Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	23rd March 2022	**Level(s)**	FY, Core, GPST & ST
Type of visit	Triggered	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Emergency Medicine	**Board**	NHS Grampian

Visit panel	
Dr Fiona Ewing	Visit Chair – Associate Postgraduate Dean - Quality
Dr Yazan Masannat	Associate Postgraduate Dean – Quality (shadowing)
Mr Brian Harrison	Lay Representative
Dr Ceiran McKiernan	Associate Postgraduate Dean – West Region
Mrs Natalie Bain	Quality Improvement Manager
Dr Ashley Thomson	Trainee Associate
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information										
Specialty Group	Emergency Medicine, Anaesthetics & Intensive Care Medicine									
Lead Dean/Director	Professor Adam Hill									
Quality Lead(s)	Dr Fiona Ewing & Dr Yazan Masannat									
Quality Improvement Manager(s)	Mrs Natalie Bain									
Unit/Site Information										
Non-medical staff in attendance	0									
Trainers in attendance	12									
Trainees in attendance	9 ST3+, 5 GPST									
Feedback session: Managers in attendance	Chief Executive		DME		ADME	X	Medical Director		Other	x

Date report approved by Lead Visitor	1st April 2022

1. Principal issues arising from pre-visit review:

The Deanery intend to visit the Emergency Medicine Department at the Aberdeen Royal Infirmary. The visit team plan to investigate the red flags in the 2021 GMC National Training Survey for regional supportive environment at specialty level. At GPST trainee level there were aggregated lime flags in the 2021 national training survey for rota design. The 2021 Scottish Training Survey results showed a red flag for educational environment, teaching and team culture at specialty level.

The visit team will also use the opportunity to regain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were team culture, educational experience, teaching, workload & study leave.

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 includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: Overall the trainers felt that the induction that is delivered is effective. There is a separate induction for junior and senior trainees, with a general mix of induction materials. The department have sought feedback on the induction from both tiers of trainees and will endeavour to make changes suggested. The trainees are sent an electronic handbook prior to beginning in post, which is then reinforced during the face-to-face induction. Trainees are encouraged to refer to the handbook for information. IT passwords are set up for trainees theoretically prior to the start of the post, although there has been the occasional issue, they are usually resolved in a timely manner.

FY/GP/Core Trainees: Trainees who attended did not require a site induction. All trainees received a 2-day induction to the department. Prior to beginning in post, the trainees received the induction handbook via email. The trainees highlighted that the guided tour of the department was a positive experience and covered the department protocols. However, it was felt that more detail could have been given about how all the areas of the department linked together and where specific protocols

were kept. The trainees reported being able to shadow a fellow colleague and thought this was useful and had never experienced this before. The trainees were given a presentation containing relevant information about how the department links with the wider hospital, but overall, it was felt that induction did not prepare them for the job itself.

ST Trainees: Trainees reported receiving a site induction and most received their IT passwords etc, with a specific incident taking up to 1 month to rectify. It was noted that parts of the corporate induction were less relevant and little time was given to complete the mandatory modules. All trainees reported receiving department induction, but it was felt that it was vague with little structure to the explaining the job role. It was very relaxed, and some trainees did not feel very prepared for beginning in post. It was noted that it was a brief induction and would not benefit those who have not worked in the department before. The trainees felt that the positive aspect of the induction was the tour but felt that much of the induction was informal, unstructured, and poorly delivered. The trainees highlighted that department have recognised this and have sought feedback in improving induction. Trainees explained that Aberdeen as a training centre is unique in the way the trainees rotate around as they are mostly based in Aberdeen with a 4-month rotation to Inverness. There is no induction in Inverness and the trainees believe that this could skew the data received.

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

Trainers: There is a junior teaching programme weekly on a Thursday afternoon, which is protected teaching time. There are various topics delivered via this lecture-based programme, the trainers confirm that trainees are released each week to attend. For senior trainees there is a once monthly all-day teaching session, which is currently aligned with the emergency medicine curriculum. The trainers agree that attendance at the delivered teaching for seniors can be challenging in the current climate, as there is very little buffer room on the senior rota and service pressure impacts ability to release the trainees. As Aberdeen Royal Infirmary is unique in the way that teaching is delivered, the local and regional teaching is one in the same. The teaching is not recorded presently as the trainers believe that there is value for it to remain face to face.

