NHS Education for Scotland

Date of visit	5th July 2022	Level(s)	Foundation, Specialty
Type of visit	Triggered	Hospital	Queen Elizabeth University Hospital
Specialty(s)	Histopathology	Board	NHS Greater Glasgow & Clyde

Visit Panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Alan Stockman	Training Programme Director
Dr Emily Turner	Trainee Associate
Mr Archie Glen	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In Attendance	
Mrs Alison Ruddock	Quality Improvement Manager

Specialty Group Information	
Specialty Group	Diagnostics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	9
Trainees in attendance	17 (2 – F2, 15 – ST)

Feedback session: Managers in attendance	Chief Executive	0	DME	0	ADME	0	Medical Director	0	Other	0
Date report approved by Lead Visitor	10/08/2022 Dr Marie Mathers									

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 has been arranged to the Histopathology Department at the Queen Elizabeth University Hospital. This visit was requested by the Diagnostics Quality Review Panel held in November 2021 around the following concerns:

Triage List:

NTS Level Triage List, significant change in scores. STS Level Triage List, number of red flags (ST level).

NTS 2021:

F2 Pathology – All grey flags.

ST – Red Flags – Study Leave, Supportive Environment.
ST – Pink Flags – Clinical Supervision, Educational Governance, Regional Teaching, Reporting Systems.

STS 2021

Foundation Histopathology – all grey flags. Aggregated Green Flags – Teaching, Workload. Aggregated Lime Flag – Educational Environment.

ST – Red Flags – Clinical Supervision, Team Culture, Workload.
ST – Pink Flag – Educational Environment.

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.

Department Presentation:

The visit commenced with Dr Sioban Fraser (Training Lead) delivering an informative presentation to the panel. This provided useful background and updates on the areas raised in both the GMC National Training Survey and NES Scottish Trainee Survey.

2.1   Induction (R1.13):

Trainers: Trainers reported that induction had moved online due to Covid and was due to move back to face to face from August 2022. They plan to offer a more formal induction to specific areas and teams with a focus on lab engagement from as early into post as possible.

F2/ST Trainees: Trainees stated they had no concerns with the departmental induction received which was of good quality and worked well. Hospital induction was also online and commented on as being not relevant or tailored for a diagnostic specialty.

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

Trainers: Trainers reported that feedback on teaching is requested and made available to trainers this enables adjustments to be made for the coming year and ensure sessions are mapped to relevant trainee curricula. Work is underway on ensuring that recent curriculum changes are reflected in the teaching programme. All teaching sessions were moved online due to Covid which has raised a few issues with trainees' preference being for more interactive sessions however they have enjoyed live cases over Microsoft Teams. Consultants provide cover for cutting and trimming to allow trainees to attend teaching and do not schedule in reporting at this time. Trainers also commented that a short trainee survey had been undertaken and feedback from this was positive with a rating of 4.9/5 for most questions.

F2/ST Trainees: Trainees reported a wide variety of teaching available to them at various times. They are aware that teaching is to be streamlined and that ST1/2 teaching will become a national teaching programme. They commented that it can be difficult to attend teaching due to it not taking place on a set day or time. Also, although they have never been told they cannot attend teaching there are instances that can make attendance more difficult for example when trimming or if there are

a lot of cases then workload must be prioritised, and consultants are not aware of when teaching is taking place. Sometimes trainees are working simultaneously while attending teaching online. Suggested improvements were around streamlining teaching, having allocated protected time and reducing the volume of preparation that is required before attending a teaching session. Teaching preparation (e.g., looking at multiple glass slides in advance of a teaching session) is on top of workload and is often at short notice.

2.3   Study Leave (R3.12)

Trainers: Trainers reported no issues or challenges in granting study leave requests.

Foundation Trainees/ST Trainees: Trainees confirmed that they have had no issues in requesting or taking study leave. They are aware this was flagged as an issue in survey data but are unsure where these concerns stem from.

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

Trainers: Trainers reported that supervision roles are not specifically factored into job plans they are included for most in general supporting professional activity (SPA) time. They confirmed that they are provided with excellent support from the health board to undertake their roles and have found the new recognition of trainer's sessions to be very good and useful in helping a department prepare for a deanery visit. They also commented that the health board are trying to set up a laboratory medicine introductory Recognition of Trainers course and are trying to get more educational supervisors through the laboratory medicine programme.

F2/ST Trainees: Trainees confirmed having named educational supervisors who they have met and set learning objectives for the post.

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 described a system where trainees are assigned to one specialty team with each team having a clinical supervisor who they meet and go over things like the trim rota, priorities for trimming specimens, biopsies, and day to day workload. Standard operating procedures are available for all specimens and trainees are shown where these are located. Trainees are also provided with a handbook guide to their attachment and the team. There is also one consultant who provides cover for the trim bench to ensure support is always available. Consultants are accessible and approachable.

