are trauma courses that are arranged for various members of the team.

FY Trainees: The trainees report that departmental teaching is aimed at PA's, ANP and doctors. The trainees also state that consultants would give mini teaching sessions during handover and this would be done as a team.

GPST Trainees: The trainees report that they can attend the resus Friday teaching and this can be attended by all the team in the department. It was highlighted that the registrars can organise adhoc teaching when the department is more manageable and this can be attended by various team members.

ST Trainees: The trainees report that the Friday resus training is an opportunity to learn with the wider team, however the teaching is more geared towards the junior trainees. The trainees state that they have made their own opportunities with the MDT. The trainees note that they have ran simulation sessions on nightshift that were well received. The trainees feel that the theme is that the senior trainees are driving the teaching.

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

Trainers: The trainers report that there is a large college document that is available for trainees to read about how to undertake QI project in each year of training. There is an annual QI panel with all the QI leads from all sites. Trainees are asked to submit their evidence ahead of this to be reviewed. This is to support the trainees with their main QI project towards the end of their training. The department also have a QI lead and the trainees can ask for support from the lead whenever required, although the uptake from trainees has been poor. The department previously ran a large-scale QI programme and trainees were slotted into projects, but this was not well received, therefore it was stopped.

FY Trainees: The trainees report that they have been able to complete QI projects when required. It is also highlighted that there is support given when asked for by the QI lead in the department.

GPST Trainees: The trainees reported that they have not had the opportunity to organise any QI projects, due to not requiring it in this post. However, they are aware that they would be able to seek this out if required.

ST Trainees: Not formally asked.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Not formally asked.

FY, GPST Trainees: The trainees reports that feedback is given regularly, and the feedback is constructive, inclusive and useful both during the day and OOH. The trainees state that the consultants would guide the trainees and find learning points in the feedback that is given.

ST Trainees: The trainees report that any feedback that is regularly given during the morning handover is usually negative and in an open forum for other to witness. The feedback given is not constructive and meaningful, whilst also given at inappropriate times. The trainees state that whilst managing a pod in the department, they would give advice to junior trainees. The trainees are not

given feedback from consultants as to whether the advice given was correct or useful and would only be given feedback if it were negative.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Not formally asked.

FY Trainees: The trainees are not aware of any mechanisms to feedback on their experience of training in the department.

GPST Trainees: The trainees report that they are not aware of any way to feedback personally, but they are aware of a trainee forum where they are able to raise concerns via the GP representative that attends.

ST Trainees: Not formally asked.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that there is very flat hierarchy within the department, with use of first names. The trainers encourage trainees to practice independently and manage their own time and ensure that they take breaks and education time. The trainers urge trainees to speak up and report any concerns they may have. The trainers emphasise that where issues with culture have been identified, these tend to be directed around trainees' interactions with other specialties. The trainers highlight that the rota allows for trainees to work closely together as a group, therefore creating peer to peer support. Additionally, the trainers are aware of as well as ED juniors WhatsApp groups. The trainees have access to food, a garden, civility saves lives and active bystander training and all trainers advocate trainees to approach any trainers for support. The trainers emphasise that it is fair to acknowledge that the trainees spend a lot of time interacting with other specialties and some of these have not been ideal lately, therefore affecting the overall team culture. As there is an expectation of a 4-hour standard waiting time, there is still an expectation to meet these standards in the current climate. The trainers feel that they are sometimes struggling to deliver this, whilst at the same time, maintaining a valuable training experience for trainees.

FY Trainees: The trainees report that their colleagues are supportive and they have not witnessed or experienced any bullying or undermining behaviours. The trainees did highlight that there are occasions when making referrals, that the receiving specialty are not very supportive and if there is resistance the consultants would have to step in to help the trainees.

GPST Trainees: The trainees noted that the clinical team are supportive and approachable. The trainees report that there are no issues with bullying or undermining behaviour.