FY/GP/Core Trainees: Trainees reported receiving protected teaching on a Thursday afternoon for 2 hours. Throughout their time in the department, there were various issues with teaching being cancelled either due to service pressure or the registrar was not aware they were leading the session.

Trainees who were previously in placement in the department did not receive a list of topics that were to be covered, however, trainees who have recently began in post have received a programme of topics that are to be delivered.

ST Trainees: Trainees reported that registrar teaching occurs once a month, that is scheduled for a full day. The teaching is delivered by working in collaboration with a consultant. It is usually protected teaching time as far as possible and is focussed primarily on the emergency medicine curriculum. LTFT trainees are adversely affected by keeping the teaching day on a Wednesday, as they are not always able to attend. Trainees reported that teaching is the weakest part of their training and it can be variable how involved the consultants are. The service pressure and staff shortages also impact on the shopfloor teaching. The teaching is not adequate for the current situation and does not cover the paediatric teaching well enough. The trainee's comment that their wellbeing is affected due to the service pressure and it is not conducive to a good learning environment.

2.3 Study Leave (R3.12)

Trainers: The department ask trainees to apply for study leave in advance but give assurance that compulsory courses are approved. There are occasions when study leave is not approved either due to service pressure or not enough adequate notice was given. The trainers comment that Educational Development Time (EDT) has been incorporated into the rota and is welcomed by the team. Occasionally trainees are asked to move this time, due to service commitment, but it is always given.

FY/GP/Core Trainees: The trainees reported that it is difficult to get study leave approved and can be dependent on what shift is applied for. The trainees felt that if the department was staffed appropriately, it would significantly improve the morale of staff. When teaching or study days are cancelled, it deflates the trainees and stifles their enthusiasm for learning.

ST Trainees: Trainees reported that it can be variable in getting study leave approved. It can be challenging to get study leave approved if it is submitted less than 6 months from the date of leave.

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

Trainers: The TPD allocates the supervisor per rotation, and it is noted that there has been a recent expansion in the consultant numbers allowing for a better spread of trainees to trainers. The department allocate trainers consistently with the same group of trainees, for example FY trainees. The trainers believe this emphasises the training experience for trainees as trainers are kept abreast of the changing curriculum requirement of each group of trainees. Although the trainers educational/ clinical supervisor roles are considered at annual review, the trainers strongly feel that there is not enough allocated time in their job plan for trainees to receive a nurturing educational experience. This has been raised with management several times, with no solution provided. There is variable information received from the Deanery team when there are incoming issues with a trainee, although it was noted that the GP team have provided valuable updates in recent rotations. It was highlighted that e-portfolio doesn't always give indication that there have been issues, more specifically around Inter-Deanery Transfers (IDT). The trainers also state that due to the close working nature of the department, that it is often when issues come to light about trainees, therefore the time spent on these issues is considerable and can create a vast amount of work.

FY/GP/Core Trainees: The GP trainees did note that because of the difficulty in getting study leave approved, they were not always able to meet up with the GP ES through their time in post.

ST Trainees: All trainees reported being aware of their educational supervisor, but some have experienced delays in meeting them. Various trainees have experienced difficulties with supervisors due to staff moving on and sickness. However, overall experiences have been positive and constructive.

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 highlight that there has been an introduction of lanyards since the beginning of the pandemic, and this has been useful at identifying the different grades. New staff are issued with badges displaying their names (or preferential name) and grade to ensure a welcoming experience. There is also a photo board in staff areas, which also displays useful information such as, grade and supervisors. The trainers believe this is a good tool to allow the wider team to recognise those new to the department. The trainers reported that they do not believe that the trainees are working beyond

their competencies, there are several people around that would ensure that the trainees are not left exposed. The trainers note that the FY's and GPs are put together on the rota. It was queried how the trainers ensure that an experienced GPST, for example, does not get stifled in this position. The trainers agree that they work closely with trainees therefore can vary the interaction and exposure of the trainee's dependant of experience. The trainers are aware that exposure to minors and paediatrics has been difficult with the service pressure and current rota design. The trainers have escalated this, but it remains unfortunately. A positive of the rota design is that ST3's do not work lone nights, but they can double up towards the end of the rotation to gain experience. The trainers all agree that due to the service pressures that the reality is that most of the work is in majors which means there is less exposure to other areas of the department.

