Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	12th May 2023	**Level(s)**	Foundation, Specialty
Type of visit	Triggered (Virtual)	**Hospital**	Royal Infirmary of Edinburgh at Little France
Specialty(s)	General Surgery	**Board**	NHS Lothian

Visit panel	
Dr Fiona Drimmie	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Caroline Whitton	Associate Postgraduate Dean (Foundation West of Scotland)
Dr Ruth Isherwood	Training Programme Director
Dr Laura Mulligan	Trainee Associate
Ms Helen Adamson	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Fiona Drimmie & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	12
Trainees in attendance	11 (F1 - 4. F2 - 2. ST - 5.)

Feedback session: Managers in attendance	Chief Executive	1	DME	0	ADME	1	Medical Director	0	Other	6
Date report approved by Lead Visitor	Dr Fiona Drimmie Professor Clare McKenzie									

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.

Following review and triangulation of available data, including the NES Scottish Trainee Survey, a virtual Deanery visit is being arranged to General Surgery at Royal Infirmary of Edinburgh at Little France. This visit was requested by the Foundation Quality Review Panel held in October 2022 around the following concerns:
F2 Surgery – Bottom 2% - number of red flags, significant change in score, significantly low scores.
General Surgery – Bottom 2% - number of red flags, significantly low scores.

<u>NTS Data (2022) (combines Cardiothoracic Surgery, General Surgery, Neurosurgery, Trauma & Orthopaedics, Vascular Surgery.</u>

F1 Surgery – all white flags.
F2 Surgery – Red Flags – Adequate Experience, Clinical Supervision, Clinical Supervision Out of Hours, Educational Governance, Educational Supervision, Facilities, Feedback, Handover, Induction, Overall Satisfaction, Supportive Environment.
ST – Pink Flag – Feedback. Lime Flag – Reporting System.

<u>STS Data (2022) (combines F1 and F2)</u>

Foundation – Red Flags - Induction, Teaching, Workload. Pink Flag – Team Culture.
ST – All yellow.

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

Departmental Presentation:

The visit commenced with a presentation led by Mr Chris Deans, Clinical Director General Surgery. The presentation provided a useful overview of the structure and staffing in the department. It focused on areas highlighted within the National Training Survey (NTS) and Scottish Trainee Survey (STS) detailing challenges, solutions, and areas of improvements.

2.1 Induction (R1.13):

Trainers: Trainers reported that foundation induction is delivered by consultants and members of the management team face-to-face and virtually to maximise attendance. There is also a department handbook which is updated regularly and sent to all trainees prior to them commencing in post. Trainers believe that induction has improved significantly over the last few years. They reported that there is no catchup induction for trainees who cannot attend on their first day or for those who may start out of sync however the department foster an open-door policy and encourage trainees to contact them at any time. They confirmed that a similar induction session runs for ST trainees which is delivered by a senior trainee and the training programme director (TPD). Should they be unable to attend they are offered a 1-1 session with the TPD later.

F1 Trainees: Trainees reported receiving hospital induction and a reasonable surgical induction. Concerns were raised around the timing of the induction which did not take place until lunchtime on the first day in post after trainees had spent the morning on the ward. They found the morning chaotic and reported challenges in leaving jobs on the ward. An induction booklet was received before trainees commenced in post which they found useful.

F2 Trainees: Trainees reported receiving hospital induction and a short joint department induction session with F1s. They received an extensive handbook which is very useful. They believe that there is a degree of self-learning in finding out what the job involves and getting used to systems however felt well supported. They would have found time with surgical nurse practitioners (SNPs) in the first few weeks beneficial regarding practicalities of how to sort the patient lists and quick demonstrations as there are lots of quirks and personal preference to how some tasks are undertaken.

ST Trainees: Trainees reported receiving both hospital and departmental induction which equipped them well to work in the department. They also received a handbook which is updated regularly.