F2/ST Trainees: Trainees stated that consultant rotas are placed on all benches and are also available online. They have no concerns in accessing supervision with consultants often close by if help is needed. Comments were made that as ST1s trainees they did feel under pressure and were unsure as to what was expected of them especially in post-mortem but as seniors they are not working beyond their level of competence. Current ST1s felt they had a good start in post and are comfortable with levels of responsibility. They were allocated 3 weeks at the start of the post to post-mortem which provided a good grounding. Trainees commented that most senior colleagues are accessible and approachable however felt that some feedback particularly in trimming can be difficult as expectations are beyond the level of competence for that grade of trainee.

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

Trainers: Trainers reported that they are aware of recent changes to the curriculum and noted that current ST2+ trainees will transition over to the new curriculum. Dr Sioban Fraser put together a PowerPoint on changes to the curriculum which was delivered to all educational supervisors and the training team. This has also been shared with other west of Scotland training health boards. Comments were also made that when the new specialty curriculum was developed 2 local educational supervisors were part of the committee. Trainers stated that they are not aware of any barriers trainees could face in obtaining curriculum competencies or learning outcomes. They believe there is a good balance of administration tasks and educational development.

F2/ST Trainees: Trainees reported that the balance of workload can make it more difficult to access learning opportunities. They commented that there needs to be recognition that the trainee workload is different to trainers and that time is needed for teaching, training, and learning gaps. Suggestion was made that trainees should follow a similar sessional working pattern to trainers which would give flexibility for trainees to make the most of learning opportunities stopped by heavy workload. Trainees stated they had no concerns with MDT with an abundance of activity available to them which is well supported by consultants. Comments were also made around balance of workload, expectation and trying to fit everything in with insufficient time to do so which can be overwhelming. More guidance is required on how much time should be spent per week in each area.

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

Trainers: Trainers stated that trainees should have no issues in obtaining their portfolio assessments while in post and they are not aware of any areas they may struggle in. For those trainees on the new curriculum there are some areas that will take more time and further guidance would be useful for assessment of performance (AoP) forms.

F2/ST Trainees: Trainees reported that they have no issues in obtaining direct observation procedures (DoPs). They commented that it can be difficult to know which cases are suitable to use as workplace-based assessments and if requested at the end of a learning event some consultants will refuse resulting in trainees avoiding particular consultants or changing usual practice to fit with consultant preference. Dr Fraser was commended for being very proactive and helpful.

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

Trainers/Foundation/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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

Trainers: Trainers stated that trainees are well supported in undertaking quality improvement projects. The department has a designated audit lead who keeps a running list of projects. Where possible trainees maintain the same educational supervisor for the duration of their training who they discuss project options with for their time in post.

Foundation/ST Trainees: Trainees confirmed having an abundance of projects available to them.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that feedback to trainees is provided in a variety of ways. When trimming trainees are provided with live feedback. Trainers meet with trainees most days to discuss report writing. Those using Microsoft Teams share screens and encourage trainees to produce reports prior to meeting to allow structure and reporting skills to be reviewed live. Teams also approach clinical supervisors regularly for feedback and to complete the AoP form, which is trainee driven. Trainee engagement with seeking this feedback can sometimes be frustrating. Trainers stated that a key piece of learning to come from department training meetings is that trainers need to be clear when they are providing a trainee with feedback.

F2/ST Trainees: Trainees reported receiving a lot of formal and informal feedback which is of good quality.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that feedback from trainees is gathered after formal teaching sessions or via yearly feedback survey. Training committees meet every 2-3 months to which trainees are invited and encouraged to bring forward any concerns they may have with their training. Trainers agreed that it is very important in these forums to ask what could be done better to allow improvements to be made.

F2/ST Trainees: Trainees reported that there are 2 trainee representatives who meet quarterly to discuss any issues. They can also provide feedback via the Scottish trainee survey and national trainee survey.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that creating a good team culture is very important. There is currently a heavy focus on embedding trainees into the laboratories and making them part of the team. Having visible name badges and whiteboards at the end of each bench detailing assistant, trainee, and

consultant rota to ensure they know who to approach for support. Having consultants back in training rooms and being more visible also help with team culture. There has also been coffee mornings arranged on a Thursday which have been well received. The department try to be responsive, open and supportive should a trainee raise any concerns. Previously there were tensions in the department which were resolved through useful clearing meetings to discuss and address behaviours as a team. Trainers stated they are aware of one instance of bullying in the last few years which was investigated by HR and later dismissed.

F2/ST Trainees: Trainees stated that there have been issues with team culture which during Covid were highlighted more. Meetings with Dr Lindsay Donaldson, Director of Medical Education were undertaken to discuss the lack of support from medical staff, administration staff and laboratory staff. Trainees believe these meetings have helped however further improvements are still needed. Trainees commented that receiving instant feedback can be useful for learning but also can affect self- esteem especially when it is felt to be continuously negative due to expectations being beyond the level of that trainee. They commented that there is always someone they can raise concerns with however trainees lack confidence issues will be dealt with as they are aware of instances that have been raised with no apparent action taken.

