Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 2 October 2018	Level(s)	GPST and ST
Type of visit	New Site	Hospital	Dumfries and Galloway Royal Infirmary
Specialty(s)	Ophthalmology, Otolaryngology and Trauma and Orthopaedics	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	5	
Trainers in attendance	4	
Trainees in attendance	4	2 x GPSTs and 2 x STs
Feedback session: Managers in attendance	9	

Date report approved by Lead Dean/Director	23/10/2018 Adam Hill.

1. Principal issues arising from pre-visit review

A Deanery visit was arranged to the Ophthalmology, Otolaryngology and Trauma and Orthopaedics departments at Dumfries and Galloway Royal Infirmary (DGRI) due to the transfer of all training and services to a new hospital site. In order to make the visit schedule more practical and provide trainees with some degree of anonymity the specialties of Ophthalmology, Otolaryngology and Trauma and Orthopaedics have been combined. 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 note the Foundation and General Practice NTS data incorporates all surgical specialties with Foundation and General Practice trainees and not just the specialty being visit.

Aggregated NTS Data – Post Data
Otolaryngology – Green Flags – Induction, Workload, Study Leave; Pink Flag – Local Teaching
Trauma & Orthopaedics – Green Flags – Clinical Supervision Out of Hours, Induction, Workload

Aggregated STS Data
GP – Otolaryngology – Green Flags – Teaching, Workload

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:

General Practice Trainees
Specialty Trainees

GP trainee comments reported below refer to their combined placement in Ophthalmology and Otolaryngology. Specialty trainee comments reported below refer to their placement in Trauma and Orthopaedics.

The visit panel were advised that there are planned changes to the current GP placement which is a joint placement with Ophthalmology and Otolaryngology. Due to the recent relocation of services Ophthalmology is based on 2 sites, DGRI and Mountainhall Treatment Centre. In future the GP posts are to be altered so Ophthalmology will be linked to Sexual Health at Mountainhall Treatment Centre and Otolaryngology will be linked with Dermatology at DGRI.

3.1 Induction (R1.13)

Trainers: Trainers reported that all trainees attend a hospital induction and it is very thorough. All trainers stated that induction is flexible and any trainee unable to attend on the first day is met with at an alternative time.

Ophthalmology – Induction is a powerpoint presentation delivered by a Consultant.

Otolaryngology – Trainees receive a 1:1 induction from their Clinical Supervisor who goes through an induction booklet with them and gives them a tour of the department. The induction lasts an afternoon and covers what a GP trainee can expect to achieve in the placement.

Trauma and Orthopaedics – Trainers stated that induction to the department is organised by the trainee in charge of the middle grade rota. There is an induction document that details clinic and theatre procedures, how the department works and includes an example rota. IT passwords and access are organised by the administrative team. All trainees are asked to sign a document stating they have received an induction and this is signed off by their Clinical/Educational Supervisor.

All Trainees: Trainees confirmed they had all received a comprehensive hospital and departmental induction.

Non-Medical Staff: The team stated that the shadowing week helps trainees when starting in post.

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

Trainers: Trainers reported all trainees are able to attend their mandatory regional teaching.

Ophthalmology – The trainer advised there is weekly theoretical teaching given to the GP trainees. Ophthalmology is now a split site, services based in both DGRI and Mountainhall Treatment Centre, so it is difficult for the trainers and trainees.

Otolaryngology – The trainer advised that GP trainees receive one hour of teaching a week and over the placement this will cover the majority of conditions relevant for GP training. Trainees are also asked if there are specific areas of the specialty they are interested in.

Trauma and Orthopaedics - Trainers advised there is departmental teaching for Specialty trainees every Thursday 10am-12.30pm and it is only the trainee on-call that is unable to attend. The teaching incorporates an antibiotic ward round and is attended by a Microbiology Consultant and members of the Infection Control Team. The session finishes with discussions with trainees regarding non-clinical issues and then a Consultant only session.

GP Trainees: Trainees reported receiving weekly teaching in both Ophthalmology and Otolaryngology, the sessions run alternate weeks. The trainees are also able to attend their regional GP teaching.

Specialty Trainees: Trainees stated there is a weekly Thursday morning MDT meeting that includes a M&M meeting and discussion of interesting cases. The trainees' regional teaching is on a Friday afternoon and they can attend if not on call. Both the Thursday teaching and the regional teaching is protected time.

Non-Medical Staff: The team stated that all trainees can attend teaching and all the staff on all the wards support this attendance.

3.3 Study Leave (R3.12)

Trainers: There are no issues supporting study leave in any department.

All Trainees: No issues re study leave were reported.

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

Trainers: All trainers confirmed they had time in their job plans for supervision and all had undertaken training for their role.