FY/GP/Core Trainees: The trainees note that they were not always communicated the names of their supervisors prior to beginning in post. Some trainees highlighted that they found the information on the staff photo board. The trainees emphasised that their educational supervisor was always approachable and friendly with a real concern for the individual there are assigned to. The trainees reported that their supervisor was helpful in ensuring that they were exposed to all the aspects of emergency medicine training, also in relation with the out of hours (OOH) aspect of training, notably in minors and paediatrics.

ST Trainees: Trainees are aware of who to contact both in hours and OOH. Most trainees comment highly about the availability of consultants during OOH.

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

Trainers: The trainers are allocated consistently with the same types of trainees and this allows for insight into the updates of curriculum and changes to portfolios. As trainees must spend a large amount of time in majors, the trainers are struggling to find time for teaching in minors and paediatrics. Due to service demand, the trainers are working more autonomously in the other departments, that the trainees are not received the full breadth and depth of training that should be available to them. The trainers report that the ideal staffing model prior to the pandemic was much higher in comparison to now. The trainers believe that the intention for education is perfect, but the delivery is flawed.

FY/GP/Core Trainees: Trainees reported that it could be difficult to achieve competencies, not on the premise that they are not doing the procedures but there is not enough availability of seniors to come and watch the trainees complete the procedure for portfolio. The trainees explain that there is limited exposure to minors to allow to feel confident in this area, however there can been times when there is a spill over, and there is the opportunity to examine. The GP trainees highlight they get the opportunity to proceed with plans when they are confident in specific areas during OOH, but this would also be dependent on the registrar on shift. This is in comparison to when working in majors where everything must be escalated and approved by a senior.

ST Trainees: Trainees are aware that certain aspects of the curriculum were difficult to achieve, specifically resus. The trainees have raised this with management, as most of the time is spent in majors, with little exposure to minors. As the service is stretched and understaffed, there is less availability or opportunity for teaching. Trainees report that they are not allocated to minors in their rota, therefore making it more challenging to complete various competences. Paediatric training is delivered throughout their training rather than a specific block such as occur elsewhere. Some felt that paediatric experience could be better while others felt overall, they got what they needed but direct supervision could be improved. Trainees states they are allocated EDT and the department are supportive of the trainees receiving this. It is rare that the trainees do not get this through the week.

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

Trainers: Not asked.

FY/GP/Core Trainees: Trainees reported that the assessments were fair and consistent.
The trainees felt that their presence was vastly for service provision. Trainees who were LTFT were disadvantaged by the formal teaching as it was only available on a Thursday, therefore they found it beneficial asking questions on the “shopfloor”. The teaching can be outdated, and this has been echoed by the presenter on a certain topic.

ST Trainees: Trainees report that they can get their workplace-based assessments (WBA) completed and the supervisors are supportive in getting them complete, however procedural exposure can be lacking. Departmental pressures, patient safety and queue management with the needs to keep moving patients has resulted in syphoning off the procedure to other specialty, which

can be detrimental to the training of emergency medicine trainees. The trainees have not raised the issue with the department due to the feeling that the consultants are already stretched, and they would not want to add to that pressure.

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

Trainers: Not asked.

FY/GP/Core Trainees: Trainees report that they can work alongside the departments wider team and find them a useful source of information. Trainees highlighted that those staff members have a breadth of experience and working collaboratively with them has been excellent.

ST Trainees: Trainees report that although they work well with their wider team there is little to no learning with them. The trainees feel that to answer the difficult questions in the future for example in minors, they need to have had more exposure to confidently answer them.

