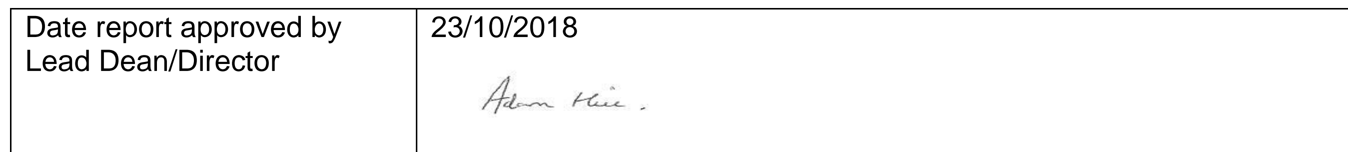
Scotland Deanery
Quality Management Visit Report

Date of visit	Tuesday 2 October 2018	Level(s)	FY and ST
Type of visit	New Site	**Hospital**	Dumfries and Galloway Royal Infirmary
Specialty(s)	General Surgery	**Board**	NHS Dumfries and Galloway

Visit panel	
Dr Fiona Ewing	Visit Lead and Associate Postgraduate Dean for Quality
Mr Ben Thomas	Training Programme Director
Dr Duncan Henderson	Associate Postgraduate Dean (Foundation)
Dr Alice Rutter	Trainee Associate
Ms Jill Murray	Quality Improvement Manager
Mrs Karen Colville-Walker	Lay Representative
In attendance	
Mrs Fiona Conville	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Surgery	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Ms Kerry Haddow and Mr Phil Walmsley	
Quality Improvement Manager(s)	Ms Vicky Hayter and Ms Jill Murray	
Unit/Site Information		
Non-medical staff in attendance	2	
Trainers in attendance	3	
Trainees in attendance	7	5 x FYs and 2 x STs
Feedback session: Managers in attendance	9	

Date report approved by Lead Dean/Director	23/10/2018 

1. Principal issues arising from pre-visit review

A Deanery visit was arranged to the General Surgery department at Dumfries and Galloway Royal Infirmary due to the transfer of all training and services to a new hospital site. The panel conducted a review and triangulation of available data, including the GMC National Training Survey (NTS) and NES Scottish Trainee Survey (STS) prior to the visit.

Below is data from the GMC National Training Survey and the Scottish Training Survey. Please not the Foundation NTS data incorporates all surgical specialties with Foundation trainees and not just the specialty being visit.

NTS Data – Post Data
General Surgery
Red Flags – Clinical Supervision, Clinical Supervision Out of Hours, Reporting Systems

Aggregated NTS Data – Post Data
General Surgery
Green Flags – Induction, Workload, Study Leave
Pink Flags – Local Teaching

STS Data
Foundation – General Surgery
Pink Flag – Handover

Aggregated STS Data
Foundation – General Surgery
Red Flags – Handover, Workload

Higher – General Surgery
Lime Flag – Educational Environment

2. Introduction

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 below includes numeric reference to specific requirements listed within the standards.

The panel met with the following trainee groups:

Foundation Trainees
Specialty Trainees

The panel did not meet the Core trainee due to them being on annual leave.

3.1 Induction (R1.13)

Trainers: Trainers reported their induction process works well. On the first day in post the trainees attend a hospital induction in the morning and a departmental induction in the afternoon. The departmental induction includes discussion of an induction document and a tour of the department and hospital. Any trainee unable to attend on the first day is met as soon as possible

Foundation Trainees: Trainees reported they had all attended their shadowing week and received a hospital and Deanery induction during that week. The trainees did not receive a formal induction to General Surgery but were given a “Survival Guide” by previous FY1 trainees which covered informal procedures rather than formal.

Specialty Trainees: Trainees stated they had received a hospital induction and a departmental induction. The departmental induction had included a tour of the hospital and an introduction to all the Consultants.

Non-Medical Staff: The team stated that from a ward perspective induction had gone smoothly. The Foundation trainees have a shadowing week prior to starting and this helps.

