Scotland Deanery
Quality Management Visit Report

Date of visit	5th October 2022	Level(s)	Foundation, Core, Specialty
Type of visit	Triggered	Hospital	Western General Hospital
Specialty(s)	Urology	Board	NHS Lothian

Visit Panel	
Dr Fiona Drimmie	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Gail Littlewood	Training Programme Director
Dr Tadhg Kelliher	Foundation Programme Director
Dr Catherine Ward	Trainee Associate
Mrs 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	6
Trainees in attendance	12 (F1 – 7, Core – 2, ST – 3)

Feedback session: Managers in attendance	Chief Executive		DME		ADME		Medical Director		Other	
Date report approved by Lead Visitor	07/11/2022 Dr Fiona Drimmie 11/11/2022 Professor Clare McKenzie									

1. Principal issues arising from pre-visit review:

Background information

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit is being arranged to the Urology Department at the Western General Hospital. This visit was requested by the Foundation Quality Review Panel held in November 2021.

Survey Data

*Note – NTS data combines all surgical specialties and is not specific to only Urology.

Urology - STS Level Triage List, significant change in scores (Foundation level).

NTS 2022
F1 Surgery – Pink Flag – Reporting Systems
F2 Surgery – All Grey

NTS 2021
F1 Surgery – Red Flags – Educational Governance, Facilities, Induction, Supportive Environment.
F1 Surgery – Pink Flags – Curriculum Coverage, Educational Supervision.
F2 Surgery – Lime Flag – Educational Governance.

NTS 2022
CST - Green Flags – Clinical Supervision, Educational Governance, Feedback, Study Leave, Supportive Environment, Workload.
CST Lime Flags – Reporting Systems, Teamwork.

NTS 2021
CST – Green Flags – Clinical Supervision, Handover, Rota Design, Supportive Environment.
CST – Lime Flag – Study Leave.
CST – Pink Flag – Clinical Supervision Out of Hours.

NTS 2022

ST – Green Flags – Educational Governance, Reporting Systems.

ST – Lime Flag – Teamwork.

NTS 2021

ST – Pink Flag – Rota Design.

STS 2022

Foundation – Red Flag – Handover.

STS 2021

Foundation – Red Flags – Handover, Workload.

STS 2022

Core Urology – Aggregated Green Flag – Teaching.

Core Urology – Aggregated Lime Flags – Educational Environment, Team Culture.

STS 2021

Core Urology - all grey flags.

STS 2022

ST – all white flags.

STS 2021

ST – all grey 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 led by Mr Ben Thomas, Consultant Urologist. The presentation provided a useful overview of the service, the trainee footprint and how the different training grades are integrated into the department. The presentation also touched upon issues faced by the department and the proactive work already undertaken with the creation of an action plan based on feedback and flags within the training surveys. The presentation concluded with ongoing areas of development which include the training of additional clinical and educational supervisors, development of a foundation lead role and taking part in a 'WeCare' project.

2.1 Induction (R1.13):

Trainers: Trainers commented that based on feedback received changes had been made to induction in November 2021. This now includes an attendance register and nursing staff/other members of the team providing presentations and giving insight into the day to day working of the department. The department recognise the volume of information provided to trainees on the day and therefore ensure all information is also available within a shared drive which can be accessed at any time. Trainers encourage and are happy to receive feedback to continue to improve induction. For those trainees who are unable to attend induction rotas are reviewed to ensure they are picked up on their first day in post.

F1 Trainees: Trainees confirmed attending good quality hospital and departmental inductions. They also commented on shadowing being a useful 5 days however they would have found it more beneficial to shadow the trainee leaving the post to gain a better understanding of what the role entailed instead of attending on afternoons where they were not expected, and most jobs had been done.

Core & ST Trainees: Trainees reported that hospital induction was well received however IT was not ready on their first day in post. As a hospital that adopts a paperless system, they stated it should be mandatory for all trainees to have relevant system access on their first day. Badges are required to access computers however mandatory training modules must be completed before a badge can be issued. They also commented that should a trainee not have worked in the hospital before it can be difficult to get used to systems and IT. They commented on the IT session for August 2022 where half of the trainees in attendance were not expected and therefore resources were not available to them. Trainees noted fantastic departmental induction which equipped them to undertake their role. They also received an induction booklet 3 weeks prior to commencing in post which was of good quality.

