Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 6 November 2018	**Level(s)**	Foundation and Specialty
Type of visit	Triggered Visit	**Hospital**	University Hospital Ayr
Specialty(s)	General Surgery	**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	8	
Trainers in attendance	8	
Trainees in attendance	9	6 FYs and 3 STs
Feedback session: Managers in attendance	20	

Date report approved by Lead Visitor	12 December 2018

1. Principal issues arising from pre-visit review

The Deanery last visited General Surgery at University Hospital Ayr in March 2016. Following the Foundation Quality Review Panel in August 2018 and concerns raised by the GMC it was agreed that the Foundation Quality team would revisit the department to review progress.

The requirements given to the department in March 2016 are as detailed below:

- All Foundation trainees must receive departmental induction at the beginning of the post. Documentation of attendees and material used for induction should be recorded.
- Clarity for all trainers is needed regarding the time allocated in individual job plans to ensure they meet GMC Recognition of Trainers requirements.
- The morning handover process should be streamlined to achieve a single coordinated handover involving all key staff including doctors in training. Scheduling of departmental handovers should not prevent doctors in training participating in ward rounds.
- The duration of ward attachments for Foundation doctors must be reviewed and increased, in order to improve trainer-trainee engagement, foster team building and provide improved continuity around their management of inpatients. Attachments should ideally last for a minimum of 8 weeks but preferably 4 months, notwithstanding acute rota commitments. Additional trained staff may be required to support this.
- All references to “SHOs” and “SHO Rotas” must cease. The SHO grade ceased to exist with the introduction of MMC and whilst it is colloquially used to refer to non-ST level trainees, the terminology and its potential for mis-interpretation can give rise to Patient Safety issues as it is broad based and can incorrectly imply that a trainee may possess certain skills, knowledge and experience that they do not actually have. This scenario was the background to a fatality in Southampton and as a result is actively discouraged by GMC.

In addition to the previous visit requirements, the team will also take the opportunity to gain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

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:

Foundation Trainees
Specialty Trainees

3.1 Induction (R1.13)

Trainers: Trainers stated that there is a hospital induction that is attended by all trainees. Foundation trainees also undertake a shadowing week. All trainees receive a departmental induction and any trainee who is unable to attend that induction is met with separately. Trainees receive an induction pack with details of their rota, a list of departmental meetings, information on how the department works, a list of all the Consultants and details of their Educational Supervisor. There is also an induction to Hospital at Night (H@N).

Foundation Trainees: Trainees reported that they had all received a hospital induction however they did not receive a departmental induction. Trainees confirmed that they received an induction handbook. Foundation trainees working as the first on-call for the surgical departments cover 5 different specialties, General Surgery, Ophthalmology, Trauma and Orthopaedics, Urology and Vascular Surgery. Trainees only receive induction for their own parent specialty and not for any of the others they cover. This can make it difficult when they need to contact someone in another department.

Specialty Trainees: Trainees stated that they had received both a hospital and departmental induction. Both inductions were useful however the trainees stated it would have been helpful to have the departmental induction handbook sent to them prior to starting. The trainees would also like to see their roles and responsibilities covered in the handbook as well as information regarding handovers as responsibility for handover was unclear.

Non-Medical Staff: The team stated that they believed the trainees received a comprehensive induction as they know what is expected to them when they arrive on the wards or at theatre.

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

Trainers: Trainers advised that there is a Friday lunchtime teaching meeting. These sessions are organised by the trainees and a list is distributed with topics, trainees and Consultants assigned to dates. There is also teaching on a Wednesday 8.00-9.00am for Specialty trainees and this is usually curriculum focussed to prepare the trainees for College exams. Trainees are also able to attend their regional teaching bleep free.

Foundation Trainees: Trainees reported that they are able to attend their regional teaching bleep free. There is also teaching on a Friday lunchtime that they are able to attend and trainees advised that this teaching is good but not bleep free.

Specialty Trainees: Trainees advised that there is weekly Friday teaching that involves a Foundation trainee, a Specialty trainee and a Consultant presenting on a topic. These sessions are organised by a Specialty trainee and a Clinical Development Fellow and the trainees felt that oversight by a Consultant would be appreciated. There is also a monthly combined surgical meeting on a Friday. Unless on-call or study leave the trainees confirmed they are all able to attend this teaching. Trainees reported no issues attending their regional teaching.

Non-Medical Staff: The team stated that they are aware of the teaching sessions for trainees and they try not to contact the trainees at that time. The Advanced Nurse Practitioners (ANPs) cover the wards for the Foundation trainees to attend their teaching.

3.3 Study Leave (R3.12)

Trainers: Trainers stated that trainees are encouraged to apply for study leave 6 weeks in advance so that the rota lead can make suitable arrangements. Foundation trainees now have 2 learning days each month incorporated into their rota and this allows the trainees to leave the ward to pursue other interests. Foundation trainees also have the opportunity to undertake taster sessions in their third post.

