Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	15th March 2023	**Level(s)**	Foundation, Specialty
Type of visit	Triggered (virtual)	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Trauma & Orthopaedics	**Board**	NHS Grampian

Visit panel	
Dr Fiona Drimmie	Visit Chair – Associate Postgraduate Dean
Dr Imali Fernando	Training Programme Director
Dr Fiona Cameron	Associate Postgraduate Dean Foundation / Foundation School Director
Dr Laura Mulligan	Trainee Associate
Mrs Jennifer Duncan	Quality Improvement Manager
Ms Vivienne Harte	Lay Representative
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	4
Trainees in attendance	16 (F1 - 5, F2 - 2, ST - 9)

Feedback session: Managers in attendance	Chief Executive	0	DME	1	ADME	1	Medical Director	0	Other	10

Date report approved by Lead Visitor	Professor Clare McKenzie Dr Fiona Drimmie

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data, including the NES Scottish Trainee Survey, a virtual Deanery visit is being arranged to Trauma & Orthopaedics at Aberdeen Royal Infirmary. This visit was requested by the Foundation Quality Review Panel held in October 2022 around the following concerns:

NTS Data (2022) (combines General Surgery, Neurosurgery, Otolaryngology, Plastic Surgery, Trauma & Orthopaedics, Urology, Vascular Surgery.

F1 Surgery – all white flags.

F2 Surgery – all white flags.

ST – Green Flag – Educational Governance. Lime Flag – Reporting Systems. Pink Flags – Regional Teaching, Teamwork.

STS Data (2022) (combines F1 and F2)

T&O – Bottom 2% - number of red flags, significantly low scores.

Foundation – Red Flags – Clinical Supervision, Handover, Teaching.

ST – all white flags.

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.

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.

Department Presentation:

The visit commenced with a presentation delivered by Mr Steven Hamilton, Clinical Lead (Trauma). The presentation provided a useful overview of trauma unit and Woodend Hospital and focused on areas for improvement highlighted within last year's survey data.

2.1 Induction (R1.13):

Trainers: Trainers reported that F1s attend a half day induction session every 4 months lead by an ST trainee. Induction incorporates a tour of the wards, theatres, and various presentations on topics such as how the unit operates, how each team works and expectations of the post. There is also a presentation from an advanced nurse practitioner (ANP) and an induction booklet e-mailed to all. Positive feedback has been received from previous trainees on the quality of induction. Should a trainee miss formal induction then a follow up is arranged where an ST trainee will provide them with a brief talk. Trainers also commented on an educational meeting where a consultant will go through the basics of the department and allow any questions from trainees. However, it was felt that generally trainees get all the information required through day to day working. Trainers believe induction prepares trainees to work in the department during the day and out of hours (OOH). There are 2 F1 educational supervisors who are allocated 4 F1s each and meet trainees regularly throughout post. Within the first few weeks all will meet for a portfolio induction meeting which will include personal development plan, goals, and objectives for the post.

Foundation Trainees: Trainees reported that those who have worked in Aberdeen Royal Infirmary (ARI) previously were not required to attend hospital induction. Departmental induction was provided for F2s in Woodend however this included very limited information on cover that is to be provided at ARI. The Woodend induction handbook was noted as being out of date and requires updating. F1s commented on good departmental induction at ARI which covered what was expected of them on the ward. Further information would have been useful on the role of the advanced nurse practitioner (ANP) and how their role supports training along with tasks they are able to undertake to help divide workload.

ST Trainees: Trainees reported receiving a concise departmental induction and had no suggestions for improvement.

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

Trainers: Trainers reported that F1 deanery lead teaching takes place on a Thursday. There are also simulation sessions and Woodend teaching for F2s. However, there must be 2 F1s always covering the wards. Attempts are made to ensure ST regional teaching is protected however this requires cover from clinical fellows (CFs) and MTIs and consideration must also be given to non-training grades to attend teaching sessions. There are 15 postgraduate teaching days for ST trainees' difficulties were noted in trainees being released for all sessions due to the clinical commitments of being a major trauma site running 2-3 theatres. From the elective side teaching takes place most Friday's and efforts are made in the rota to ensure Fridays are as light as possible to allow attendance. STs have a rolling 2-year teaching programme which is mapped to the curriculum and is led by a consultant and ST trainee. F2s have devised a peer-to-peer teaching programme facilitated by consultants.

Foundation Trainees: F1 trainees reported receiving 2 hours of teaching per week. One hour of deanery teaching and one hour of departmental teaching. Difficulties were noted in F1s attending deanery teaching which is not bleep free. Non-attendance is due to workload, and they have on occasion been advised to have teaching on in the background while they work on the ward. Sessions are recorded but catch-up is in their own time. F2s commented that they receive less regular teaching and receive up to 2 hours once every few weeks. It can be difficult to attend if the ANP is not around to provide cover. If cover is provided jobs are still to be completed on their return.