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

Trainers: Trainers advised that hospital teaching takes place on a Tuesday and departmental teaching on a Thursday. Charge nurses are happy to take F1 bleeps as are physician associates (PAs) and clinical fellows (CFs). They commented that foundation teaching is hospital wide and that there is a regional teaching programme once a month for core trainees (CT) that urology feed into. ST trainees also attend teaching once a month. Teaching days are provided in advance to the rota co-ordinator to ensure trainees can attend.

F1 Trainees: Trainees noted 1 hour of locally delivered teaching per week with a busy workload preventing attendance. They had not been aware that cover should be provided to allow them to attend teaching and that this was only recently brought to their attention. CFs should take bleeps however they are not around on the wards to do so. Trainees noted they were concerned that they will not meet the requirement of 30 hours of teaching prior to annual review of competency progression (ARCP) if they miss any further teaching in this post.

Core and ST Trainees: Trainees commented on attending a lot of very educational meetings such as journal clubs, x-ray meetings, and multi-disciplinary team meetings. Every theatre list has a good balance of training and teaching, and consultants provide a lot of learning opportunities. They have no concerns attending regional monthly teaching with adjustments to ensure attendance.

2.3 Study Leave (R3.12)

Trainers: Trainers are not aware of any difficulties that trainees may face in taking study leave.

F1 Trainees: Not applicable.

Core and ST Trainees: Trainees reported no concerns in obtaining study leave as long as adequate notice is given.

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

Trainers: Trainers reported that there are 2 designated supervisors for the 2 CT trainees, 2 foundation supervisors for the 8 F1 trainees and 3 supervisors for 5 ST trainees. They commented that balancing time can be difficult due to their ever-changing jobs and because of theatre issues. Although time is available within job plans it is not sufficient. Until recently there had also, been little interest from the consultant body to take on supervision roles however with the appointment of new consultants this is getting better. They recognise that foundation supervision is an area they can improve on. Trainers commented that if they are allocated an ST trainee with known concerns information regarding this would be available via ISCP and the ARCP process. Information on foundation and CT trainees is variable.

F1 Trainees: Trainees confirmed having designated educational supervisors who they have meet once since starting in post.

Core & ST Trainees: ST trainees confirm having designated educational supervisors; however, trainees may not work directly with them. If they do not work directly with them then they will only meet supervisors for regular formal meetings but, they are, however, visible, and approachable. CT trainees meet once a fortnight for a formal catch up where they also review competence progress.

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 stated all trainees are made aware of the team structure within the department including on-call at induction and this is discussed again at initial educational supervisor meetings. They explained that the unit is divided into 3 teams' emergency, benign and malignant where junior staff are encouraged to contact the senior who has seen the patient, or the consultant assigned to the patient. There is also a quick reference flowchart that trainees can follow to access the appropriate support. They are aware that weekend shifts are busy however are not aware of any instances where trainees are working beyond their lever of competence. Trainers clarified that consent is taken by consultants or in the presence of a very senior trainee. Juniors may be encouraged to be present for learning purposes.

F1 Trainees: Trainees reported being aware of who is providing clinical supervision and how to contact someone both during the day and out of hours however all trainees felt that they have had to cope with problems beyond their level of competence. They gave an example of a patient discussed with critical care who later became more unwell, and trainees were unable to access the ST trainees or CF as they were in theatre. They then had to contact the critical care team directly for advice without a senior seeing the patient first. Trainees commented that the patient was assigned a consultant, but they had no contact number. After some time, they were able to seek support from a CT1. They stated that it can be difficult to contact people as, they rely on phones or must go through switchboard which can take some time. Consultants do say to contact them at any time however trainees do not have the means of doing this easily. The breast unit is an ongoing issue with changing and unclear arrangements for cover and contacts for support. Trainees had been informed that they should not provide cover in this unit however are doing so out of hours (5-8pm only) and find it difficult to manage patients on the ward and provide cover in the unit which is on the other side of the hospital.

Core & ST Trainees: Trainees stated that they always know who is available to provide support and are not expected to work beyond their level of competence. Core trainees undertake on call with colorectal surgery and can provide cover as part of Hospital@Night (H@N) in the breast unit. ST trainees do not cover the breast unit.