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

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainees have extended consultant presence in all areas. Feedback is regularly given, either verbally through discussion or via the weekly clinical governance meetings. Senior trainees (ST3 and above) are encouraged to take on decision making roles. Handover has been adapted during the pandemic, due to social distancing rules, but it has been agreed to reinstate the previous model of handover, to create a wider forum for shared learning.

FY/GP/Core Trainees: Trainees report that the feedback they receive can be constructive depending on who was giving the feedback. Feedback is supportive and helpful, but personality clashes can impact on who you approach for feedback.

ST Trainees: Trainees comment that feedback is variable, there is less formally on the shopfloor, but it can be given when requested. Some trainees report that previously there was more opportunity for

feedback but as there are less trainees now along with staff shortages and service pressure there is less opportunity to ask.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Not asked.

FY/GP/Core Trainees: Trainees report that the opportunity to give feedback was abysmal. There was an issue with the previous rota monitoring round and the trainees did not feel supported during this time and were made to feel that they had done something wrong. The trainees felt that they are overworked, underpaid, and understaffed. The situation with the rota monitoring left the trainees with unanswered queries.

ST Trainees: Trainees report that there is a monthly meeting prior to the teaching, and there is always a line of communication that allows for feedback to be given to management, with varying degrees of issues resolved.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that the department have a flattened hierarchy and work in proximity with all grades of trainees. Trainers are omnipresent and available to discuss cases with trainees. The trainers feel that they are always approachable and visible to trainees and will escalate any issues that the trainees may have. The trainers also report that there have been a few projects that have focussed on well-being, which has resulted in a well-being room called The Bothy, where trainees and colleagues can retreat to when required.

FY/GP/Core Trainees: Trainees reported that they were generally supported in clinical decision making, but due to the issues with the rota monitoring it was felt that the some of the consultants were dismissive of this and the trainees felt subdued. Trainees were aware of being able to raise concerns with their clinical supervisor and felt that they could approach them with any issues.

ST Trainees: Most trainees report that all the trainers are supportive and approachable. Other trainees report that trainers can be variable and there are occasions where trainees feel that they

have had their confidence undermined. A trainee reported that in the junior level they can have varying experiences and there are a few repeat offenders in the department but would state this is the minority.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Not asked.

FY/GP/Core Trainees: Trainees reported that the rota is a massive issue and leaves the department unsafe and understaffed. The trainees raised the issued and the rota monitoring team were not helpful. This had a huge impact on staff morale. The trainees noted that nightshifts were scheduled for 5 nights in a row which is not allowed under the current rota policy. The trainees involved the BMA regarding this issue, but due to COVID rota monitoring was suspended and no resolution was found. The new GPST's in post from February 2022 confirmed that rota monitoring had commenced again.

ST Trainees: Not asked.

2.14 Handover (R1.14)

Trainers: Not asked.

All trainees: Trainees reported that handover is very good and structured, and worked well. The trainees comment that handover is 3 times daily, however, is not used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: The trainers highlight that there is now a registrar room with appropriate IT facilities and educational resources. There is also the clinical component of the rota to allow for study leave.

FY/GP/Core Trainees: The trainees reported that most facilities are ok, but there is a need for more computers in the area. Trainees have found that sometimes there is the requirement to go out to other areas to get equipment.

ST Trainees: Trainees report that access to IT is something that has been consistently raised with the consultant body, as there are not enough available computers, and the software is out of date. The available facilities are not always compatible with teams. There are occasions when the computers do not work, and trainees feel that they spend a lot of time waiting on computers/systems operating.

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: Not asked.

FY/GP/Core Trainees: Not asked.

ST Trainees: Trainees report that they have clear escalation policies for raising concerns and are aware of concerns that have been raised being followed up and escalated to site managers. Specifically, concerns are being raised daily due to ambulance stacking and patients waiting a long time to be assessed. Trainees comment that they feel comfortable raising concerns and feel that there is a good clinical governance guidance.