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

Trainers: Trainers reported that all trainees can attend their regional teaching and that the time is protected and bleep free. There is also departmental teaching for all trainees. Once a month there is team meeting that involves all clinical sessions being cancelled so everyone can attend. This meeting begins with a M&M session and ends with a Consultant meeting. This session also includes presentations from trainees.

Foundation Trainees: Trainees stated they attend their regional teaching twice a week on a Tuesday and Thursday and this is bleep free teaching. There are other teaching opportunities in the hospital, but these are predominantly medicine based. There is no departmental teaching for the Foundation trainees. The trainees advised the Specialty trainees are supportive and approachable and are happy to teach on the ward, if time allows.

Specialty Trainees: Trainees advised the majority of on-site teaching is geared towards Medicine, but they do have monthly departmental teaching which is good and gives them the opportunity to present cases. There are no issues attending the regional teaching in Glasgow.

Non-Medical Staff: The Nursing teams on the wards are aware the trainees have to attend teaching and support them in doing this. Trainees only miss the session if there is a seriously unwell patient.

3.3 Study Leave (R3.12)

Trainers: Trainers reported no issues supporting study leave requests.

Specialty Trainees: No issues with study leave being supported were reported.

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

Trainers: It was reported that only Consultants who are interested in education and training are allocated as Clinical and/or Educational Supervisors. All supervisors have been trained in their role and are aware of the GMC requirements as part of Recognition of Trainers. All trainers confirmed they have time in their job plans for their role.

Foundation Trainees: Trainees reported they all had named Educational Supervisors.

Specialty Trainees: Trainees stated they had all met with their Educational Supervisor and agreed learning plans.

Non-Medical Staff: The group stated supervision is always available and all Consultants are approachable.

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

Trainers: Trainers reported agreeing learning plans with their trainees at their induction meeting. Specialty trainees are allocated an Educational Supervisor in the department for 6 months at a time which ensures good knowledge of trainee skills. The Educational Supervisor for the Core trainee is unsure of the new curriculum requirements for the Improving Surgical Training (IST) initiative. There is a weekly planning meeting on a Friday which is attended by Specialty trainees and they can look at the schedule for the following week and allocate themselves additional clinics and/or theatre lists. The trainers reported there are no concerns regarding meeting the curriculum requirements of the early stage Specialty trainees.

Foundation Trainees: Trainees stated they are only able to complete their practical procedures when on call as their time on the wards is spent doing non-educational tasks. There are no opportunities to go to clinic or theatre as there is only one FY1 trainee on each ward. The trainees stated when working on call they are part of a small team with a senior trainee and Consultant and therefore get to do more with patients which is good. The trainees agreed they spend roughly 90% of their time doing non-educational tasks.

Specialty Trainees: Trainees reported they had no concerns regarding gaining their competencies. The trainees work as part of a team with their Consultant and regularly attend clinics and theatre sessions. Each Friday morning there is a meeting where trainees can sign up for additional clinics and theatre lists.

Non-Medical Staff: The nursing team on the wards help the Foundation trainees complete their practical core competencies.

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

Trainers: Trainers advised they are all aware of the TURAS and ISCP systems for all grades of trainees and are able to complete the required assessments for the trainees.

Foundation Trainees: The trainees are supported by the Nursing team and Specialty trainees when it comes to completion of assessments.

Specialty Trainees: No issues were reported regarding assessment completion.

Non-Medical Staff: The Nursing team on the wards complete work place based assessments (WPBAs) for the trainees and well as completing multi-source feedback forms.

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

Trainers: Trainers stated there are no such sessions at present.

Specialty Trainees: Trainees advised there are no multi-professional learning events run in the department.

Non-Medical Staff: There are opportunities on the wards for the Foundation trainees to attend training sessions with the nurses.

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

Trainers: Trainers advised that all trainees are encouraged to get involved in a quality improvement project and there are opportunities to present their work at the monthly Surgical meeting. The department also hold a poster competition at the end of the year for the trainees.