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

Trainers: Trainers reported they are aware of changes to both the foundation and surgical curricula. Sessions providing an overview of these changes have been attended by all. They are confident that trainees are attending a satisfactory number of clinics and theatres and described an activity matrix which is tailored on a weekly basis for ST trainees. CT trainees discuss and agree training opportunities with educational supervisors and co-ordinate with the rota master in advance. They commented on feedback received from foundation trainees stating they had been unable to attend theatre, however priority for foundation trainees is ward-based work.

F1 Trainees: Trainees were unsure if there are any competencies that they will find difficult to obtain. They felt the post does allow them to develop skills in managing acutely unwell patients.

Core & ST Trainees: Trainees commented on broad ranging units with no issues in achieving curriculum targets. They have the opportunity to attend outpatient clinics once a week and 3-6 theatre sessions a week. CT trainees are allocated 10 sessions. They are confident the post allows them to develop skills in managing acutely unwell patients.

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

Trainers: Trainers reported no concerns in trainees achieving reasonable assessment numbers with lots of opportunities available to them and supervisors who are happy to support these.

F1 Trainees: Trainees stated that seniors are in surgery a lot however are approachable. Assessments have not been a priority as trainees have focussed on learning the job. They commented that they have not been provided with an introduction or overview to the foundation curriculum or assessment requirements for the post or how to incorporate obtaining these into the working day.

Core & ST Trainees: Trainees have no issues in obtaining workplace-based assessments. Consultants are happy to support and provide a lot of training opportunities.

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

Trainers: Not asked.

F1/Core/ST Trainees: Not asked.

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

Trainers: Trainers reported that there is a designated consultant lead for quality improvement. There are projects available for all levels of trainees and support is available. Trainees are also encouraged and provided opportunities to present at various meetings.

F1 Trainees: Trainees are aware that quality improvement projects are available to them but have not had the opportunity to take part in one yet. They are unsure when they would get time to provide the information required to make the audit of value.

Core & ST Trainees: Trainees are aware of the quality improvement lead who has a number of topics trainees can sign up for or support can be provided should a trainee wish to set up their own project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers commented that informal feedback at foundation level can be more negative with positive feedback provided in multi-source feedback (MSF) and placement supervision group (PSG). They recognise that positive day to day feedback is an area for improvement. Feedback at ST level is continuous and based on workplace-based assessments and discussions after operating lists. For CT trainees this tends to be 1-1 where positive and negative feedback is provided.

F1 Trainees: Trainees reported that they get feedback on their clinical decisions during the day and out of hours which is constructive and meaningful.

Core & ST Trainees: Trainees confirm receiving feedback on clinical decisions during the day and out of hours which is constructive and meaningful. ST trainees stated that there is always someone more senior that can help with a case and on-call consultants go out of their way to provide feedback which is appreciated. CT trainees commented that for colorectal surgery there is an onsite ST with whom they check everything and who will happily provide feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that there are no regular timetabled meetings within the department to allow trainees to provide feedback on training. However, Mr Thomas meets with trainees once a week for teaching and does ask each group how things are going. The higher trainee cohort is small, and they are comfortable approaching consultants to give feedback. Trainers offer an open-door policy for all training groups and encourage them to come and talk anytime. They also meet with core trainees regularly and have made adjustments based on feedback given.

F1 Trainees: Trainees commented that they are unaware of any formal opportunities to provide feedback to trainers on the quality of their training.

Core & ST Trainees: Trainees reported providing feedback on their training via the Scottish Training Survey (STS) and the National Training Survey (NTS) along with 6 monthly feedback via ISCP. They also feel comfortable in providing feedback to the consultant team and are aware of a forum for trainees to meet up at the Royal Infirmary of Edinburgh at Little France and a chief registrar they can take issues to.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that any concerns raised regarding undermining or bullying are addressed promptly as a consultant group. Foundation and core trainees are encouraged to raise any concerns with ST trainees or consultants. They believe the ST trainees are comfortable in raising any concerns directly with them.

