

Scotland Deanery Quality Management Visit Report

Date of visit	Tuesday 6 November 2018	Level(s)	FY and GPST
Type of visit	Triggered Visit	Hospital	University Hospital Ayr
Specialty(s)	Emergency Medicine	Board	NHS Ayrshire and Arran

Visit panel	
Professor Clare McKenzie	Visit Lead and Postgraduate Dean for East Region
Dr Caroline Whitton	Associate Postgraduate Dean (Foundation)
Mr Ron Coggins	Training Programme Director
Dr Sarah Murray	Trainee Associate
Ms Jill Murray	Quality Improvement Manager
Mr Les Scott	Lay Representative
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie
Quality Improvement Manager(s)	Ms Jill Murray
Unit/Site Information	
Non-medical staff in attendance	3
Trainers in attendance	4
Trainees in attendance	3
Feedback session: Managers in attendance	20

Date report approved by Lead Visitor	27 November 2018
-----------------------------------------	------------------

1. Principal issues arising from pre-visit review

A Deanery visit was arranged to the Emergency Medicine department at University Hospital Ayr due to some concerns raised at the Foundation Quality Review Panel meeting in August 2018 and concerns expressed by the GMC regarding the Foundation National Training Survey (NTS) transfer data. The panel conducted a review and triangulation of available data, including the GMC 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.

NTS Data – Foundation

Red Flags – Handover, Study Leave, Workload, Reporting Systems, Educational Governance and Rota Design

Pink Flags – Educational supervision, Induction, Overall Satisfaction, Teamwork and Curriculum Coverage

Aggregated STS Data - General Practice

Green Flags – Clinical Supervision, Teaching, Team Culture and 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 groups:

ACCS LAT trainee

Clinical Development Fellows

There are three FY2 trainees and two GP trainees in the department. However, the panel did not have the opportunity to meet with any of these trainees.

3.1 Induction (R1.13)

Trainers: Trainers stated that everyone attends a hospital induction then a departmental induction. Induction is run over 3 days and covers all the essential information needed to start in post. There is an induction handbook that is distributed to all trainees. Any trainee who is unable to attend the first day of induction attends a hospital induction catch up first and is then given an individual induction in their first week.

Trainees: Trainees confirmed that they had all received a hospital induction and although it was thorough, a lot of it was not relevant to the Emergency Department. Trainees stated that they had received a comprehensive unit induction that lasted 2.5 days. Everything in the department was covered in induction, including the trainees' roles and responsibilities.

Non-Medical Staff: The group reported that induction is very effective as it runs over a number of days and shifts are covered to allow all trainees to attend.

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

Trainers: Trainers stated that there is weekly teaching on a Wednesday afternoon and they employ a GP locum to cover the department. There is a session 1-2pm for medical students, 2-4pm for junior trainees and 4-5pm for senior non-training middle or staff grades. The teaching is overseen by a consultant who allocates topics and presenters for each of the sessions. There are opportunities to run some simulation scenarios in the mornings when the department is not too busy and this involves everyone in the team.

Trainees: Trainees reported that they receive teaching every Wednesday afternoon. There are 2 sessions, 2-4pm for the junior trainees and 4-5pm for senior staff. Trainees also confirmed their ability to attend their regional teaching.

Non-Medical Staff: The group advised there is weekly teaching on a Wednesday afternoon and it is open to everyone to attend. The Advanced Nurse Practitioners (ANPs) attend both the 2-4pm and 4-5pm sessions.

3.3 Study Leave (R3.12)

Trainers: Trainers reported study leave is automatically approved if given 6-weeks' notice, anything less requires discussion within the team to ensure appropriate cover is available.

Trainees: Trainees reported no issues taking study leave.

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

Trainers: Trainers reported that trainees are all sent an email before they start in post advising them of who their Educational Supervisor is. All Educational Supervisors meet with their trainee(s) in their first week in post and agree a learning plan with them. All trainers have attended courses relevant to their roles as Clinical/Educational Supervisors, have time in their job plans to undertake this role and their educational role is discussed as part of their appraisal.

Trainees: Trainees confirmed that they had all met with their Educational Supervisor and agreed learning plans for their post.

Non-Medical Staff: The group stated that there is always someone available to provide supervision. There is a board in the department which provides details of who is on call and how to contact them and this is also highlighted at the morning handover meeting.

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

Trainers: Trainers stated that Educational Supervisors keep the same grade of trainee for a year so that they can familiarise themselves with the relevant curriculum. In the afternoons there is a second Consultant/Associate Specialist in the department whose role it is to provide training and teaching opportunities for the trainees. They sometimes do this by shadowing trainees or identifying interesting cases from the patient mix and taking a trainee along to review a patient. The group stated that there are many opportunities to get practical procedures completed but if a trainee is lacking skills in a particular area then their Supervisor would arrange for them to gain the skills elsewhere.

