

Scotland Deanery Quality Management Visit Report



Date of visit	20 th June 2018	Level(s)	ST
Type of visit	Revisit	Hospital	Royal Infirmary of Edinburgh
Specialty(s)	Medical Microbiology	Board	NHS Lothian

Visit panel	
Professor Clare McKenzie	Visit Chair – Lead Dean Director for Diagnostics
Dr Fiona Ewing	Associate Postgraduate Dean – Quality
Mr Daniel MacQueen	Lay Representative
Dr Euan Harris	Trainee Associate
Miss Kelly More	Quality Improvement Manager
In attendance	
Ms Lorna McDermott	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Diagnostics
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Fiona Ewing
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	6 including a service manager, training manager, laboratories manager and a clinical scientist.
Trainers in attendance	8 Consultants attended
Trainees in attendance	3 ST4s and 3 ST5s
Feedback session: Managers in attendance	Associate Medical Director for Laboratory Medicine, Associate Director of Medical Education NHS Lothian and Clinical Director for Laboratory Medicine.

Date report approved by Lead Visitor	02/07/2018
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1. Principal issues arising from pre-visit review

The principal reason for this visit is to review the site as a result of General Medical Council's (GMC) National Trainee Survey (NTS) data results for 2017 and to investigate whether issues raised at the December 2017 visit had been addressed.

The issues raised at the previous visit were there should be greater clarity regarding structured planned placements mapped to the curriculum, these placements should have clear objectives. There should be consultant input into the trainee rota to ensure that educational objectives are being achieved. There appears to be a mismatch in perceptions about feedback provided to trainees when they are working in the duty room which could be perhaps be resolved, by clarifying the benefits of feedback, through the local education group. Finally, the visit team would encourage the consultants to meet separately to allocate sessions for absent colleagues rather than discuss this at the Monday morning clinical meeting in front of the trainees as this is not educational.

At the pre-visit teleconference the panel decided that the areas of focus for the revisit were the action plan from the previous visit including educational and clinical supervision, feedback, adequate experience, duty rota, workload and IT facilities. It was decided not to ask questions around areas which we know are working well such as induction, teaching, study leave, patient safety, adverse incidents and culture & undermining.

2. Introduction

The Royal Infirmary of Edinburgh is a relatively new building and opened in 2003. The hospital is a major acute teaching hospital and provides services for patients from across Lothian and the south-east of Scotland. The trainees are mainly based on the Royal Infirmary site however the consultants are based either in the Royal Infirmary, Western General Hospital or St John's hospital in Livingston. As part of the visit process the Deanery visit panel met with non-medical staff, specialty trainees and consultant staff.

A summary of the discussions has been compiled under the headings in section 3 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.

3.1 Induction (R1.13)

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

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

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

3.3 Study Leave (R3.12)

Trainers: n/a

Specialty Trainees: n/a

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

Trainers: Clinical and educational supervisors are often the same person, they have regular touch base meetings with their trainees even though they may not always be working in the same department. The supervisors have attended the relevant courses. They have time in their job plans but this time does not reflect the time that the supervisory roles actually take to complete.

Specialty Trainees: n/a

Non-Medical Team: n/a

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

Trainers: The educational supervisor and trainee jointly set up their training requirements in line with the curriculum around 6-12 months in advance. The requirements are shared with the rota master. The onus is on the trainee to say what they need to complete. Bench training in the laboratory can be difficult to manage schedule wise, they are able to use the university of Edinburgh lab if necessary. When a trainee is working in virology covering the duty sessions the consultant used to be off site and is now on site.

Specialty Trainees: Generally, trainees can achieve their competencies as there is a breadth of experience and exposure to lots of things. However, this is more easily achieved when the rota is fully staffed as it is currently. Trainees decide on learning agreements in conjunction with their educational supervisors at the start of the year but these can be difficult to meet in reality due to the other demands on their time. Trainees also preferred when they worked in geographical 'patches' as they felt they gained more experience which they could then consolidate on an ongoing basis.