F1 Trainees: Trainees commented on a nice working environment where all staff are very helpful. They provided details on an issue with an ST which was raised with an educational supervisor and resolved quickly. A trainee also gave details of an issue with nursing staff in surgical admissions where they noted that a trainee had not documented medication on the system which resulted in a 4-hour delay in the patient receiving medication. This was not taken any further as the trainee was unsure of who to contact for support. Trainees stated that they are often told they can talk to seniors and consultants for support anytime.

ST Trainees: Trainees stated the department is a very supportive team. No trainees had experienced or witnessed undermining but if they did, they would know who to raise it with.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that there are currently no gaps in the rota. They are not aware of any concerns regarding workload at core or ST level however are aware that this comes up as an issue with foundation trainees regularly. Foundation trainees are encouraged to take breaks and to talk to people if they are struggling. The department are taking part in the 'WeCare' project and hope this may help resolve some of the issues at foundation level.

F1 Trainees: Trainees stated there are currently no gaps in the rota. They commented on 3 F1s being assigned to one ward and none to another but they resolved this issue themselves to ensure the workload is covered. They also commented that the rota had been issued prior to commencing their post however changes were made with no notice to include additional weekend shifts which for some had doubled and which, felt had compromised their wellbeing. Trainees contested the additional hours however were told that they must be distributed and as a compromise weekend shift would be extend by 2 hours. They noted that the rota is held on a shared drive which can only be accessed from a hospital computer and therefore if last minutes changes are made, and trainees are not in the hospital these can be missed. They commented that the spread of shifts can be very intense, with ward days being manageable however on call shifts are hard and the 7 days back-to-back is exhausting.

Core & ST Trainees: Trainees reported no rota gaps at CT or ST level due to the appointment of 3 CFs. They do not believe there are any aspects of the rota that is compromising their wellbeing.

2.14 Handover (R1.14)

Trainers: Trainers stated that handover arrangements provide safe continuity of care for patients and emergency admissions and that handover should be clear and understood by all. There is now a formally documented handover with the colorectal team, with the F1 who finishes at 8.15pm handing over at 8pm. Jobs are then passed over to the H@N team by the late shift person. There is also a morning handover from colorectal where jobs are handed back to the F1 and on-call middle grade. They believe improvements could be made to peer-to-peer handovers as these are individual rather than team based and are therefore not a learning opportunity.

F1 Trainees: Trainees stated that there are handovers at 2pm, 5pm, 7pm, 8pm and 10pm along with F1-F1 handover. Trainees commented on a lot of confusion on where to go for handover for example colorectal should come to the urology team, but they aren't aware of this which can result in trainees having to go to H@N. There is an informal handover F1 to F1, and the TRAK system is used as the online system for recording handover. They commented that handover is not used as a learning opportunity as there is no teaching, supervision, or senior involvement. H@N occasionally provide feedback however F1s are sometimes told not to attend the H@N handover.

Core & ST Trainees: Trainees stated that there is an informal morning handover at 8am from the on-call. There is a 5pm handover if needed from elective to on-call and 8pm where the day ST handover to the night ST. There is also an electronic handover on Friday to the weekend team. Elective handovers are all online. They believe there is a robust emergency admissions handover with ward patients being covered by H@N team as F1s do not take part in nights. Handovers tend to be peer to peer and are therefore not a learning opportunity. There are 2 handovers each day that run to an agreed format and all patients are discussed amongst the team.

2.15 Educational Resources (R1.19)

Trainers: Trainers reported that all training grades have their own formal teaching programmes along with local teaching sessions and Friday afternoon departmental teaching. There is also an x-ray meetings and morbidity and mortality (M&M) meetings at which trainees can attend.

F1 Trainees: Not asked.

Core & ST Trainees: Trainees stated they are happy with the resources available to them.

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 reported that doctors in difficulty are discussed with educational supervisors and, depending on level of trainee, this could involve local support from the associate director for medical education (ADME) for the site, the training programme director (TPD) or foundation programme director (FPD). Support can also be sought from occupational health.

F1 Trainees: Trainees would contact their FPD, educational supervisor, clinical supervisor or talk to an ST if they were struggling in anyway. They are all very pleasant and approachable.

ST Trainees: Trainees stated they would contact their supervisor for support if they were struggling with any aspect of the job. There is also a wellbeing centre that trainees can access.