ST Trainees: Trainees reported attending departmental teaching once a month which is not bleep free. They noted that there is a robust departmental teaching programme in place. All trainees are actively encouraged to attend as much teaching as possible however there is a degree of weighing up attending teaching against time in theatre. Cover also needs to be provided for bleep free. ST2s often find they attend teaching in their own time. There is no national teaching programme for ST trainees instead they attend a trainee day once a year. The trainees provided positive comments on efforts made by consultants to reduce workload of Fridays to allow attendance at teaching.

2.3 Study Leave (R3.12)

Trainers/Foundation Trainees/ST Trainees: Not asked.

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

Trainers: Trainers stated that they have allocated time in their job plans for supervisory roles. Trainees are divided equally over the group of trainers with 2 nominated supervisors for foundation trainees.

Foundation Trainees: Trainees confirmed having a designated educational supervisor who they will meet twice whilst in post. They also have regular interaction with them informally on ward rounds. F2s in Woodend do not meet supervisors regularly during clinical activity however will meet formally a few times whilst in post.

ST Trainees: Trainees confirmed having designated educational supervisors who they have met formally 3 times in the training year. They interact with supervisors regularly and tend to work with 2-4 consultants and their patients whether they be in the trauma unit or Woodend.

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 the team structure is included within induction and details who to contact for support during the day and out of hours. In ARI support is provided by the first and second on-calls along with the ST covering the fracture clinic. In Woodend trainees are team based and will therefore seek support from the consultant within that team. Medical and geriatric teams can also be contacted for support depending on the needs of the patient. Consultants in both sites are approachable and always happy to be contacted at any time. Trainers do not believe trainees are expected to work out with their level of competence. They do acknowledge that nights can be busy for the F1 especially if the ST is also very busy. However, there are other teams such as the medical team who can be contacted. Trainers confirmed that foundation trainees are not expected to seek consent this is carried out by consultants.

Foundation Trainees: Trainees commented that they were relatively clear as to who they should contact for support during the day and OOH. Normal channels would see them escalate to the day and evening on-call registrars. It can on occasion be difficult to contact the first on-call and therefore trainees would seek support from the second on-call or the medical registrar. F2 escalation at Woodend can be frustrating during the day as trainees are advised to contact the registrar of the consultant allocated to the patient instead of the first and second on-call registrars. They confirmed that contacting the ortho geriatrics team is not part of their escalation pathway. This team liaise with ANPs on a weekly basis. F1 trainees described times of being on their own when staffing has been low. They also raised concerns with overnight cover for the high dependency unit (HDU) where they can feel out of their depth when responding to a call and find seeking support to be cumbersome and they feel unsafe. Trainees also noted that there has been no instruction that they can escalate to the plastics team as an additional support. They describe an occasion where they had been handed the bleep for Plastics cover overnight without warning. They confirmed that all consultants and seniors are approachable but very busy and can direct you to the medical registrar for support instead.

ST Trainees: Trainees reported always knowing who to contact for support during the day and OOH. They stated that it is very clearly marked who the junior, senior registrars and first and second on-calls. They all agreed that it is the nature of the job that you may find elements challenging however there is always senior support available. They confirmed that consultants are very approachable, extremely supportive and check-in regularly when on-call.

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

Trainers: Trainers stated that ST trainees know how many clinics/theatres they must attend this is clearly laid out within their college portfolios. Trainers are not aware of any curriculum competence or learning outcomes that trainees would struggle to obtain when in post. STs should attend an average of 2 theatre lists and 1 outpatient clinic per week. Trainers believe there is a good balance of time to allow trainees to develop as doctors. They commented that F2s with an interest in surgery will attend clinics and request to attend theatre however those whose interest lie elsewhere prefer to remain on the ward.

Foundation Trainees: Trainees stated that they have experienced difficulties in obtaining some competencies due to seniors rarely being on the wards. They have found it particularly difficult to get mini-CeX and case-based discussions. F1 and F2 trainees commented that they had been informed that they would have the opportunity to attend clinics and theatre however this has not been possible due to the volume of work on the wards and being short staffed. They believe the post does allow them to develop skills in managing the acutely unwell patient. F2s commented that Woodend is perceived to be very much a service provision job.