2.13   Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that rotas are tailored to each trainee to allow further development of sub specialities, time in areas of interest or areas trainee may having learning gaps in. F2 trainees are placed on the junior ST1/2 rota and efforts are made to tailor these posts to trainees' interests also. Due to the duration of F2 posts they can be more difficult to manage. They are not aware of any aspects of the post that are compromising trainee wellbeing. Mental health issues have increased due to Covid, and the department do their best to support and manage these. A resilience presentation was provided to trainees but unfortunately was not well received. Trainers have attended sessions on civility saves lives.

F2/ST Trainees: Trainees stated that the rota does not compromise trainee wellbeing.

2.14   Handover (R1.14)

Trainers: N/A.

F2/ST Trainees: N/A.

2.15   Educational Resources (R1.19)

Trainers: Trainers consider facilities and resources to be of good quality. They commented on digital pathology workstations which have been well received by trainees. Trainees also have access to webcams, scanners, headsets, and work is undertaken with the trainee rep to ensure enough desk space and seating. Trainees can also access a vast library and deanery online learning which is well received. Each trainee has a folder on the shared drive which consultants can add to and share anything of interest with trainees.

F2/ST Trainees: Trainees commented that educational resources are very good and new computers have been provided recently. There is also an extensive library and very good training rooms.

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 due to time constraints.

F2/ST Trainees: Trainees stated that support is available from supervisors and occupational health.

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: Not asked due to time constraints.

F2/ST Trainees: Covered in section 2.11.

2.18   Raising concerns (R1.1, 2.7)

Trainers: N/A.

F2/ST Trainees: N/A.

2.19   Patient safety (R1.2)

Trainers: N/A.

F2/ST Trainees: N/A.

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

Trainers: Trainers stated that trainees are visibly embedded into the teams they work across. Most errors are insignificant but when a serious incident occurs trainees are encouraged to flag through laboratory non-conformance and the datix system. Trainers are aware of a wider clinical governance group but are unaware of who provides representation at meetings.

F2/ST Trainees: Trainees reported that they are aware of the datix system for reporting adverse incidents but are not aware of any responses to incidents uploaded or feedback however they are sure feedback would be provided. They are aware of a departmental clinical governance meeting however trainees are not invited to attend this.

2.21   Other

Overall Satisfaction Scores taken from pre-visit questionnaire completed by 2 F2 trainees and 17 ST trainees:
F2 – 8/10
ST – 7/10.

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 and the panel noted a good training environment for foundation and specialty trainees with enthusiastic and committed trainers. The key areas for improvement noted at the visit relate to workload, supervision, raising concerns, and feedback. The panel has recommended a revisit is highly unlikely and that improvements and requirements will be monitored via the action plan review process and diagnostic specialty management group.

Positive aspects of the visit:
- Strong engagement from GGC Medical Education team, trainers, and site management team in supporting the visit.
- Enthusiastic and committed group of trainers with a strong clear vision within the department.
- Well defined levels of supervision with clear escalation pathways.
- Efforts made by Dr Sioban Fraser noted as clinical lead for training.
- Comprehensive induction programme supported by team handbook.
- Comprehensive teaching programme that is mapped to the curriculum.
- Ongoing work to improve team culture within the department noted.
- Opportunities for formal and informal feedback on a day-to-day basis.
- The department offer flexibility to allow senior trainees to explore and develop in subspecialties.
- Excellent educational resources and an abundance of quality improvement projects available to all training grades.

Less positive aspects of the visit:
- Trainees commented on struggling to balance workload while at the same time trying to obtain assessments and prepare for teaching sessions. A sessional approach to workload may be worth exploring.

- Some consultants are less approachable for supervision and lack awareness on what is reasonable to expect from a trainee at any particular stages of training and may give negative feedback based on this.
- Lack of awareness on the formal process for raising concerns relating to undermining and bullying. Reluctance from trainees to raise any concerns as they lack confidence that these matters will be suitably addressed.
- Lack of feedback and learning from adverse incidents recorded through the datix system. A regular forum to discuss and learn from adverse incidents should be considered and should include all training grades.

4.   Areas of Good Practice

Ref	Item	Action
4.1	The department offer flexibility to allow senior trainees to explore and develop in subspecialties.	n/a
4.2	Excellent educational resources and an abundance of quality improvement projects available to all training grades.	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	Trainees commented on struggling to balance workload while at the same time trying to obtain assessments and prepare for teaching sessions. A sessional approach to workload may be worth exploring.	

6.   Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Ensure those undertaking supervision roles understand their responsibility to engage with the process and provide feedback relevant to that grade of training.	April 2023	All
6.2	The department must have a clear process for supporting trainees who have been undermined from staff within and out with the department. These trainees should be provided with feedback on actions taken to address this.	April 2023	All
6.3	Ensure trainees engage in use of the Datix system and highlight the importance of utilising this reporting mechanism. Provide feedback on Datix cases logged and ensure trainees are aware of this feedback to ensure the system is seen as responsive and a learning opportunity.	April 2023	All
6.4	All consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	April 2023	Trainers