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

Trainers: Trainers reported that trainees are encouraged to attend bleep free hospital wide teaching. Trainees on elective work should have no problems in attending and can hand over bleeps to physician associates (PAs) for the duration of the session. Those on on-call are also encouraged to attend where possible however patient care must take priority therefore attendance can be dependant on workload. Sessions are provided by ST trainees who ask foundation trainees to suggest topics for sessions. Most foundation trainees attend advanced life support (ALS) and simulation sessions. The department also promote a national bootcamp for those foundation trainees with an interest in general surgery. Finally, ST trainees attend teaching off-site once a month with duties covered by clinical fellows (CF).

F1 Trainees: Trainees reported receiving 1 hour per week of hospital wide regional teaching. They confirmed being able to attend 80% of regional teaching depending on shift. They commented on being informed of departmental teaching however most confirmed only attending one session and there being issues around where this was taking place. They have received no other communications relating to further departmental teaching sessions. They would like to see more teaching being offered and better advertising of sessions.

F2 Trainees: Trainees reported attending 4 hours of regional teaching once a month with no difficulties attending depending on shift. They advised that departmental teaching should be delivered by ST trainees and note trying to attend one session and then finding out it had been cancelled. There have been no further communications regarding departmental teaching sessions. They commented on attending x-ray meetings, morbidity and mortality meetings (M&M) and receiving useful teaching on ward rounds however note this is very much consultant dependant. They would appreciate teaching sessions from ST trainees.

ST Trainees: Trainees confirmed attending x-ray meetings and M&M meetings. They stated that there is no departmental teaching programme however consultants deliver adhoc teaching daily. They also advised that there is a teaching programme for juniors which is delivered every 2 weeks. They confirmed no barriers to attending regional teaching if they are not on annual leave or post nights.

2.3 Study Leave (R3.12)

Trainers: Trainers reported difficulties in granting study leave for foundation trainees due to sick leave and no flexibility in the rota. ST trainees however have no issues and are generally granted all requests.

F1 Trainees: Trainees reported feeling disappointed regarding access to study leave with only 2 F1s having requests approved. All other requests were declined due to staffing issues. It was felt that it would have been fair to all if all requests were declined, and a communication issued.

F2 and ST Trainees: Trainees reported no issues in requesting study leave.

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

Trainers: Trainers stated that the department have 12 recognised trainers all of whom provide clinical supervision. Trainers can be allocated 2-3 foundation trainees per block. The TPD is responsible for allocating ST trainees to educational supervisor who change on a yearly basis with clinical supervisors changing throughout the year. CFs are also allocated a designated supervisor. They commented that all trainers have time within their job plans for supervisory roles which has been an improvement in recent years. They highlighted that they may only be altered by e-mail one week prior to post changeover of a foundation trainee who may require additional support by which time supervisors have already been allocated. Should this information be shared earlier this could be considered prior to allocation. For ST trainees some information is available via ISCP however the TPD is very good at providing information and trainees will come to the department with a support package in place.

F1 Trainees: Trainees reported having meet with their educational supervisor once since commencing in post. They found the meeting easy to arrange and somewhat useful however portfolio was not part of discussions.

F2 Trainees: Trainees reported having meet with their educational supervisor once since commencing in post which they found easy to arrange and useful. They discussed who to contact regarding quality improvement projects, escalation pathways and topics not covered at induction.

ST Trainees: Trainees reported being able to meet supervisors whenever they wish and have no concerns in arranging formal supervisor meetings which are useful and of good quality. They commented that they are extremely well supported. They also commented on a very proactive TPD who ensures all trainees are on the right track for end of year sign off.