Foundation Trainees: Trainees reported there are opportunities to undertake quality improvement projects but to date none of them had started a project as they had only been in post a couple of months.

Specialty Trainees: Trainees stated they are currently involved in quality improvement projects and were encouraged to become involved.

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: Trainers reported that trainees are supervised all the time at the start of their placement and as the placement progresses and the supervisor sees their development they are given more responsibility. A trainee will work the majority of their 6-month place with one Consultant, so they can see their competency level improve. At the end of this placement this information is then shared with their next Educational Supervisor. The Consultants in the department take consent themselves, often with trainees present.

Foundation Trainees: Trainees stated during the day and at nights clinical supervision is always clear and accessible. However, when working the late shift, (5pm-10pm), the trainees cover 4 wards with 120 patients and it is not always clear who the parent team for each patient is. At weekends the trainees do not always feel it is safe for patients due to the workload and only 2 FY1 trainees on shift. One trainee will cover the Clinical Assessment Unit (CAU) whilst the other trainee covers the wards. If CAU is quiet, the two trainees can cover the wards, but if the CAU trainee is busy, the ward cover is a significant issue for a single FY1. Any patients in theatre on Friday will be discharged on Saturday and if multiple patients become unwell at the weekend the workload on the ward becomes difficult to manage.

Specialty Trainees: Trainees advised they are clear who is providing their clinical supervision and all Consultants are approachable. Trainees gave examples when they are in clinic or running minor operation lists with no named supervisor listed. This usually occurs when a consultant is on annual leave.

Non-Medical Staff: The group were unaware of the colour coded badge system used to identify the grade of trainee and therefore recognise their level of competence. The group stated Foundation trainees can find it difficult if both the Specialty trainee and Consultant are in theatre and they have an issue on the ward, however support is always found.

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

Trainers: Trainers stated they work as a team with their trainee, so feedback is constant and frequent. Feedback is also given on ward rounds particularly to the trainees who clerked a patient or patients.

Foundation Trainees: Trainees stated they receive feedback when working in CAU, there they are regularly given feedback on their management plans. There are limited opportunities to get feedback when ward based with ward rounds being business only and no discussion.

Specialty Trainees: Trainees reported receiving regular feedback and in certain situations, ie, theatre, feedback is constant.

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

Trainers: Trainers stated that although there is no formal mechanism for trainees to provide feedback all trainers ask their trainees for feedback, particularly at the end of their placement.

Foundation Trainees: Trainees advised there were opportunities for them to feedback, for example, they had attended a recent meeting with the Director of Medical Education about their rota.

Specialty Trainees: Trainees stated they are able to give feedback to their Supervisor or any Consultant. An example of such feedback was given regarding handover and how a change was made following trainee feedback.

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

Trainers: Trainers stated there are currently no gaps on the rota. The department hold a planning meeting on a Friday morning at which the following week's clinic and theatre sessions are reviewed.

Foundation Trainees: Trainees stated their rota is inflexible due to the number of trainees. If a trainee is off on unplanned leave this impacts heavily on the other trainees on shift who have to cover. The Phlebotomy service stops at 3.30pm and the trainees agreed if this service could be extended it would help their workload.

Specialty Trainees: Trainees stated there are no issues with their rota. Trainees work a week on call followed by a weekend shift a month which means a lot of time off in between but this has been organised to maximise training opportunities. Trainees work nights when their Consultant is on call so that they do not miss out on elective opportunities.

Non-Medical Staff: The rota can be challenging with gaps. Locums are sought to cover any gaps but occasionally it will be the trainee on the pre-assessment unit that will be moved to cover a ward gap. There are currently no Advanced Nurse Practitioners (ANP) in General Surgery but this is being reviewed.

3.13. Handover (R1.14)

Trainers: Trainers reported there is an 8am handover meeting which includes 2 Consultants, the Foundation and Specialty trainees coming off nights and the Foundation and Specialty trainees coming on for the day. The meeting is a good learning opportunity for all trainees as it includes a review of x-rays, blood results and a ward round.