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 commented on a trainee management forum with regular pan Lothian meetings taking place on different themes. These meeting have good input from the board and education department and are well regarded by trainees who are encouraged to attend and develop their management skills.

F1 Trainees: Trainees stated they are not aware of any local trainee forums or meeting where issues with the quality of training could be raised.

Core & ST Trainees: Trainees stated they are aware of 2 trainee representatives they can take any training concerns to. There is also a national trainee representative who they meet with who will provide feedback.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that raising patient safety concerns form part of the induction programme and is part of educational supervisor meetings. Trainees are encouraged to talk to a senior as early as possible and follow escalation pathways. Trainers encourage open discussion. Patient safety concerns also form part of the M&M meetings to which trainees are invited to attend to discuss any concerns.

F1 Trainees: Trainees stated they would be happy to contact the CF or the patient's consultant if they had any concerns regarding their safety.

ST Trainees: Trainees stated they would contact senior trainees or consultants if they had any concerns about patient safety.

2.19 Patient safety (R1.2)

Trainers: Trainers commented that they hoped trainees found the department a safe environment. They are aware of concerns raised by foundation trainees regarding weekends being unsafe. This was at a time when staffing was much lower, however weekend workload can be variable. They are confident it is easy for an F1 to contact any member of the team for support at any time. Trainers highlighted issues with medical boarders which came up in the focus group. Medical colleagues have provided valuable information on escalation, there is a clear pathway for these patients and F1s are clear on their role with these patients. On TRAK there is a code and poster flowchart which details who should be contacted for support.

F1 Trainees: Trainees commented they would be happy if a friend of relative were to be admitted to the department. They raised concerns regarding boarding patients as they are not provided with information about the management of these patients by the parent team. They are aware of the poster to follow if a patient becomes more unwell. Medical boarders are an additional workload. Weekends workload can be difficult as there are only 2 on shift.

ST Trainees: Trainees do not have any concerns regarding safety in the department and would be happy for a family member to be admitted to the unit. They commented on F1 workload noting that; F1s tend to manage medical boarders and they perceive there is little senior support from the medical team. They are left to complete tasks at the weekend when already stretched with the urology workload and tend not to be made aware of information on discharge letters or follow up plans.

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

Trainers: Trainers stated that adverse incidents are reported via the datix system with all feedback going through the clinical director for review. If a datix involves a trainee, then feedback would go through the educational supervisor for discussion with the trainee. Trainers commented that if something does go wrong and learning is required, a significant event analysis may be undertaken along with discussion at an M&M meeting. Trainers stated that junior trainees would not be expected to communicate when something goes wrong with a patients care this tend to be done by a very senior trainee or consultant however juniors may be asked to attend as a learning opportunity.

F1 Trainees: Trainees stated that if they were involved in an adverse incident, they would be supported by their clinical supervisor who checks in to ensure they are ok. If something was to go wrong with a patients care they would be confident in contacting a senior for support and to come and talk directly to the family.

Core & ST Trainees: Trainees commented on the datix system and supportive M&M meetings. The environment is very supportive and encourages learning.

2.21 Other

Overall Satisfaction Scores:

F1 – average 5.2/10
Core & ST – average 8.8/10

3. Summary

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

The panel commended the engagement of the site, trainers, and medical education team in supporting the visit. No serious concerns were identified within this visit. The panel noted a good training environment for specialty trainees however some minor issues were raised regarding the experience of the foundation trainees. The key areas for improvement noted at the visit relate to F1 shadowing, induction, teaching, rota, handover, management of patients who are boarded, and feedback. Overall, the visit was positive, the panel noted a committed group of trainers with a strong and clear vision for the department and a good team culture which came through in all sessions of the visit.

Positive aspects of the visit:

- Excellent engagement from site with an informative presentation delivered.
- Proactive consultant and DME team who reacted to 2021 survey data with an F1 focus group to investigate concerns and establish areas of improvement.
- All training grades commented on a very supportive department with a good team culture.
- Physician Associates, Advanced Nurse Practitioners and Nurse Practitioners described as great.
- POPS service considered a positive supportive endeavour.
- Core and Specialty trainees are delighted with training and rota which is currently full and providing a good balance of development and training.
- Proactive group of trainers who actively involve and encourage learning.
- The Quality Improvement lead and QI nurse provide an excellent resource for trainees.
- Flexible nature of departmental induction to ensure all trainees receive adequate induction which has been well received.
- Electronic system for recording handover
- All training grades commented on having an allocated educational supervisor and initial meetings.
- Friday afternoon teaching for specialty trainees very well received.