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 reported that trainees are informed at induction and initial educational supervisor meetings of escalation pathways and who to contact for support during the day and out of hours (OOH). This information is also readily available within the handbook and posters displayed in all wards. They consider supervision in the department to be done well with a very supportive group of trainers who encourage trainees to come to them to share problem and discuss any concerns they may have. Trainers commented on working within a tertiary health board and a consequence of this at times may be that trainees can feel they are working beyond their level of competence however they believe this is part of education and that trainees are very well supported with no decisions made without senior input. They reported that foundation and ST trainees are invited to attend M&M meetings and can use this as a platform if they wish to raise any issues. They believe the strength of the unit is the visibility of consultants on a day-to-day basis.

F1 Trainees: Trainees stated that they are aware of who to contact for support during the day and OOH with consultant and ST trainee contact details displayed at the top of the patient lists which is very helpful. They commented on a wide range of accessible and supportive seniors who are happy to be contacted.

F2 Trainees: Trainees advised being aware of who to contact for supervision during the day and OOH. Generally, F2s are on take and carry the referral bleep. They stated they have not had to cope with problems out with their level of competence and find seniors very present in the department.

ST Trainees: Trainees reported knowing who to contact for supervision both during the day and OOH with all consultants being accessible and approachable. They confirmed that they do not have to deal with problems that are beyond their level of competence and commented that they are treated appropriately for their level of training and encourage to step up with support.

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

Trainers: Trainers reported finding the foundation curriculum relatively straightforward to understand and advised on recent changes to the surgical portfolio. They attend regular consultant meetings to discuss each trainee which in turn allows the opportunity to complete electronic paperwork. There are 3 members of the team who are college examiners and provide regular updates to colleagues of any portfolio changes. They found communication from the education department poor regarding changes to the foundation curriculum and undertook their own research when they noticed changes had been made within the foundation portfolio. This raised challenges with trainees who are also processing these changes and look to supervisors for support and guidance. They commented that foundation trainees do not attend clinics due to staffing issues and an already tight rota however if workload permits, they are encouraged to attend clinics. They are also encouraged to attend theatre particularly when on-call. ST trainees have scheduled time in clinics and theatre mapped back to their curriculum and individual assessment needs. Trainers are not aware of any curriculum competence that foundation or ST trainees may find difficult to achieve when in post. They commented on conducting consultant led ward rounds which they try to make of educational benefit and check-in with trainees to ensure they understand or allow them the opportunity to ask questions. Foundation trainees also help in the preparations for M&M meetings. The department have the support of PAs and phlebotomy services to help reduce the burden of tasks perceived as non-educational.

F1 Trainees: Trainees stated they are not aware of any competencies they will be unable to obtain while in post. They reported that there is no scope for them to attend clinics and one trainee commented on attending one theatre session since commencing in post. They stated that if their help is required in theatre then they will be called upon however this tends to be overnight and there is no scope to request further theatre time. They are content the post allows them to develop their skills and competencies in managing the acutely unwell patients and believe the balance between training and ward-based tasks to be reasonable. They recognise that although discharge letters are a less exciting task that they are relevant to the job of the F1.

F2 Trainees: Trainees reported that they are not aware of any learning outcomes they will be unable to obtain while in post. They reported that although there is scope for them to attend clinics and theatre they have not yet done so in post. The commented that OOH F2s hold the referral bleep, see acute admissions, review patients in emergency medicine, look after the list and complete list tasks. They also spend 2 weeks on the rota in St John's Hospital. They commented that the post allows them to develop their skills and competencies in managing the acutely unwell patients. Most of their time is seeing acutely unwell patients and although they are always learning they have no access to formal teaching. They would also find it beneficial to attend clinics and theatre.

ST Trainees: Trainees reported no concerns in achieving all learning outcomes required for the post. Comments were made regarding 3 training pathways cancer, bariatrics and benign with bariatrics being the only issue due to very few lists this is however a hospital issue not a training issue. They confirmed attending clinics and theatre every day with each trainee discussing their training requirements to ensure they can achieve required numbers by the end of the post. They confirmed the post allows them to develop skills and competence in managing the acutely unwell patient and have no concerns regarding the duties they undertake which support education, learning and training.