The trainees find their experience of virology duty sessions challenging. The consultant who is 2nd on call is not always around and if they are there they are not always helpful. Consultant presence is better than it was following trainee feedback on this issue but it can still be intermittent. Trainees feel that there is a lack of understanding from some of the virology consultants about their abilities to deal with queries and their training needs.

Some of the trainees were aware that consultants were working on a document that will be used to provide more structure to the specialty training plan for trainees. They have input to this on an informal basis.

Non-Medical Team: Laboratory staff are involved in bench training. Work has been undertaken recently to look at trainees' requirements and ensure that lab staff know what these requirements are.

Alternative methods of training are being looked at such as background reading, using university facilities and you tube videos so that all trainees are not looking to be trained in the labs at one time. Trainee clinical scientists also require similar training so in order to be more efficient in their training delivery they are looking at crossing over training needs where possible. This work is ongoing and is in conjunction with the training programme director (TPD).

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

Trainers: Trainers feel that trainees should complete assessments during the year not just around the time of their Annual Review of Competency Progression (ARCP). There is also the opportunity for case based discussions at the Monday morning weekly meeting.

Specialty Trainees: Trainees feel that not all consultants are focused on feedback and that case based discussions have to be planned some time in advance which is not entirely the ethos of them.

Non-Medical Team: Staff complete assessments when asked and plans are in place to provide trainees with an opportunity to feed back to lab staff on their training with them.

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

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

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

Trainers: n/a

Specialty Trainees: n/a

3.9. Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Laboratory staff are made aware of trainee competence level when they are introduced. Trainees are made aware of the importance of seeking help when they need it. Trainers were aware of some issues with supervision of trainees when they are working in virology covering duty sessions so a workshop has been set up in July to discuss these issues. Trainers, trainees and the regional associate postgraduate dean (APGD) will be invited to attend.

Specialty Trainees: On the whole trainees feel that their supervision is good and that they don't have to cope with problems beyond their experience.

Non-Medical Team: It can be difficult to identify which trainee is at what level of training. Trainees wear colour coded badges but are not allowed to wear them in the laboratory. Staff were not aware of any instances where trainees have had to deal with anything beyond their level of competence.

3.10. Feedback to trainees (R1.15, 3.13)

Trainers: Much of the feedback provided is informal and takes place at the end of a duty session. Some trainers feel that they could say more about what went well.

Specialty Trainees: Some consultants are feeding back regularly including when working in the duty room. Some consultants continue not to provide feedback.

3.11. Feedback from trainees (R1.5, 2.3)

Trainers: There have been some workshops held to discuss issues which are said to have productive. A further workshop has been set up to discuss trainee supervision in virology. Trainers are taking feedback received on board and try to act on it.

Specialty Trainees: Trainees attend meetings with the consultants and they do feel that feedback they have provided has been acted on.

3.12. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The rota is discussed with the TPD at the start of the year and the rota is written for at least the following 6 months. It can be tricky to fit things in and continue to maintain flexibility. Placements in particular areas are worked out and incorporated into the rota. When a consultant is off they cover each other, this usually end up being the duty room consultant.

Specialty Trainees: A trainee chairs the Monday morning meeting and this meeting is better however there is still an expectation at times for a trainee to cross cover consultant work with very little or no notice. They feel it is useful for them to be at this meeting but don't want to have to cover roles.

A trainee designs the rota trying to balance service commitments with training needs and feels that this is difficult at times so would appreciate more consultant input. This would ensure that all trainees learning outcomes are being met.

Non-Medical Team: Staff were not aware of any rota issues but if trainees had an issue this would be likely reported to medical staff.

3.13. Handover (R1.14)

Trainers: n/a

Specialty Trainees: This is easier when using the trackcare system and/or the duty room inbox. Handovers are documented. Communication with other specialties can be challenging at times when phoning departments with results however this has been raised with the consultants who are trying to improve it.

Non-Medical Team: n/a

3.14. Educational Resources (R1.19)

Trainers: n/a

Specialty Trainees: There continue to be issues at times with the video conferencing equipment however these are out with the departments control. The trainees would like to have their own room.

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

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

3.16 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: At a local level there is a meeting that deals with curriculum delivery, there is a trainee rep on this group. There is also a consultant meeting where trainee issues can be discussed. There is a specialty training committee (STC). Issues are usually dealt with locally but they will contact the Deanery where needed.