ST Trainees: The trainees report that culture is a significant issue in this department. The trainees stated that it is a very challenging environment to work in. It was emphasised that it can be particularly challenging for trainees who have worked elsewhere and are not known to the team. It is considered difficult to break down barriers and be accepted into the department. It was noted that there is an awareness among the team that this is the culture and it just has to be accepted. The trainees felt that if they raise concerns regarding their education, that it will impact of the ability to gain employment at the Royal Infirmary Edinburgh. The trainees strongly state that the culture is not good, and when a new trainee begins in post, there is a quick judgement made by the consultant body if the trainee is good enough to be there. Favourite trainees are referred to, and if a trainee is not considered to fall within this group, will often be criticised and sometimes quite openly in public spaces. It was felt that the consultant group would give more support to those they favour more. Some trainees note that it is a toxic environment to work in and trainees do not feel valued. The trainees state that the junior staff and nursing colleagues are what makes the job bearable. The trainees emphasise that they are working in completely unsafe conditions and have patient safety concerns, and at times the trainees feel they are seen to be problem. The trainees explain that there is a large consultant body, and there are some consultants that are more problematic than others. Some consultants are very supportive. However, the trainees feel that there are supervisors that they do not want to work alongside. The trainees remarked that when they formalised their concerns in a joint letter to management in relation to patient safety, they feel this was not acknowledged or appropriately acted upon. The trainees feel that there are systemic issues in the department that are being projected onto the trainees leaving them demoralised and dejected about working in the department. The trainees strongly feel that this is a service provision job only and there is no focus on teaching and training, and that the culture regarding this needs to change significantly.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report that teaching is included in the rota and trainees will be released for teaching. There is also teaching delivered on the shopfloor, as well at trainees having EDT. The trainers did comment that not all the trainees are utilising their EDT. The trainers report that gaps are usually filled with locums but would fill with locums appointed for training (LAT's) if the financial system allowed for it. The trainers note that trainees participate in the design of their rotas and the ST trainees have complete control of their rota using the self-rostering system (eRostering). The trainers acknowledge that there is a significant amount of OOH work, however that that is the nature of this post. The trainers try to fill gaps as best as possible and would use ANP's and PA's, but the gaps still remain. The trainers do believe the workload will have an effect on the trainees well-being and training as there are times when the department are running at between 200-400% above capacity, with 40+ hour bed waits. The trainers have raised this with management and there is little to zero progress on this issue. The trainers try to shield the trainees from the majority of the ongoing care and inappropriate patients for the ED, however it is not always possible. The trainers note that the weekends and public holidays, the ED team are expected to care for the bed wait patients as the specialty teams will not assist them during these times. The Healthcare Improvement Scotland (HIS) report highlighted these concerns; however, the trainers feel that no real measures have been put in place to address the capacity issues.

FY Trainees: The trainees report that there are gaps on the rota, however they are usually filled with locum appointments. The trainees do not have any involvement it the rota design but are pleased that they are allotted time in the minors unit. The trainees feel that they do a lot of shifts in a row and feel that this can compromise their well-being. The trainees state that they routinely manage patients who have been accepted by other specialties whilst they wait on beds in the appropriate wards. This has an adverse effect on training as trainees are spending less time assessing and managing ED patients.

GPST Trainees: The trainees reported that there are gaps on the rota, however these are frequently filled with locum doctors. The trainees are allocated time in the minor injury department and feel this is a good aspect of the rota design. The trainees do not have the opportunity to engage with the rota organisers but do feel that they would be able to if required. The trainees emphasise that the rota is

tough, with 7 days in a row and this can take its toll. It was noted that the rota organisers were helpful with organising less than full time (LTFT) training.

ST Trainees: The trainees report that since February 2023 they have moved to a self-rostering rota system. This system has minimised gaps; however, it is felt that the rota is at the limit of what is acceptable. The trainees believe that overall, the e-rostering rota has a positive impact upon their work/life balance. Additionally, the trainees had their rota monitored for compliance recently and it failed. The trainees felt belittled by management as the accuracy of their documentation was questioned. The trainees were unaware of how much EDT they are supposed to take, and very few felt they have taken the appropriate amount. The trainees stated that they are expected to provide medical care to patients that have been accepted by other specialties, due to the bed wait within the hospital. It was also noted that there is no weekend cover from the specialties. Also, when patients are referred by the GP to specialty, the department are expected to provide the care until they are able to be moved. It is stated that this all adds to the pressures of the department and makes the workload unmanageable.

2.14 Handover (R1.14)

Trainers: Not formally asked.

FY Trainees: The trainees report that there are regular handovers at critical times of the day. The handover is also consultant or senior registrar led and it routinely used as a learning opportunity. There is a handover for patients in Pod D (where medicine patients are situated), but this is usually picked up by the senior team.

GPST Trainees: The trainees report that there are three handovers at the same time every day, including weekends. There is always consultant presence at the handover. The trainees perceive handover as safe and it can be a good learning opportunity depending on the workload in the department.

ST Trainees: The trainees report that all handovers have consultant presence. The trainees note that when handover is done well, it is a learning opportunity, however it is the exception not the rule.