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

Trainers: Trainers reported no concerns in any training grade achieving assessment requirements whilst in post. They commented that assessment opportunities are highlighted at induction with trainees encouraged to take a proactive approach in requesting assessments from consultants.

F1 Trainees: Trainees reported challenges in completing workplace-based assessments in post due to working independently most of the time and spending very little time with seniors. They stated that support is always available from seniors even if they are not on the ward and commented that some are more available than others however there is always someone to contact. They stated that most of their assessments are provided by F2 trainees or ST trainees.

F2 Trainees: Trainees confirmed finding it relatively easy to obtain workplace-based assessments due to seeing patients frequently and discussing cases with seniors who are happy to be sent tickets for assessments.

ST Trainees: Trainees reported no issues in obtaining workplace-based assessments in post.

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

Trainers/F1/F2/ST trainees: Not asked.

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

Trainers: Not asked.

F1 Trainees: Trainees reported that supervisors are good at providing opportunities for quality improvement projects. They commented on a recently held quality improvement session which was useful and well received.

F2 Trainees: Trainees reported attending a recent quality improvement presentation day which was well received. They are aware who to approach should they wish to be involved in a quality improvement project.

ST Trainees: Trainees reported good opportunities for involvement in quality improvement projects. They confirmed that projects can either be allocated or if a trainee has a particular interest, then they can select a topic, and these are worked on with junior trainees. They found the recent quality improvement presentation session useful and interesting to hear about projects others have been working on.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported providing ongoing feedback during consultant led ward rounds which take place twice a day. They consider there to be a continuous interaction of patient management discussions taking place in real time.

F1 Trainees: Trainees reported receiving no formal constructive or meaningful feedback on clinical decisions during the day or out of hours. They commented on occasional informal feedback from ST trainees and consultants.

F2 Trainees: Trainees stated that although feedback is informal it happens regularly and is constructive and meaningful.

ST Trainees: Trainees reported receiving constant on the job feedback which is constructive and meaningful feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that a monitoring meeting had taken place recently with foundation trainees in attendance where they were given the opportunity to raise any concerns or areas for development. There are also management team meetings at which rotas are reviewed.

F1 Trainees: Trainees reported little opportunity to provide feedback on the quality of their training to management. They are also unaware if there is a department or hospital trainee representative or chief registrar, they could raise any concerns through.

F2 Trainees: Trainees stated that they have not been approached so far in post to provide feedback to trainers on the quality of training in post.

ST Trainees: Trainees reported providing informal feedback after ward rounds when consultants and trainees go for coffee. They commented on having a good rapport with consultants who are happy to receive feedback. They attend M&M meetings where feedback is provided and confirmed having a hospital wide chief registrar they can take any issues to.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that they ensure the training environment is free from bullying and undermining behaviours by leading by example with several consultants taking on the role of anti-bullying champions. They stated that they would be very surprised if any colleagues displayed any of these behaviours.

F1 Trainees: Trainees provided no comments relating to behaviours of bullying or undermining in the department.

F2 Trainees: Trainees commented on friendly and supportive seniors who they are comfortable contacting for support. They stated that they have never been subject to behaviours of bullying or undermining. They also reported a good experience with SNPs who are happy to answer logistical questions on how to best direct patients. They stated they would be comfortable raising concerns with supervisors, consultants or ST trainees depending on the context of the situation.

ST Trainees: Trainees reported no concerns regarding bullying and undermining behaviours and commented on very supportive seniors. If they had any concerns, they would be comfortable raising these with any supervisor.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that they recognise issues and challenges related to workload and have made efforts to amend rotas based on requests from trainee groups. Requests are made continuously to the deanery for additional trainees which have been declined. The department are therefore looking at other avenues to help address issues with workload and currently have 6 trained SNPs and 2 PAs.