ST Trainees: Trainees reported no difficulties in achieving competencies or learning outcomes. They recognise the difficulties some are having getting to outpatient clinics as they have had to provide cover in trauma due to staff shortages. They confirmed receiving a lot of fracture clinic experience but note elective activity can be challenging however progression is monitored and they have no concerns in meeting the required competencies for the post. They agreed that the post allows them to develop their skills in managing the acutely unwell patient and do not perceive any tasks to be of no educational benefit.

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

Trainers: Trainers reported no concerns in trainees achieving portfolio requirements. They commented on excellent opportunities for foundation trainees within trauma with ST trainees who are keen to help.

Foundation Trainees: Trainees reported difficulties in getting seniors to supervise workplace-based assessments. They do not interact with consultants or STs regularly on the ward to allow them to be ticketed for assessments.

ST Trainees: Trainees reported no concerns in obtaining workplace-based assessments. They commented that there are aspects of the new curriculum that are more time consuming for trainees and consultants to complete.

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

Trainers/Foundation Trainees/ST Trainees: Not asked.

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

Trainers/Foundation Trainees/ST Trainees: Not asked.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that F1s in trauma are provided with constant feedback. 5.30pm handover is a great opportunity to provide direct feedback with reflection on management plans.

Foundation Trainees: Trainees commented that when feedback is received it is not very helpful. Generally, feedback is only provided when something has gone wrong.

ST Trainees: Trainees stated that they receive constructive and meaningful feedback all of the time.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers/Foundation Trainees/ST Trainees: Not asked.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that the department is friendly, and consultants are approachable. They are not aware of any instances of bullying or undermining. They noted that there are pathways to escalate any such instances which have been used in the past relating to a trainee complaint received. This was dealt with through official channels.

Foundation Trainees: Trainees commented that generally the team try to encourage and be supportive in juniors seeing patients or getting to theatre. However, there can be times in handover when trying to discuss an unwell patient that this can be dismissed due to the patient being medically and not surgically unwell. FYs also commented that they will be asked if they have taken breaks but there is no consideration to when breaks have been taken which can be after 8 hours. They feel this has become a tick box on the handover sheet. Trainees made no comments regarding bullying or undermining in the department and do not believe the rota is compromising their wellbeing.

ST Trainees: Trainees reported that in general the department are supportive. The consultant body are very supportive and provide full support if faced with an issue. Concerns were however raised at the treatment of foundation trainees within morning trauma meetings where they have been belittled by 2 anaesthetists. Trainees find it very difficult and upsetting to watch this happen on a regular basis with no challenge from the consultant body. As a result of these persistent behaviours foundation trainees are no longer presenting at these meetings therefore are losing out on valuable learning opportunities. Trainees also noted a similar experience with theatre staff behaving in an inappropriate manner. This matter was escalated, and some improvements have been noted however this is not fully resolved.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that there are no gaps at F1 or ST level, 2 gaps at F2 with one now covered by a locum. The department also have CFs and MTIs who support the rota and contribute to on-call. They do not believe that ST trainees are affected by any aspect of the rota however acknowledge the heavy workload for F1s during the day. They also note issues on nights with trainees taking breaks. Foundation trainees are sent a wellbeing e-mail which encourages them to raise any issues they may have, to date there have been no issues raised. The trainers believe that gaps at F2 level are affecting the trainee's enjoyment of the job.

Foundation Trainees: Trainees reported no gaps at F1 however there are gaps at F2 level which is having a significant impact on trainees. F2 trainees stated that they are not on the rota for theatre sessions and if they wish to attend must arrange themselves. They also noted that afternoons are the busiest periods in both ARI and Woodend with patients returning from theatre however these can be the worse staffed times. They believe rotas are constructed in a way that there are not enough rest days in between shifts especially long runs of back-to-back nights.

ST Trainees: Trainees commented that they work an 8-person rota with 5 people. Gaps are filled with trainees from Woodend and paediatric surgery during the day with on-call going out to locum. Staffing shortages are frustrating, but wards are safe during the day.

2.14 Handover (R1.14)

Trainers: Trainers stated that trauma unit 5.30pm handover from day to night teams and 8am handover from night to day teams are satisfactory and provide safe continuity of care. There is also a peer-to-peer handover between the 3 F1s working during the day. X-rays are reviewed at handover and provide a good learning opportunity for trainees.

Foundation Trainees: Trainees reported attending the 8am trauma meeting, and handovers taking place at 5.30pm and 8.30pm. They noted difficulties with the 5.30pm handover as the day shift ends at 5pm and these trainees have often left however there are times where they must stay late to attend this handover. They do not believe there is an agreed structure to any of the handovers and agree they are not used as learning opportunities. They commented that the 5.30pm handover focuses on new admissions and that there is no senior lead handover for those patients who have been on the ward longer. There is also morning and evening peer-to-peer handover at Woodend.