Foundation Trainees: Trainees advised they have a handover at 8.45pm with the day FY1 trainee meeting with the night FY1 trainee. This is an informal handover and there is no documentation to support this handover.

Specialty Trainees: Trainees reported there is a handover meeting at 8am each day and that everyone in the team attends. Previously the FY1 trainees did not attend as they handed over between themselves, but they do now, and this was a trainee driven change.

Non-Medical Staff: The Nursing team are not involved in the morning or night handover but are involved with the afternoon handover between the Foundation trainees. The handover at night is attended by the H@N ANP so no nursing input is needed. The group recognised it might be useful for a nursing team representative to attend the morning handover as they are more aware of the waiting list admissions and could provide an update.

3.14. Educational Resources (R1.19)

Trainers: Trainers stated the specialty trainees now have their own offices with computers with access to online journals. There is also a library in the Education Centre and access to limited simulation technology such as a laparoscopic box trainer.

Foundation Trainees: Trainees stated there is good access to the library and good access to computer on the wards. Trainees also have access to guidelines online.

Specialty Trainees: Trainees advised there is good Wi-Fi connection and a good library. There is also a laparoscopic box available for training.

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

Trainers: Trainers stated they work closely with the trainees and see them every day. The group stated they believe they are approachable and trainees are free to discuss any concerns they have with them. Any doctor in difficulty would be supported and advice sought from the TPD or Occupational Health as appropriate.

Foundation Trainees: Trainees reported initial support would come from their FY1 colleagues but agreed a number of Consultants in the department would be supportive.

Specialty Trainees: Trainees believe support would be available for those struggling but have no experience of this.

Non-Medical Staff: Any concerns regarding a trainee would be discussed with their Educational Supervisor.

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: Trainers advised there is a Specialty Training Committee with trainee representation. There is also a Foundation Programme Director on site.

All Trainees: The trainees are unaware of the Educational Governance structure.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Datix is used to raise concerns and there are mechanisms in place to provide feedback on any issues raised.

Foundation Trainees: Trainees stated they would speak to a Specialty trainee initially but would be able to speak to any of the Consultants if a patient safety issue arose.

Specialty Trainees: Trainees reported they would speak to their Supervisor or any Consultant if they had any concerns regarding patient safety or their training.

Non-Medical Staff: The Nursing team would raise any concerns with the Senior Charge Nurse in the first instance.

3.18 Patient safety (R1.2)

Trainers: No concerns were raised. The department rarely board out patients and those boarded on to a surgical ward remain the responsibility of the parent ward.

Foundation Trainees: No concerns were raised regarding patient safety. The trainees advised surgical patients are rarely boarded out and those boarded in remain the responsibility of their parent team and their FY1 trainee.

Specialty Trainees: Trainees had no concerns regarding patient safety. Surgical patients are rarely boarded and medical patients remain in the care of their parent team, if a medical patient became unwell the Medical on call team would be called.

Non-Medical Staff: No patient safety concerns were raised. The group stated there is no difference in the quality of patient care for boarded patients although it can be challenging for the nursing team to ensure that boarders are not missed when parent teams come to the ward to review all their patients. There are Patient Flow Co-ordinators who go through a full checklist before a patient is boarded to another ward. This checklist ensures the patient is safe to be boarded. If a boarded patient became acutely unwell the Foundation trainee on the ward would attend.

3.19 Adverse incidents (R1.3)

Trainers: Adverse incidents would be reported using the Datix system. Reported incidents are assigned to a person not involved in the incident and feedback is provided. Any incidents that occur are discussed at the monthly M&M meeting during the Friday morning planning meeting.

All Trainees: Trainees reported any incident would be reported on the Datix system and that feedback is received following submission of a report.

Non-Medical Staff: Adverse incidents are reported on the Datix system. The management team review all reported incidents on Monday morning to identify themes and trends and this is then fed back to the wider team.

3.20 Duty of candour (R1.4)

Trainers: The trainers lead by example when dealing with patients. They advise the trainees it is best to be honest with patients and members of their family.