F1 Trainees: Trainees reported gaps in the F1 rota which are occasionally filled with locums however noted significant challenges with cover on bank holidays. They commented that locums are not provided with sufficient induction, may not have access to computer systems, do not know where things are on the wards, may not be able to prescribe, and do not have access to patient lists. This increases the workload of the F1 and F2 trainees on shift. They commented that there is little flexibility in the rota and of difficulties arranging swaps and annual leave. They perceive the rota to be heavy with many 7 day stretches, lates and overnights. They also commented that rotas can often have errors or be out of date and that changes are not communicated well. These matters have been raised with consultants and the administrative team.

F2 Trainees: Trainees reported one F1 and one F2 gap in the rota which have been filled by a semi-permanent locum. They acknowledge significant gaps at the start of the post which were advertised accordingly. They stated that the rota does not support attendance at clinics or theatre sessions. They do not believe the rota is compromising their wellbeing however noted multiple periods of 7 day stretches and lots of sets of nights. They commented that the rota has been designed with foundation trainees in mind.

ST Trainees: Trainees reported no gaps in the ST rota and that there are no aspects of the rota compromising their health or wellbeing.

2.14 Handover (R1.14)

Trainers: Not asked.

F1 Trainees: Trainees stated that there are a few handovers that take place and that it depends what job a trainee is on as to which handover they attend. Trainees noted surgical handovers, night to day team handovers and regular handovers for transferring patients to another team. They believe handovers provide safe continuity of care for new admissions and for those in downstream wards. They commented that the Hospital@Night team (H@N) provide cover for medical boarders. They do not consider handovers to be used as learning opportunities and commented that due to it being an incredibly busy post that there is very little opportunity for on-the-job teaching.

F2 Trainees: Trainees stated that handovers take place at 8am and 8pm. There is also a post take handover at 5pm and 9pm handover to the H@N team. They believe handover provides safe continuity of care for new admissions and for those in downstream wards, with patient lists used to track where they are. They do not consider handover to be a good learning opportunity.

ST Trainees: Trainees confirmed that handover takes place twice a day which includes colleagues from different areas and covers all patients. They advised that handover can be used as a learning opportunity when CT scans are discussed. They also commented on trying to provide F2s with feedback during night shifts.

2.15 Educational Resources (R1.19)

Trainers: Not asked.

F1/F2/ST Trainees: Trainees reported adequate facilities and access to an education centre and library. There is also a registrar room which is small. Issues were noted with Wi-Fi which can cause delays when trying to look up information.

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 asked.

F1 Trainees: Trainees advised that support is always available from consultants and ST trainees. They are unsure if the site accommodates requests for reasonable adjustments for individual trainee needs.

F2 Trainees: Trainees stated they were unaware what support was available to them should they be struggling in post or with their health. They are confident that the site accommodates requests for reasonable adjustments for individual trainee needs.

ST Trainees: Trainees felt that adequate support would be available to them should they be struggling with their health or any aspects of the job. They consider the TPD and supervisors to be very supportive. They are unsure if the department supports requests for reasonable adjustments to individual trainee needs however can confirm that less than full time training is supported.

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: Trainers stated that the department of medical education and postgraduate centre co-ordinate meetings in relation to the quality of postgraduate medical education and training on-site. There is also a Lothian management forum to which trainees are encouraged to attend.

F1 Trainees: Trainees stated that they have not had to raise concerns relating to the quality of training whilst in post however would be comfortable in doing so with educational supervisors who they believe would escalate appropriately. They are not aware of any formal meetings.

F2 Trainees: Trainees stated they were unsure how to raise concerns regarding the quality of training in post and are not aware of any meetings to do so.

ST Trainees: Trainees advised that should they have any concerns regarding the quality of training in post they would take these directly to educational supervisors or the TPD and believe concerns would be taken seriously. They are not aware of any formal meetings.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not asked.