Some trainees report staying over time to discuss cases with consultants to get a learning experience from it.

2.15 Educational Resources (R1.19)

Trainers: Not formally asked.

FY Trainees: The trainees report that there is little time for learning out with the job itself. It can be difficult to find a computer for audit work, therefore this cannot be completed when on shift. The trainees note that they work long hours and it would be beneficial to be able to complete their TURAS work during working hours, instead of after work.

GPST Trainees: The trainees have no concerns with the facilities but note that the online resources are excellent.

ST Trainees: Not formally asked.

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

Trainers: Not formally asked.

FY Trainees: The trainees report that they would seek support through their supervisor should they require it. However, they are unsure of the any other support available to trainees seeking adjustments in the department.

GPST Trainees: The trainees note that they are not aware of the support available for trainees who may be struggling with the job in any way. The trainees did emphasise the support for those who are LTFT training.

ST Trainees: Not formally 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)

Trainers: The trainers report that there is a group called Learn ED and this is a group of trainer consultants who are responsible for designing and delivering education in the department. The trainers comment that despite their best attempts to deliver teaching, those in management still ask if the trainees need to attend teaching. The trainers are not aware of any internal processes that monitor the quality of training being delivered. The trainers also strongly state that the health board have no particular interest in quality of any measure in the emergency medicine department. It was highlighted that there are specialty training committee's within the Deanery processes and this covers the quality of training, however there are no board directed committee's for this.

FY Trainees: The trainees report that they are unsure of how to raise concerns about the quality of training and are not aware of the procedures to raise these concerns. The trainees noted they are aware of a trainee forum, and they would take any concerns there to be raised on their behalf.

GPST Trainees: The trainees report that they would raise any issues through any consultant on the shopfloor if it required immediate attention. The trainees also emphasises that they would be able to speak with their supervisor if required. The trainees note that there is a local trainee forum for feedback and trainees can submit their concerns via this.

ST Trainees: The trainees would raise concerns with their supervisor and through Deanery and GMC surveys. The trainees would also raise concerns via the trainee representative at the trainee forum.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees would use the DATIX system to report any concerns and trainees are not deterred from using this system. Trainees can also speak with their CS should they require to. It was also noted that trainees are also directed to the paths of escalation policies at induction.

FY Trainees: The trainees report that they would use DATIX to report any concerns with patient safety. However, the trainees are also aware that there are pathways to speak with the charge nurse and consultant to escalate any concerns.

GPST Trainees: The trainees noted that they would approach a supervisor if any concern required urgent action. The trainees also emphasised that the nursing staff in the department are very good and proactive.

ST Trainees: The trainees report that they regularly raise concerns with the site director, at handover and through DATIX. The trainees state they are made to feel like they are overreacting to patient safety concerns.

2.19 Patient safety (R1.2)

Trainers: The trainers report that the HIS report more than details the patient safety concerns and it clearly defines that the department is not safe for patients or staff. The trainers emphasise that everyone in the department are trying to mitigate the concerns whilst also dealing with mass overcrowding and caring for other specialties patients for longer than necessary.

FY Trainees: The trainees report that the current state of the emergency medicine department is sad, as there are patients waiting in the corridors. However, the trainees appreciate that there are unfortunately similar situations across Scotland. The trainees state there is a safety huddle in the ED regularly that the consultants and nursing staff would attend and this centres around the bed status and moving patients.

GPST Trainees: The trainees reported that it is a busy department, however they feel that patients are given good quality of care. It was noted that there are patients in the department for longer than required as they are wating to be transferred to another department. This requires the trainees to also provide care to these patients until they leave, but they are still provided with a satisfactory level of care. The trainees highlighted that there is a safety huddle, but this would be attended by the nurses and the consultants.

ST Trainees: Not formally asked, however has been addressed in other areas throughout the ST report.

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

Trainers: Not formally asked.

FY Trainees: Trainees have not had any exposure to adverse incidents therefore there was little comment. Trainees emphasise that they do feel well supported if something has gone wrong with patient care as the consultants are very supportive

GPST Trainees: The trainees reported that they have not had any involvement in an adverse event, but the believe the team would be supportive throughout. The trainees are not aware of any learning from adverse events.

ST Trainees: The trainees report that they would be supported through adverse incidents with their educational supervisor and any feedback would come via this route too. The trainees state that they do not feel supported by seniors when communicating any issues that have gone wrong in a patients care. The trainees expressed that they are often apologising to the patients for wait times, space issues and the general state of the department. The trainees highlight that patients were having to wait for excessively long periods for care.