Trainees: Trainees reported that there are always learning opportunities that they can join. Consultants are always keen to teach and include trainees in everything. Trainees reported no issues completing their eportfolios.

Non-Medical Staff: The ANPs advised that they work closely with the trainees and share their knowledge with them.

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

Trainers: Trainers stated that at the induction they discuss with the trainee what they need or want to achieve and how they can help them do this.

Trainees: Trainees stated that it was easy to have assessments completed particularly as there is always a Consultant on in the afternoon for teaching.

Non-Medical Staff: The group stated that they complete multi-source feedback assessments for the trainees.

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

Trainers: Trainers reported that the department is a multi-disciplinary team and there are many opportunities for joint learning.

Trainees: Trainees advised that they work on the same rota as two Advanced Nurse Practitioners (ANPs) and they learn alongside them. There is also a Physiotherapist in the department who takes time to teach the trainees.

Non-Medical Staff: The group advised that there are a number of multi-disciplinary learning opportunities within the department, for example, the Wednesday teaching and there are also informal simulation sessions run for the whole team.

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

Trainers: Trainers reported there are opportunities for trainees to undertake a quality improvement project.

Trainees: Trainees stated that they are encouraged to undertake a quality improvement project and offered projects to join or supported to suggest their own.

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 advised that there is a Consultant in the department from 9am until 9pm every day and everyone knows who to contact. Each day there is a Doctor in Charge and a Nurse in Charge and both wear armbands to highlight this to those in the team and those who come into the department and who may not be familiar with everyone. Trainees are told to speak to a Consultant rather than another trainee if they need support. The group stated they are aware of roll out of the colour badged scheme in NHS Ayrshire and Arran. Due to the support available in the department the trainers are confident that no trainee is left to deal with situations above their competency.

Trainees: Trainees stated that there is always someone available during the day or out of hours to provide help and support.

Non-Medical Staff: The group stated that supervision is always available and that the team know the capabilities of all trainees because they work closely with them.

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

Trainers: Trainers reported that they feedback to trainees constantly as they work alongside them. If a trainee refers a patient to a clinic they get the opportunity to attend the clinic to see the follow-up and outcome. Any missed fractures are discussed with trainees and the x-ray reviewed to highlight the issue.

Trainees: Trainees stated that they receive feedback all the time and it is always helpful and constructive.

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

Trainers: Trainers stated that they receive feedback informally from trainees by asking how they are getting on. They do receive formal feedback for their Wednesday afternoon teaching sessions.

Trainees: Trainees reported they give formal written feedback after each Wednesday teaching session but they are regularly asked for informal feedback in conversation with their trainers.

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

Trainers: Trainers reported that the rota was altered to ensure there is a maximum number of trainees on shift on a Wednesday afternoon so that they can attend the teaching session. Overnight there is a non-training middle grade doctor, 2 junior doctors on and a Consultant in the department until 9pm.

Trainees: Trainees reported that their workload is busy but manageable and their rota is as expected for an Emergency Medicine post. There have been gaps on the senior rota but this has not affected the trainees as these gaps have been covered by the Consultant group.

Non-Medical Staff: The group did not raise any concerns regarding the trainee rota. Feedback has previously been given from trainees regarding the rota and this has been acted upon.

3.13. Handover (R1.14)

Trainers: Trainers reported that there are three handovers each day. There is a handover at 8am which is the night team to the day team and covers all patients in the department. There is a 9am handover which follows a template which covers all sick patients and the bed situation in the hospital. This handover is to update the Consultant who has come on for the day and incorporates an update from the Charge Nurse who has attended the hospital wide huddle at 8am. The final handover is in the evening and is run by the Consultant finishing at 9pm. This handover involves a full run down of all patients. All handovers are learning opportunities but particularly the 9am handover which incorporates a "one-minute wonder". This is one minute where key facts about a specific condition are relayed to all in attendance at the handover meeting.

Trainees: Trainees reported that handovers are thorough and everyone knows what is going on.

Non-Medical Staff: The Nurse in Charge attends a hospital wide huddle at 8am and returns to the department to feed into the departmental handover at 9am. The handover at 9am includes a one-minute wonder learning opportunity. The group felt this was a good way for everyone to learn.

3.14. Educational Resources (R1.19)

Trainers: Trainers stated that there are sufficient IT resources for the trainees.