Less positive aspects of the visit:

- Hospital induction in particular IT systems and logins is not working. Trainees commented on waiting up to 10 days after starting in post to receive access to systems critical for patient care.
- F1 trainees commented that a full day on the ward following the person leaving post and experience of different shifts would be very useful within F1 shadowing. They found that half days did not allow them to understand the flow of work. They commented that 5 of them arriving to shadow on an afternoon gave limited opportunity to learn.
- Aspects of the foundation rota are having a negative impact on trainee wellbeing at times. Very late adaptations to the rota to include additional hours were noted. The rota spreadsheet is also only accessible within the hospital which causes difficulties when changes are made, and trainees have not been made aware of these.
- There is no clear handover process for any trainee group. It would appear there are 3 separate training group handovers however the panel failed to grasp a good understanding of the process. There is also a lost opportunity for educational learning within handovers.
- F1 trainees raised concerns regarding missed regional teaching and achieving attendance hours for the post. They are unaware of the clinical development fellow role and their ability to support teaching attendance.
- Concerns with medical boarders were raised in all sessions. In particular the specialty trainee group recognised the challenges faced by F1s. There is a lack of communication, F1s are not part of the medical ward rounds and instead pick up tasks from the TRAK system. They are expected to compile complex discharge letters and do not feel they can reach appropriate support to ensure these are accurate.
- Concerns were also raised by F1s regarding the breast surgical ward and uncertainty about their role. They commented that due to its location getting from their base ward to the unit can be challenging. Calls during the evening are often for relatively minor things and take them away from the urology wards where there are sicker patients.
- The panel noted a small group of committed consultants who are recognised trainers. The panel recognise this is a heavy workload and encourage widening the supervisor pool.
- F1s raised concerns with a lack of communication and guidance from the deanery regarding their portfolio. Trainees do not understand the educational requirements and how to achieve these in post.
- Foundation trainees have little opportunity for direct interaction with consultants and senior trainees.

- No formal mechanisms for Foundation trainees to receive feedback on their day-to-day decision making.
- Foundation trainees were not aware of any formal mechanism for them to provide feedback on their training.

4. Areas of Good Practice

Ref	Item	Action
4.1	POPS service considered a positive supportive endeavour.	n/a
4.2	The Quality Improvement lead and QI nurse provide an excellent resource for trainees.	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	F1 trainees commented that a full day on the ward following the person leaving post and experience of different shifts would be very useful within shadowing. They found that half days did not allow them to understand the flow of work. They commented that 5 of them arriving to shadow on an afternoon gave limited opportunity to learn.	n/a
5.2	Concerns were also raised by F1s regarding the breast ward and uncertainty about their role there. They commented that due to location from base ward getting to the unit can be challenging. Calls during the evening are often for relatively minor things and take them away from the urology wards where there are sicker patients.	n/a

5.3	The panel noted a small group of committed consultants who are recognised trainers. The panel recognise this is a heavy workload and encourage widening the supervisor pool.	n/a
5.4	F1s raised concerns with a lack of communication and guidance from the deanery regarding their portfolio. Trainees do not understand the educational requirements and how to achieve these in post.	This item will be flagged with the foundation deanery team for information and action if required.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	All trainees must have timely access to IT passwords and system training through their induction programme.	July 2023	All
6.2	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. This should also provide an educational element to handover.	July 2023	All
6.3	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.	July 2023	FY
6.4	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.	July 2023	FY

6.5	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.	July 2023	FY
6.6	Trainers within the department must provide more regular informal ‘on the job’ feedback, particularly in regard to trainee decisions and care planning.	July 2023	FY
6.7	A formal mechanism for F1I trainees to be able to feedback to the department must be established.	July 2023	FY
6.8	Rota patterns must ensure sufficient rest time for trainees in transition from on-call to day working and must avoid patterns which result in excessive fatigue or that compromise trainee wellbeing.	July 2023	FY

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.