2.21 Other

FY Trainees: Overall satisfaction score 7/10

GPST Trainees: Overall satisfaction score 7/10 (range 6-8)

ST Trainees: Overall satisfaction score 4.6/10 (range 3-7)

3. Summary

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

Positive areas of the visit:

- We as a panel were impressed by the induction given to trainees. It was seen to be thorough and this coupled with the use of the app and handbook was felt that to prepare the trainees for working in the emergency medicine department.
- It was noted that the arrangements for supervision, both ES and CS is well organised. The trainees were informed of who they were allocated and had their required educational meetings without issues.
- There is a strong consultant presence on the shop floor, so day to day clinical supervision is well catered for.
- It was apparent that the handover arrangements are robust with senior leadership and input. Handovers are educational, although it was noted that in recent times the education component is often compromised due to increased service pressures.
- The panel were pleased to hear that there is plenty of access to study leave and many opportunities to undertake quality improvement projects.
- The trainees appreciate that they are specifically rota'd time within the minors department.
- The higher specialty trainees felt that the self-rostering was a positive initiative and they find it beneficial to use.

Less positive aspects of the visit:

- The panel heard that there are significant patient safety concerns as referenced in the Health Improvement Scotland (HIS) report. The panel hope that the HIS action plan will address these concerns.
- It was strongly stated that there are workload issues that are significantly impacting training. The emergency medicine doctors in training are routinely managing patients that have been assessed and accepted by other specialties. This is extensively detracting from the emergency

medicine learning experience. This is a training and patient safety issue that should be addressed immediately.

- The panel recognised that the rota is intense, and to the limits of compliance. Specifically, trainees find working seven days in a row very challenging. Trainees feel that the rota intensity is negatively impacting on their well-being. Additionally, the rota often makes attending teaching sessions difficult.
- Overall, trainees felt that they would benefit from more scheduled formal teaching sessions. The issues with teaching appear to be two-fold – not enough formal sessions, then when there are sessions either not being able to attend due to incompatible rotas, or sessions being cancelled due to service pressures. Specifically higher specialty trainees felt that they would benefit from more consultant led teaching. Overall trainees feel that service provision is prioritised over teaching.
- There are issues with the culture in the department, with bullying and undermining comments referred to. The alleged dignity at work issues raised by the HSTs will be followed up by discussion with the DME and appropriate service leads.
- Trainees feel that it can be difficult to raise concerns, and when they do, they are not addressed or actioned in a timely manner.

4. Areas of Good Practice

Ref	Item	Action
4.1	The access to study leave for all trainee groups is excellent	n/a
4.2	The ability to rota trainees to the minor department for periods of time is beneficial for exposure to this area.	n/a
4.3	The organisation and allocation of educational and clinical supervisors appear to be robust and well structured.	n/a
4.4	There is strong consultant leadership at handover, with robust handover arrangements in place.	n/a
4.5	It was noted that there are excellent induction material provided to trainees, as well as the use of the Medic One phone application and online material.	n/a

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	Although there is a robust handover structure in place, the re-introduction of regular teaching at handover would be beneficial for all grades of trainees.	n/a
5.2	It would be beneficial to design and plan a specific induction for ST3's.	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Measures must be implemented to address the patient safety concerns described in this report and as largely reflected in the Healthcare Improvement Scotland report.	25th August 2023	All trainees
6.2	The site must develop an effective system for managing bed waits, which ensures appropriate clinical ownership and oversight of patient care.	25th August 2023	All trainees
6.3	The rota structure is perceived to be too demanding because of the requirement to do 7 day stretches and this must be addressed.	26th February 2024	FY & GPST
6.4	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	26th February 2024	FY & GPST
6.5	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not	26th February 2024	All trainees

	prevent attendance. This includes bleep-free teaching attendance.		
6.6	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific example of undermining behaviour noted during the visit will be shared out with this report.	26th February 2024	All trainees
6.7	The department must have a clear process for supporting trainees who have been undermined from staff within and out with the department. These trainees should be provided with feedback on actions taken to address this.	26th February 2024	All trainees
6.8	Trainers within the department must provide more regular informal 'on the job' feedback, particularly in regard to trainee decisions and care planning	26th February 2024	All trainees
6.9	The department should ensure that there are clear systems in place to provide supervision, support and feedback to trainees working in all areas of the department	26th February 2024	All trainees
6.10	Trainees must receive feedback on concerns that they raise.	26th February 2024	All trainees
6.11	All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	26th February 2024	Trainers