Ophthalmology – The trainer advised that because of the split site working there are 3 consultants who share the Clinical Supervision role.

Otolaryngology – The trainer advised there is one Clinical Supervisor for both GP trainees.

Trauma and Orthopaedics – Trainers advised that Clinical and Educational Supervisors are allocated by the Training Programme Director (TPD) prior to the trainees arriving.

GP Trainees: Trainees stated they met with their Clinical Supervisor and agreed objectives for the post. They have been able to meet with their Educational Supervisor who is based in a GP practice. One trainee stated their current Clinical Supervisor is "the best supervisor they have ever had".

Specialty Trainees: Trainees confirmed they had met with their Educational Supervisor and agreed a learning plan that should meet all their required competencies. Further meetings with their supervisor have been set for the remainder of the post.

Non-Medical Staff: There is always supervision available in each of the departments and trainees know how to access it.

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

Trainers:

Ophthalmology – The trainer advised there are no clear competencies required in Ophthalmology for the GP trainees therefore it is difficult to know what to teach so a broad range of areas is covered.

Otolaryngology – The trainer advised there is no issue meeting GP competencies.

Trauma and Orthopaedics – Trainers advised they usually have ST3 trainees who meet their competency requirements with no issues however they currently have ST5 trainees and believe it is more challenging for that level of trainee. The trainers stated emergency experience is good but with the number of on-calls the trainees have to do between on-calls elective exposure is limited.

GP Trainees: Trainees stated they would all meet their competencies and that their placement in Otolaryngology was a "fantastic" job.

Specialty Trainees: The trainees reported a mixed experience with one trainee stating they expect to achieve their competencies whilst the other trainee is doubtful. The trainees spend 3 months of their 6-month post on-call which impacts on the number of elective procedures they are exposed to. The amount of on-call impacts on the ability of a supervisor to see their progression which then limits their development. The trainees stated that they are often competing with the non-training middle grade doctors for theatre time and other training opportunities.

Non-Medical Staff: **Trauma and Orthopaedics** – There is a trainee ANP in the department who supports the Foundation trainees. The wider team of Occupational Therapists, Physiotherapists and Nurses also help the Foundation trainees with achieving their core practical procedures.

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

Trainers: All trainers stated they were able to complete assessments for all their trainees.

All Trainees: Trainees confirmed there are no issues getting their required assessments completed.

Non-Medical Staff: The group complete multi source feedback forms on the trainees' eportfolios.

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

Not discussed.

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

Trainers:

Ophthalmology and Otolaryngology – Trainers stated there are opportunities to become involved in audits. However, the trainees have to complete audits linked to their GP training which is challenging, and trainees are only in each specialty for 3 months.

Trauma and Orthopaedics – Trainers stated trainees are assigned an audit at their induction meeting with their supervisor and are asked to present it to the department before they leave post.

GP Trainees: Trainees stated they were offered opportunities in Otolaryngology but had not taken up the offer.

Specialty Trainees: Trainees stated there were opportunities to undertake audits and they were involved in current projects.

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 there is always someone available to provide supervision and no trainee is left to deal with any issue above their competence.

Ophthalmology and Otolaryngology – Trainers stated that their departments always have the same grade of GP trainee and everyone knows their competence level.

Trauma and Orthopaedics - Trainers advised that all trainees are introduced to the team at induction so that everyone knows the grade of trainee.

All Trainees: Trainees agreed they always know who to contact and everyone is approachable.

Non-Medical Staff: The group stated that no trainee, in any department, is asked to complete a task that is above their level of competence. The group were unaware of the colour coded badge system used to identify the grade of trainee and therefore recognise their level of competence.

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

Trainers: Trainers advised that feedback is constant, both verbal and written in the form of their eportfolio assessments.

Ophthalmology and Otolaryngology – Trainers stated trainees received feedback following clinics.

Trauma and Orthopaedics –Trainers advised trainees receive feedback at the end of elective theatre, during the post-op ward round and when working trauma on-call with their Consultant.

GP Trainees: Trainees stated they rarely work alone therefore there is always an opportunity to discuss cases and receive feedback.

Specialty Trainees: Trainees reported receiving feedback at the morning Trauma meeting and when working on-call with a Consultant. Feedback is also received via completed WPBAs on the trainees' eportfolio.

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

Trainers: Trainers reported receiving feedback from trainees at the end of their post.

GP Trainees: Trainees stated they can provide feedback at any time.

Specialty Trainees: Trainees advised they can provide feedback at the Thursday teaching meeting and if it related to a training requirement they would be supported in achieving it.

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

Trainers:

Ophthalmology and Otolaryngology – Trainers advised the GP trainee posts are more educational than service so there is no rota as such and trainees can maximise their learning opportunities.