ST Trainees: Trainees reported on 3 formal handovers taking place over the day. There is an agreed structure to handover and handover sheets are completed. They agreed that handover arrangements provide safe continuity of care for new admissions and downstream wards. They commented that due to time constraints the 8am trauma meeting is not always used as a learning opportunity however x-rays are discussed at the other handovers.

2.15 Educational Resources (R1.19)

Trainers: Trainers stated that all relevant textbooks are easily accessible online. At Woodend there is a teaching room where trainees can practice knee injection techniques. Juniors are also part of a new simulation venture where they join forth valley for orthoplasty and arthroscopy.

Foundation Trainees: Trainees commented that most of the computers on the wards are broken or are not fit for purpose as they have no microphone, speaker, or camera function. These issues have been raised and unfortunately there has been no funding to help.

ST Trainees: Trainees stated that computer facilities are out of date and therefore simple things like viewing x-rays become very stressful tasks.

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

Trainers: Trainers stated that if a foundation trainee who may be having difficulties are encouraged to speak to their clinical or educational supervisor who will help signpost them to the best support which may be via the deanery or occupational health. A similar process is followed for STs but as they work more closely with consultant's problems can be picked up more easily. The department have had a trainee who was referred to the deanery for support unit through the associate postgraduate dean (APGD).

Foundation and ST Trainees: Trainees reported they are aware of support being available to them should they be struggling with the job or their health. As a first point of contact they would discuss with their educational supervisor.

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 reported that there are various committees that oversee the management of training in the department such as specialty training committees and annual review of competence panel (ARCP) which have representation from training programme director (TPD), APGD, trainee, university, and undergraduate. The department adopt an open culture and encourage issues to be raised with the team and via the datix system. Those incidents reported through datix are further discussed at morbidity and mortality meetings (M&M).

Foundation Trainees: Trainees stated that they would raise concerns regarding the quality of training in post with their supervisor. An F2 trainee commented on having approached their supervisor regarding not being able to get SLEs on the ward and the supervisor went through their calendar to see if they could provide dates to help facilitate some assessments. This did mean coming in on days off. Trainees commented that they are aware of having an F1 and F2 rep who they can take any concerns relating to training to the deanery.

ST Trainees: Trainees stated that there is no formal forum to raise concerns relating to the quality of training in post. If they had any concerns, they would raise these with their supervisor and believe that they would take their thoughts on board. They commented on raising concerns relating to training with the British Medical Association (BMA).

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees are encouraged to raise concerns relating to patient safety via department hierarchy. F1 to junior ST, junior ST to senior ST, senior ST to consultant. Patient safety issues are also raised at handovers and via the nursing team directly to the consultant. Educational supervisors encourage trainees to raise concerns within regular review meetings. There is also a ST representative who can take forward issues at the specialty training committee.

Foundation Trainees: F2 trainees commented that due to the volume of administrative tasks they have very little time to spend with unwell patients.

ST Trainees: Trainees stated that they would raise any concerns relating to patient safety via the datix system and M&M meetings.

2.19 Patient safety (R1.2)

Trainers: Trainers reported no concerns in the quality and safety of patient care. They consider the department to be a safe environment. Concerns were raised regarding safety of F2s and non-medical staff in Woodend overnight as there is no security in the building and consider those people to be very vulnerable.

Foundation Trainees: Trainees stated that elective work is run in a standard way, care is delivered well however if complex medical issues arise, they feel things are missed and that care not as good as it should be. F1 trainees raised no concerns with regards to boarded patients in ARI. They have had no issues in contacting the parent team for support. There is no boarding policy for patients moved from ARI to Woodend however NHS Grampian have a hospital wide boarding policy which can be referred to if required.

ST Trainees: Trainees stated they would have no concerns if a friend or relative were to be admitted to the department. They commented that boarded patients should be written on the board and acknowledge difficulties with medical patients and who is responsible for their care.

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

Trainers: Trainers reported that adverse incidents are reported via the datix system and M&M meetings. These meetings have an open forum that encourages discussion and learning. These meetings may include deaths expected and unexpected, complications with a surgery and post op care. They also commented that a trainee would not be expected to communicate when something has gone wrong with a patient's care this would be undertaken by a consultant.

Foundation Trainees: Trainees reported being aware of the datix system however most have not had to use the system and therefore were unable to provide comment. They are also aware of M&M meetings but do not attend these.

ST Trainees: Trainees stated that they would receive great support and feedback if they were involved in an adverse incident. They commented that in the event of something going wrong with a patients care that there would be support for the patient and learning for the trainee. They are well versed with the datix system and M&M meetings.