Specialty Trainees: Indirectly trainees complete the two surveys a year and these results are discussed at the STC. Feedback is also provided to trainees' educational supervisors who are said to be receptive to feedback. This feedback feels more direct and trainees feel more like they are able to influence change.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Educational and clinical supervisors have meetings with each other with input from supervising consultants.

Specialty Trainees: Any concerns they had would be raised with their educational supervisors and resolved on a personal level.

Non-Medical Team: n/a

3.18 Patient safety (R1.2)

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

3.19 Adverse incidents (R1.3)

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

3.20 Duty of candour (R1.4)

Trainers: n/a

Specialty Trainees: n/a

3.21 Culture & undermining (R3.3)

Trainers: n/a

Specialty Trainees: n/a

Non-Medical Team: n/a

3.22 Other

Management team: at the pre- visit session the management team wanted us to know that 3 trainees had completed their training and others had passed their exams. There had been 2 workshops facilitated by the regional APGD to tackle feedback received as well as monthly meetings with trainers, trainees and the clinical director. They are trying to work through issues as a team. Trainees' training needs are identified on an individual basis. Trainers have undertaken training in effective supervision. All staff are working together (including the lab staff) to ensure better integration of lab training. Staff feel supported by the wider NHS Lothian management team.

Specialty Trainees: Trainees feel that their feedback has been listened to and that all staff are engaged with the improvement process. Any issues that haven't been resolved are being worked on. They felt that the clinical lead and their educational supervisors were working particularly hard.

In terms of overall satisfaction, they rated the post between 5 and 8, with the majority choosing 8.

Non-Medical Team: There continue to be gaps in clinical scientist staffing but a workforce plan has been developed in conjunction with finance to address these gaps.

4. Summary

Is a revisit required?	Yes	No	Highly Likely (within 5 years) We plan to monitor the survey data on an ongoing basis and make a decision based on that	Highly unlikely
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The feedback from the last QM visit in December 2017 has clearly been taken on board and efforts have been made over the last 6 months to address the action plan.

Positive aspects of the visit were:

- There is ongoing work coming from the workshops
- The monthly meeting involving service leads, training lead and trainees seems to be working to solve issues.
- Trainees and consultants have worked together on the structure and format of the Monday morning meeting.
- There is good collaborative working of the laboratory staff and medical staff around curricula requirements.
- The teaching programme continues to be excellent.
- Efforts are being made to set educational objectives which meet trainees' curriculum competencies.

Areas that are working less well:

- The arrangements described for consultant cross cover for planned annual leave are still not clear resulting in their work falling to trainees.
- The recently revised supervision arrangements for trainees' virology duty sessions should be monitored to ensure that the improvements are sustained.
- The provision of constructive developmental feedback is improving but still requires some work.
- The current rota management system is a risk to trainees' meeting all their planned educational objectives. It requires greater direction to achieve these and an active mechanism to correct it where necessary.
- As the laboratory staff are unable to benefit from the use of colour coded badges, the department will need to consider an alternative mechanism so that all staff are aware of trainee competence level.

5. Areas of Good Practice

Ref	Item	Action
5.1	There is good collaborative working of the laboratory staff and medical staff around curricula requirements.	n/a
5.2	The teaching programme continues to be excellent.	n/a
5.3	The monthly meeting involving service leads, training lead and trainees seems to be working to solve issues.	n/a

6. Areas for Improvement

Ref	Item	Action
6.1	The arrangements described for consultant cross cover for planned annual leave are still not clear resulting in their work falling to trainees.	
6.2	The recently revised supervision arrangements for trainees' virology duty sessions should be monitored to ensure that the improvements are sustained.	
6.3	The provision of constructive developmental feedback is improving but still requires some work.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The current rota management system is a risk to trainees' meeting all their planned educational objectives. It requires greater direction to achieve these and an active mechanism to correct it where necessary.	20 March 2019	all
7.2	As the laboratory staff are unable to benefit from the use of colour coded badges, the department will need to consider an alternative mechanism so that all staff are aware of trainee competence level.	20 March 2019	all