F1/F2 Trainees: Trainees reported that if they had any concerns regarding patient safety, they would raise with ST trainees or directly with consultants depending on the severity of the issue. They are confident concerns would be dealt with appropriately.

ST Trainees: Trainees advised that should they have any concerns regarding patient safety they would take these directly to educational supervisors or the TPD. Concerns could also be raised at M&M meetings which provide a good environment for learning and are supportive.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that the department do not board out patients very often however they do receive ortho-geriatrics and medical boarders. There is a hospital wide policy relating to boarded patients in which it states that these patients are looked after by foundation trainees based in that ward who have responsibility for housekeeping tasks. Parent team ward rounds take place once per day with clear escalation policies and lines of communication available. They recognise that boarded patients have been an issue highlighted in the last few years.

F1 Trainees: Trainees stated they would have no concerns if a friend of relative were to be admitted to the department. They commented on issues with medical boarders. These patients are reviewed by the medical team and F1s are required to complete discharge summaries with no previous knowledge of the patients. Management plans are also often unclear and often surgical patients are prioritised over these patients. F1s are unaware of when the parent team are conducting ward rounds which is also an issue for nursing staff and often result in staff having to try to gather information after the ward rounds have taken place. An example of a delayed death certificate was provided due to lack of communication from the parent team.

F2 Trainees: Trainees reported they would be comfortable if a friend or relative were to be admitted to the department. They commented that communication for medical boarders could be improved they have experienced issues with discharges and unclear management plans. Patients boarded under shared care also have less medical input over the course of a week. These patients however tend to be looked after by F1s.

ST Trainees: Trainees commented they would have no concerns if a friend or relative were to be admitted to the department. They do not consider the system for boarding patients to be hugely safe however believe this is a hospital wide problem. They commented that treatment for boarders is different to that of patients who remain on parent wards which is the case on all wards not just general surgery.

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

Trainers: Trainers reported that they run a consultant delivered service and should something go wrong with a patient's care a consultant or senior trainee with the appropriate level of experience would be responsible for communicating what had happened with a patients care. This would not be expected of a foundation trainee.

F1 Trainees: Trainees advised they had not been involved in an adverse incident however are aware of a colleague who was well supported after a datix.

F2 Trainees: Trainees reported being aware of the datix system however have had no experience in the system and therefore were unable to comment on learning opportunities.

ST Trainees: Trainees reported that adverse incidents are discussed at M&M meetings and are very well supported. They have had no issues in communicating when something has gone wrong with a patient's care as support is readily available.

2.21 Other

Overall Satisfaction Scores:

F1 – score taken from pre-visit questionnaire 5.6/10
F2 – average 7/10
ST – average 8.9/10

3. Summary

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

The panel commended the engagement of the site, trainers, and medical education team in supporting the visit. The panel noted a good training environment for F2, and specialty trainees however some concerns were raised regarding educational environment and training opportunities available to F1s. The key areas for improvement noted at the visit relate to induction, departmental

teaching, adequate experience, feedback, patient safety and the ward versus team-based structure adopted for F1s. The panel were disappointed to note that there appeared to be no forward planning put in place on the day of the visit to ensure adequate trainee attendance in sessions. The panel experienced one trainee working on the computer within the meeting room the entire session, trainees having to leave continuously to answer bleeps and a trainee leaving midway through a session to attend a supervisor meeting. The next steps will be to conduct a SMART Objectives meeting and Action Plan Review meeting.