Trainees: Trainees stated that there are no issues with availability of resources for their learning.

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 that they had all attended Doctors in Difficulty courses and that they had experience of working with Doctors in Difficulty. There is a weekly Consultant meeting which offers the opportunity to discuss trainees and their progress.

Trainees: Trainees stated that support is always available and if there were any training or health issues they believe they would be supported. Following discussions with their supervisor about their career intentions trainees have had help organising placements in other specialties. Trainees reported that external relationships with other specialties are variable with occasional friction with Trauma and Orthopaedics but this is always dealt with by the Consultants.

Non-Medical Staff: The group stated that if they had any concerns regarding the performance of a trainee in relation to patient safety they would escalate this to a senior member of the team.

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 and Trainees: The groups were not fully aware of the Director of Medical Education structure and governance within NHS Ayrshire and Arran.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers stated that trainees are encouraged to speak to a Consultant at the time of any concern so that feedback can be provided immediately. Datix can be used but the process does not allow for instant feedback and resolution. The Medicine department have created an orange form to highlight any concerns they have with the Emergency Department and this goes direct to the Clinical Director who then responds to the concern. Representatives from the Emergency Department now attend other specialties induction to talk to them and improve communication channels.

Trainees: Trainees stated that they would speak to the Nurse in Charge or their Clinical Supervisor if they had any concerns about patient safety. Any training concerns would be discussed with their Clinical Supervisor and the trainees believe these would be addressed.

Non-Medical Staff: The group would raise any concerns regarding patient safety to any of the Consultants or the Clinical Director.

3.18 Patient safety (R1.2)

Trainees: Trainees reported that the department is safe for patients.

Non-Medical Staff: The group reported that it can be a long wait when a patient needs transferred to a hospital bed but there is no risk to patient safety as all patients are monitored.

3.19 Adverse incidents (R1.3)

Trainers: Trainers stated that the Datix system is used to report adverse incidents and feedback is provided.

Trainees: Trainees reported that they would use the Datix system to report any incidents but they would also speak to the Nurse or Doctor in Charge on the day. Any incident that occurs is followed up with a debrief by the Consultant group and it is treated as a learning opportunity for everyone in the department.

Non-Medical Staff: The group advised that they would use the Datix system to report any adverse incidents and that they would be confident action would be taken.

3.20 Duty of candour (R1.4)

Trainers: Trainers stated they would discuss any incidents with trainees and provide support to them. The Clinical Director attends meeting with patients who have made complaints and trainees are not involved.

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

3.21 Culture & undermining (R3.3)

Trainers: Trainers stated that the department is a multi-disciplinary team that works closely together. Previous trainees had fed back that they felt out of their depth at the start so this has been incorporated into induction to reassure trainees that everyone feels like that but it will get better. Trainers are regularly on the floor providing support to trainees and so that they know they are valued as part of the wider team.

Trainees: Trainees reported a good team culture in the department and that everyone is very supportive.

Non-Medical Staff: The group stated that the department is a close-knit group and it is a very supportive team environment.

3.22 Other

Trainees: Trainees stated that they are much more supported than in previous jobs and that everyone is always happy to teach them. They are trusted to work to their ability and they feel valued and part of the team.

Non-Medical Staff: The group stated that it is a very supportive working environment and the consultants' enthusiasm is evident.

Overall satisfaction scores:

Trainees – a range between 8-10 with an average of 9

Summary

This was a very positive visit to a department that is enthusiastic and supportive of teaching and learning. There is a strong educational ethos that incorporates and encourages multi-disciplinary learning. The panel were particularly impressed with the timetabling of a second Consultant in the afternoon whose main role is to teach. The positivity of the visit is reflected in the high overall satisfaction scores of the trainees who reported being empowered to do their job. Unfortunately, no foundation trainees were available for the visit.

What is working well:

- There is a strong teaching and training ethos within the department.
- The one-minute wonder teaching opportunity at the morning handover meeting is excellent.
- Having a second consultant available the afternoon who, unless the department is very busy, provides teaching and training for trainees is excellent.
- Good promotion of multi-disciplinary learning in the department.
- The trainees feel valued and empowered in clinical practice.

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
------------------------	-----	----	---------------	-----------------

5. Areas of Good Practice

Ref	Item	Action
5.1	The one-minute wonder teaching opportunity at the morning handover meeting.	
5.2	Having a second consultant available the afternoon who, unless the department is very busy, provides teaching and training for trainees.	

6. Areas for Improvement

Ref	Item	Action

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The level of competence of trainees must be evident to those that they come into contact with. The use and promotion of colour coded badges must be introduced.	6 August 2019	All