Trauma and Orthopaedics – Trainers advised their trainees work a single tier rota and they try to spend the majority of their time working with their supervisor. The continuity of supervisor helps the trainees develop their competencies as their supervisor can see their development and allow them to progress at an appropriate pace.

Specialty Trainees: Trainees reported when on-call their workload can be challenging. The on-call rota does not always match up with the trainees' Educational Supervisor so the trainees' miss opportunities to be in theatre with their Supervisor unless they swap their on-call.

Non-Medical Staff: **Trauma and Orthopaedics** – The group stated it can be challenging for continuity of care when the Foundation trainees change wards every few days and, on occasions, daily. The trainee ANP does hold the Trauma phone to minimise disruptions to the Specialty trainee when they are in theatre on call, but as there is only one ANP availability of this cover is limited.

3.13. Handover (R1.14)

Trainers:

Otolaryngology – There is a morning handover at 8.30am each morning that is attended by all team members. If there are any issues overnight or out of hours the Foundation trainee would attend the ward round to handover any concerns.

Trauma and Orthopaedics – There is a Trauma meeting at 8am each morning which is attend by the overnight team, the day team, a physiotherapist and nursing staff. All patients are discussed at the meeting and there is a written record of handover held on Excel and this is updated by the specialty trainees. The Foundation trainee from the overnight or out of hours team attends the ward round following the Trauma meeting. At night there is a 1:1 handover between the Specialty trainees and again a written record of patients is shared.

GP Trainees: Trainees stated there are 2 Consultants in Otolaryngology and they speak to the trainees before nightshift to update them on their patients.

Specialty Trainees: Trainees reported there is a Trauma meeting each morning followed by a ward round. At night there is a handover at 9.45pm to the H@N team. The Specialty trainees are responsible for maintaining the electronic handover sheet.

Non-Medical Staff:

Ophthalmology – If a patient is transferred from DGRI to Mountainhall Treatment Centre or vice versa then there is a handover phone call between the sites.

Otolaryngology – There is a morning meeting with all team members and a Foundation trainee who has been on overnight.

Trauma and Orthopaedics – There is a handover at the Trauma meeting each morning at 8am. All team members attend this meeting and all patients are discussed. There is a handover at 8pm with Specialty trainees and the overnight ANPs.

3.14. Educational Resources (R1.19)

Trainers: Trainers advised there are good library and IT facilities that all trainees have access to.

GP Trainees: Trainees advised there is space in the Otolaryngology department that can be used as a learning space and teaching has been held in the room. The library facilities in the hospital are good however when the GP trainees are based in their GP practice for a placement they no longer have access to the library.

Specialty Trainees: Trainees advised they have shared office space with the General Surgery and Vascular Surgery trainees however they have no access to simulation for Trauma and Orthopaedics.

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

Trainers: All trainers reported there is a 3-monthly meeting held by the Director of Medical Education (DME) to discuss Doctors in Difficulty.

Ophthalmology – The trainer stated it would be difficult to pick up a trainee in difficulty as there is a lack of clarity regarding competencies for GP trainees in Ophthalmology.

Otolaryngology – The trainer stated they would discuss any issues with the trainee and if unable to help would contact the trainee's GP Educational Supervisor.

Trauma and Orthopaedics – Trainers reported they would speak to a trainees Clinical or Educational Supervisor if there were any concerns. If the trainee required support gaining competencies the department would try to help and if concerns continued the TPD would be contacted.

GP Trainees: Trainees stated the hospital is a friendly environment and very supportive and departmentally there is good support from their Clinical Supervisor. Support is also available from the trainees' Educational Supervisor and TPD.

Specialty Trainees: Trainees stated the department is supportive.

Non-Medical Staff: The group stated any issues with a trainee would be escalated to their 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)

All Trainers: All trainers advised there is a hospital wide Educational Committee that meets regularly and has representatives from all the surgical disciplines.

All Trainees: Trainees were aware of an Educational Committee in the hospital but were unaware of the surgical representative on that Committee.

3.17 Raising concerns (R1.1, 2.7)

All Trainers: Trainers reported trainees always have access to Consultants and any concerns would be discussed.

All Trainees: Trainees advised they would speak to their Clinical or Educational Supervisor if they had any concerns regarding patients or their training.

Non-Medical Staff: Any patient safety concerns would be raised using the Datix system.

3.18 Patient safety (R1.2)

Trainers: Trainers stated there are no patient safety issues.

Trauma and Orthopaedics – Trainers advised they do not board patients out. If patients are boarded in to the department they are recorded on the patient lists in the same way as a Trauma and Orthopaedic patient. However, boarded patients remain the responsibility of their parent team.