2.21 Other

Overall Satisfaction:
F1 Trainees – 3.5/10.
F2 Trainees – 3.25/10.
ST Trainees – 8.38/10.

3. Summary

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

The panel commended the engagement of the site and noted an engaged DME team and trainer group. Serious concerns were identified regarding patient safety which were addressed in discussions with the Director of Medical Education and Assistant Director of Medical Education. The panel noted a very good training environment for specialty trainees however issues were raised regarding the experience of the foundation trainees. The panel were disappointed to hear that issues

of culture and undermining were still apparent in the department. Key areas for improvement noted at the visit relate to induction, teaching, clinical supervision, adequate experience, feedback, handover, and educational resources.

Serious concerns – Immediate action required:

- F1 trainees raised concerns regarding clinical supervision overnight for T&O patients in surgical HDU. T&O have one F1 allocated to night shift providing cover across T&O wards including their patients in surgical HDU when required. They report that they can often feel out of their depth in HDU as the nightshift registrar is often in theatre or busy in Emergency Medicine and therefore unable to provide support.
  Discussed after the feedback session with the DME and ADME.

Positive aspects of the visit:

- Excellent engagement from site and department pre visit with an informative presentation delivered on the day.
- Enthusiastic, motivated, and engaged trainer group.
- Trainers reported having time within job plans for supervisory roles and being well supported in these.
- All trainees confirmed receiving hospital and departmental induction at ARI. Foundation trainees found the ANP tour and handbook useful.
- Good quality peer to peer teaching which is well received.
- 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.
- Foundation trainees reported being able to easily access the medical registrar for support when required.
- Consultants are accessible, approachable, and supportive.
- All training grades confirmed the post allows them to develop skills and competence in managing the acutely unwell patient.
- ST trainees commented on finding it very easy to complete workplace-based assessments.

- Consistent flow of constructive, meaningful formal and informal feedback provided to ST trainees.
- ST trainees described a positive experience relating to adverse incidents which are well debriefed and used as learning opportunities. Consultants provide great support and feedback.
- ST trainees commented on an excellent training environment and experience in Aberdeen.

Less positive aspects of the visit:

- No specific induction to ARI was provided to F2 trainees when rotating from Woodend hospital. Trainees would benefit from a better understanding of their role in ARI.
- Woodend hospital induction handbook is out of date and requires updating.
- Foundation trainees reported difficulties in being released from the ward to attend teaching. Often, they are advised to put in on in the background as they continue to work.
- F2 trainees described frustrations with the clinical supervision structure at Woodend hospital and difficulties in accessing the most appropriate support at times.
- Foundation trainees reported difficulties in completing workplace-based assessments as they are ward based with little access to senior staff.
- No formal mechanisms exist for foundation trainees to receive feedback on their day-to-day decision making. Generally, feedback is only provided when something has gone wrong.
- Handovers were described by trainers as taking place at 8am, 5.30pm and 8.30pm. This was not reflected in the foundation trainee sessions where the day shift F1 leaves at 5pm and therefore must undertake a peer-to-peer handover.
- Handover structure was described as being focused on new admissions and theatre lists and do not support post operative patient care.
- All training grades commented on inadequate IT facilities. Computers/laptops have no microphones, speaker, or camera and are unable to open x-rays.
- ST trainees reported some difficulties in getting to out-patient clinics due to providing cover in trauma.
- ST trainees commented on an extremely supportive Trauma and Orthopaedic team however noted concerns regarding a culture of undermining comments to trainees within the 8am trauma meeting by anaesthetists.
- ST trainees also raised similar issues with bullying and undermining behaviours in theatre by non-medical staff. This has been raised and although some improvements have been noted further work is required.

4. Areas of Good Practice

Ref	Item	Action
4.1	n/a	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	n/a	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Formal departmental induction must be provided in all training locations trainees rotate through when in post. To ensure trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. Handbooks in all training locations must be kept up to date to reflect changes to departmental processes.	August 2023	FY
6.2	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	December 2023	FY
6.3	Review and clarify the Clinical Supervision arrangements at Woodend Hospital to ensure a clear understanding of who is providing supervision and how the supervisor can	August 2023	FY

	be contacted.		
6.4	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	August 2023	FY
6.5	A process for providing feedback to doctors in training on their input to the management of acute cases must be established. This should also support provision of WPBAs.	December 2023	FY
6.6	Ensure that service needs do not prevent trainees from attending clinics and other scheduled learning opportunities	December 2023	ST
6.7	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case.	December 2023	FY
6.8	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.	December 2023	ALL
6.9	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.	August 2023	ALL