All Trainees: The trainees believe they would be supported if they were involved in an incident with a patient.

3.21 Culture & undermining (R3.3)

Trainers: No issues were raised. The trainers stated there is a supportive environment where training takes priority and the Consultant group are all supportive of each other.

Foundation Trainees: Trainees stated overall everyone is friendly and supportive.

Specialty Trainees: Trainees stated the department is a supportive environment with no undermining issues.

Non-Medical Staff: No concerns were raised. There is a good team culture within the department. There are team meetings in the department that everyone attends, and these are always supportive.

3.21 Other

Foundation Trainees: Trainees reported that the new accommodation block is of good quality and there is a good sense of community spirit in the hospital. The trainees have a WhatsApp group and regularly meet in the Doctors Mess.

4. Summary

This was a positive visit to General Surgery at Dumfries and Galloway Royal Infirmary. The panel met with an engaged group of trainers who encourage their trainees to maximise the learning opportunities available in the unit. There is a very good team ethos within the department. All groups met by the visit team stated the unit is a supportive working environment.

What is working well:

- A positive and supportive team culture within the unit which allows trainees to feel comfortable about raising concerns.
- There is excellent protected time to allow all grades of trainees to attend bleep free teaching.
- Colour coded badges used to identify different grades of medical staff are in use.
- The weekly planning meeting which allows trainees the opportunity to assign themselves to training opportunities in clinics and theatres the following week.
- Very good training experience for ST3/ST4 level of trainees.

What is working less well:

- Clinics and minor operation theatres running without a named Consultant available for supervision must end.
- There is a lack of clarity regarding the curriculum requirements of the new IST (Improving Surgical Training) training programme.
- Departmental/ward induction for Foundation trainees needs to be improved with more robust documentation.
- The current short duration of ward attachments of Foundation doctors is not conducive for support, team building and continuity of patient care.
- At times there is a lack of support for Foundation trainees who reported being stretched during the late shift and at weekends.
- Foundation trainees also undertake a high number of non-educational tasks.
- The Foundation trainees are involved in a number of handovers that are not robust.
- There was frequent use of SHO terminology across a number of groups.

Overall satisfaction scores:

Foundation trainees – a range between 6-9 with an average of 6.8
Specialty trainees – a range between 6-8 with an average of 7

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

5. Areas of Good Practice

Ref	**Item**	**Action**
5.1	Colour coded badges being used to distinguish different grades of trainees however this does need more publicising across the department.	
5.2	A weekly planning meeting which allows trainees the opportunity to assign themselves additional training opportunities the following week.	
5.3	A monthly teaching meeting where all clinical sessions are cancelled so all teams can attend.	
5.4	All grades of trainees are supported to attend their regional teaching.	

6. Areas for Improvement

Ref	Item	Action
6.1	Review the possibility of extending the Phlebotomy service beyond 3.30pm.	
6.2	Review weekend cover with a view to providing additional support staff for the 2 Foundation trainees working at the weekend.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	Trainees must not undertake clinics/theatre lists without an appropriately named Clinical Supervisor being available.	Immediate	ST
7.2	The burden of tasks for Foundation trainees that do not support educational or professional development and that compromise access to formal learning opportunities must be significantly reduced.	30 June 2019	FY
7.3	Educational supervisors must understand curriculum and portfolio requirements for their trainee group.	30 June 2019	CT
7.4	To improve trainer-trainee engagement, foster team building and provide improved continuity around their management of inpatients, the duration of ward attachments of Foundation doctor must be increased to be for at least 4 weeks.	30 June 2019	FY
7.5	Departmental induction must be provided which ensures trainees are aware of all their roles and responsibilities and feel able to provide safe patient care. Handbooks may be useful in aiding this process but are not sufficient in isolation.	30 June 2019	All
7.6	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.	30 June 2019	FY
7.7	All references to “SHOs” and “SHO Rotas” must cease. The “Say No to SHO” programme must be adopted, with all staff involved.	Immediate	All