Positive aspects of the visit:

- Excellent engagement from site and department pre visit with an informative presentation delivered on the day.
- Enthusiastic, motivated, imaginative, and engaged trainer group.
- Cohesive group of consultants.
- Good training environment.
- Surgical nurse practitioners were highly regarded and described as an excellent resource for supporting training.
- Trainers reported having time within job plans for supervisory roles and being well supported in these.
- Extensive and very useful induction handbook.
- F2 and ST trainees report good access to study leave.
- ST trainees reported on a very helpful TPD who provided reassurances that trainees were on the right track for ARCP.
- All training grades confirmed having an allocated educational supervisor with initial meetings completed.
- All training grades confirmed clear escalation pathways and contacts for clinical supervision during the day and out of hours with supportive and approachable consultants.
- All training grades confirmed the post allows them to develop skills and competence in managing the acutely unwell patient.
- F1s reported a reasonable balance between tasks perceived as having little non-educational benefit to training and ward-based tasks.
- F2 and ST trainees commented on finding it relatively easy to complete workplace-based assessments.

- All training grades reported good opportunities for quality improvement projects. The recent QI presentation day was well received by all.
- Consistent flow of constructive, meaningful formal and informal feedback provided to F2 and ST trainees.
- Bespoke learning for ST group to mapped to individual needs and curriculum requirements.
- Handover is well organised, structured, and robust.
- The departments approach to support and learning within M&M meetings from clinical incidents is exemplary.

Less positive aspects of the visit:

- Foundation induction takes place in the afternoon with an expectation that trainees attend morning ward rounds beforehand.
- Foundation departmental teaching is well received however it is not well advertised, trainees struggle to find where it is taking place or are unaware that sessions have been cancelled. This may not be running as frequently as expected.
- No scope for F2s to attend theatre or clinic sessions. A good example was provided of feedback received on a patient however there is no opportunity to follow this through to the outpatient setting.
- F1s reported difficulties in completing workplace-based assessments due to mainly being based on the ward with little access to senior staff.
- No formal mechanisms for F1s to receive feedback on their day-to-day decision making however some STs provide feedback and encourage completion of assessments. Handover does not offer educational feedback.
- Inadequate induction for locums covering gaps in rota frequently result in F1s having to take on additional workload to assist locums.
- F1s reported on difficulties in swapping shift, arranging annual leave and lack of study leave options due to heavy and inflexible rota. Changes are also not always communicated and there can be errors in the rota.
- There is a disconnect at times with medical boarders and what needs to be done for these patients due to lack of communication to F1s and ANPs, which can lead to discharge delays. There is also no clarity of information trainees must track this down.

- Disconnect with FY trainees who do not feel like surgical trainees in a foundation post. Difficulties noted in integrating into the wider team however recognise the challenges of ward and team-based structures.

4. Areas of Good Practice

Ref	Item	Action
4.1	All training grades reported good opportunities for quality improvement projects. The recent QI presentation day was well received by all.	n/a
4.2	Bespoke learning for ST group to match curriculum requirements.	n/a
4.3	The departments approach to support and learning within M&M meetings from clinical incidents is exemplary.	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	2.1	Foundation induction takes place in the afternoon with an expectation that trainees attend morning ward rounds beforehand.
5.2	2.3	F1s reported difficulties in requesting study leave for taster weeks.
5.3	2.13	F1s reported on difficulties in swapping shift, arranging annual leave and lack of study leave options due to heavy and inflexible rota. Changes are also not always communicated and there can be errors in the rota.
5.4		Disconnect with FY trainees who do not feel like surgical trainees in a foundation post. Difficulties noted in integrating into the wider team however recognise the challenges of ward and team-based structures.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in

			scope
6.1	A programme of formal departmental teaching that is appropriate to the curriculum requirements of F1 and F2 trainees should be maintained.	April 2024	F1 and F2
6.2	Lack of access to clinics for F2 trainees must be addressed to improve the training opportunities for these cohorts.	April 2024	F2
6.3	There must be senior support, including from consultants/recognised trainers to enable doctors in training to complete sufficient WPBAs/SLEs to satisfy the needs of their curriculum.	April 2024	F1
6.4	A process for providing feedback to doctors in training on their input to the management of acute cases must be established.	April 2024	F1
6.5	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	April 2024	F1

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" - located at the bottom of the webpage.