2.19 Patient safety (R1.2)

Trainers: The trainers felt strongly that the training environment is not safe and is affecting the trainees who are in post. The trainers have escalated this internally to management, with no output to date. There are trainers who have written to the Royal College of Emergency Medicine to formally voice their concerns. The trainers are working tirelessly to maintain patient safety and trying to not expose the trainees to too much risk. The department are finding that patients are having to wait too long for care, patients are deteriorating in ambulances and are sicker when they finally present. The trainers have no confidence that there will be significant improvement and the current working environment is putting patients, trainees, and consultants at risk.

FY/GP/Core Trainees: Trainees reported that they would have concerns about people attending the department if the department was understaffed and there are many people presenting. Trainees do not think there are patient safety concerns out with staffing issues. The trainees highlight that the nursing staffing NEWS scoring is working well within the escalation procedure. However, it is noted that for patient safety when there is a long wait, they do ward rounds on patients in the interim.

ST Trainees: Trainees report that due to the pressures across the country they would feel the same about any family member being admitted to any site in Scotland. The trainees do not have any specific patient safety concerns about the department.

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

Trainers: Not asked.

FY/GP/Core Trainees: Not asked.

ST Trainees: The trainees report that they would feel supported if they were involved in any incident. The department are actively involved with the deanery support at the appropriate point.

2.21 Other

Trainers: Not asked.

FY/GP/Core Trainees: The overall satisfaction score was between 3 and 7 with 6 being the average score.

ST Trainees: The overall satisfaction score was between 4 and 7 with 5 being the average score.

3. Summary

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

Positive aspects of the visit were:

- There is a huge desire to teach and train from the trainers despite staffing gaps and extreme workload pressures (issues faced by many Emergency Medicine departments across the country)
- It was highlighted that patient safety is prioritised amongst the whole team
- It is commendable that Educational Development Time is part of the trainee's rota, and the team strives to ensure the trainees receive this each week
- ST3's does not work lone nightshift
- Excellent consultant support for trainees during Out of Hours work.
- Regular Clinical Governance meetings with trainee input.

Less positive aspects of the visit were:

- Teaching - There is a requirement for teaching to take place regularly and be more constructive. The team should aim to provide regular bleep-free teaching sessions for Junior and Senior trainees with consistent consultant input. Teaching should be made accessible to those who are LTFT.
- Experience – It can be challenging to deliver the curriculum, but there is a need for trainees to have more exposure in certain areas. The senior trainees require more exposure to Resus training. Dedicated time in the Paediatric department and minor injury training would also be beneficial. It was specifically noted that the GP trainees felt that they lacked experience in minor injury training, which is valuable to their GP training.
- Staffing Issues – Trainees were positive about the current initiatives, such as, Physicians Assistants and ANP's. It may be useful to explore various other routes of recruitment to improve staffing levels, such as recruiting IMG trainees.
- Facilities – IT facilities requires significant updating. Through put of work would be improved vastly by additional computers and the implementation of updated systems that are in keeping with the modern virtual society.

- Induction – Dept induction does not equip the trainees adequately at the start of their attachment. It is noted that induction is already being amended and improved with trainee input, but we need to see evidence that this has taken place.
- Rota – There were issues raised around rota monitoring in autumn 2021. It was noted that there was poor communication between the health board, clinical service, and trainees. As a result, the trainees felt very unsupported. This should be reflected and learned upon.

4. Areas of Good Practice

Ref	Item	Action
4.1	The trainers are engaged, motivated & supportive.	
4.2	Educational Development Time is timetabled into the rota	

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	Staffing Issues - It may be useful to explore various other routes of recruitment to improve staffing levels, such as recruiting IMG trainees.	
5.2	Communication – it would be helpful to reflect on lessons learned after the junior rota monitoring experience particularly better communication between staff groups.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Trainees must have access to the appropriate training opportunities, including resus, minors and paediatrics, to enable them to meet the requirements of the curriculum and to achieve satisfactory ARCP outcomes. There must be provision on the rota to ensure all trainees can attend clinical sessions relevant to their training needs.	September 2022	All
6.2	The department must develop and sustain a local teaching programme relevant to curriculum requirements of each level of trainees. Trainees are to be advised of the topics for teaching and those assigned to the deliver teaching must be made aware.	September 2022	All
6.3	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.	September 2022	All
6.4	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation	September 2022	All