GP Trainees: Trainees advised there have been challenges when dealing with Ophthalmology patients due to the split site working. Patients are transferred between the 2 sites, DGRI and Mountainhall Treatment Centre, and in DGRI it is not always clear if patients have been clerked in.

Specialty Trainees: Trainees advised there are no patient safety concerns. The department do occasionally have boarded patients but there is a ward-based Foundation trainee who is responsible for them.

Non-Medical Staff: The group agreed all their departments were safe for patients including boarded patients.

3.19 Adverse incidents (R1.3)

All Trainers: Trainers stated adverse incidents are recorded on the Datix system and that feedback is provided following an incident.

All Trainees: Trainees reported they would discuss any incidents with their Clinical or Educational Supervisor and report the incident in the Datix system. The trainees confirmed they do receive feedback from Datix reports.

Non-Medical Staff: The group stated that the Datix system is used to record any adverse incidents. These incidents are reviewed weekly by the management team and shared across the specialties where they are discussed at specialty management meetings.

3.20 Duty of candour (R1.4)

All Trainers: Trainers stated they lead by example and encourage trainees to be open and honest with patients and their families.

All Trainees: Trainees confirmed they would be supported if involved in an incident with a patient or their family member.

3.21 Culture & undermining (R3.3)

All Trainers: Trainers advised there is a supportive environment in all their departments. Trainees are encouraged to discuss any concerns with anyone.

All Trainees: Trainees stated their departments are very supportive and there are no undermining issues. As a hospital the environment is very supportive, trainees stated Consultants expect to be contacted which is good as the majority of trainees are junior trainees and welcome the approachability. Trainees believe it is also good for patient safety as senior input is always available.

Non-Medical Staff: There are hospital wide meetings when all clinical sessions are cancelled and the teams get together for teaching. The meeting involves discussion about concerns raised but also about good practice and any letters of thanks from patients are shared at this meeting.

4. Summary

This was a very positive visit to Ophthalmology, Otolaryngology and Trauma and Orthopaedics 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 their departments. There is a very good team ethos in each of the departments. All groups met by the visit team stated the departments are a supportive working environment.

What is working well:

Ophthalmology/Otolaryngology

- Ms Botma was praised as being the “best supervisor” a trainee had ever had.
- Trainees in Ophthalmology and Otolaryngology have the freedom (under supervision) to set their own learning based on their curriculum requirements and interests.
- Holding a meeting that shares compliments as well as discussing incidents is excellent.
- Colour coded badges used to identify different grades of medical staff are in use.

Trauma and Orthopaedics

- Trauma and Orthopaedics departmental teaching on a Thursday is an excellent initiative.
- Good thorough departmental induction process.
- Monthly rolling CPD afternoon across the Surgical floor is excellent.
- Trauma Meeting in the morning is an excellent handover process.
- Colour coded badges used to identify different grades of medical staff are in use.

What is working less well:

Ophthalmology/Otolaryngology

- GP trainees lose access to the library facilities within the hospital when they are based in their training practice.

Trauma and Orthopaedics

- A reported lack of training opportunities and elective operating experience appropriate to achieve curriculum requirements for ST5 trainees.
- The current short duration of ward attachments of Foundation doctors is not conducive for support, team building and continuity of patient care.
- Specialty trainees are competing for theatre time with non-training Clinical Development Fellows.
- There was frequent use of SHO terminology across a number of groups.

Overall satisfaction scores:

General Practice trainees – average of 9
Specialty trainees – a range between 3-6 with an average of 4.5

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	The multi-disciplinary meeting held across the hospital that shares good practice as well as the opportunity to discuss concerns.	
5.3	Trauma and Orthopaedics departmental teaching on a Thursday is an excellent initiative.	
5.4	All grades of trainees are supported to attend their regional teaching.	

6. Areas for Improvement

Ref	Item	Action
6.1	Ensure GP trainees have access to the library facilities within the hospital when based in their training GP practice.	

7. Requirements - Issues to be Addressed

Trauma and Orthopaedics

Ref	Issue	By when	Trainee cohorts in scope
7.1	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
7.2	Training opportunities must be prioritised for trainees before the needs of non-training post holders.	30 June 2019	ST
7.3	Adequate learning opportunities to support the development of senior Specialty trainees must be developed, including involvement of the TPD who allocates trainee placements.	30 June 2019	ST
7.4	All references to “SHOs” and “SHO Rotas” must cease. The “Say No to SHO” programme must be adopted, with all staff involved.	Immediate	All

Ophthalmology and Otolaryngology

Ref	Issue	By when	Trainee cohorts in scope
7.1	All references to “SHOs” and “SHO Rotas” must cease. The “Say No to SHO” programme must be adopted, with all staff involved.	Immediate	All