Specialty Trainees: Trainees reported that there are no issues with 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 informed at their induction who their Educational Supervisor is. All trainers have time in their job plans for their educational role and all receive an appraisal that reviews that role.

Foundation Trainees: Trainees stated that they received details of their Educational Supervisor within one or 2 weeks in post. They have all met with their Supervisors and agreed a learning plan.

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

Non-Medical Staff: The team reported there is always senior support available.

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

Trainers: Trainers reported at trainees are able to gain their competencies in the department. The department is used to having trainees and all Educational Supervisors are familiar with the surgical curricula. The Educational Supervisor for Core trainees attended a Boot Camp for the new Improving Surgical Training (IST) curriculum. Specialty trainees regularly attend theatre and clinic. There are limited emergency opportunities for the trainees but the department try to compensate for that with provision of other experiences. The majority of Consultants supervise Foundation trainees and are guided by the Foundation trainees as to their needs and curriculum requirements. They are less of details of foundation curriculum.

Foundation Trainees: Trainees stated that there are no concerns regarding gaining their competencies. The trainees reported that they get a good experience in surgical receiving with the Specialty trainees allowing them to formulate management plans and then giving them feedback on them. When working on the elective ward the trainees are usually just clerking in patients however they reported that overall, they get a balanced experienced across the department.

Specialty Trainees: There were mixed views regarding adequate experience ranging from no issues of gaining competencies for their level of training to concern that they will not achieve their competencies in this post. Although trainees have been told they can switch teams to attend other sub-specialty theatres this is not possible because each team has 2-3 trainees and others always take priority. Issues regarding competency completion have been discussed with their supervisors but trainees have been told they will pick up the competencies in their next post. They do not feel their concerns are being addressed. Trainees stated there are limited opportunities in emergency theatre as there are a number of staff grade doctors who can do things independently and they are allocated the emergencies. Trainees do get to clinics and occasionally endoscopy lists but the endoscopy lists are primarily for gastroenterology trainees.

Non-Medical Staff: The team stated that they teach trainees scrub technique and help them with some of their practical procedures.

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

Trainers: Trainers stated that they complete assessments for the trainees and that they have been trained on how to complete these and give feedback.

Foundation Trainees: Trainees stated that they have all requested assessments to be completed however they require repeated reminders to get these completed.

Specialty Trainees: Trainees reported that they send out requests for assessment completion however these are not often completed in a timely manner and it usually takes a considerable amount of follow up to have them completed.

Non-Medical Staff: The team advised that they complete multi-source feedback assessments for trainees.

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

Trainers: Trainers advised that there are MDT meetings held regularly in the department and they have presenters from other specialties and disciplines lead teaching sessions.

Foundation Trainees: Trainees stated that they work closely with the ANPs and therefore learn from and with them all the time.

Specialty Trainees: Trainees stated that ANPs attend the Friday afternoon teaching and other specialties often present at the meeting.

Non-Medical Staff: The team stated that they attend the Friday lunchtime meeting and ward rounds which are treated learning opportunities.

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

Trainers: Trainers stated that trainees are encouraged to participate in audits.

Foundation Trainees: Trainees reported that they are aware of audit opportunities and have been encouraged to participate in audits.

Specialty Trainees: Trainees stated that they have the opportunity to participate in audit projects and present them at the monthly Clinical Governance meetings.

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 there is always supervision available. They also stated that NHS Ayrshire and Arran have introduced a colour coded badge scheme so that everyone knows the grade of trainee. At weekends trainees can find it more challenging as there are less team members available but the mobile numbers of Consultants are available and all are willing to take calls or come into the hospital.

Foundation Trainees: Trainees reported that there is always someone available to provide supervision and support. The trainees are supported by the Specialty trainees but on occasion it can be difficult to reach them if they are in theatre. Depending on the issue the trainees may contact the medical Specialty trainee who is always available. The trainees agreed they would be reluctant to contact a consultant.

Specialty Trainees: Trainees stated that supervision is always available and everyone is approachable. Trainees are not left to deal with situation beyond their competence however an example of a disagreement between Consultants about the treatment of patient and the impact on the trainee's decision-making was highlighted.

Non-Medical Staff: The team advised that there is a colour coded name badge system in place and all were able to identify that blue badges are worn by FY1 trainees.

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

Trainers: Trainers stated that feedback is given constantly on ward rounds and when working alongside trainees on-call. Foundation trainees are encouraged to present patients on ward rounds and receive immediate feedback as part of that process.

Foundation Trainees: Trainees stated that they receive no feedback on the decisions they make out of hours. Following a nightshift with the H@N team the trainees attend the H@N handover at 9am and that is the end of their shift and involvement with the patients. During the day, they receive feedback from the Specialty trainees if they have been asked to make a management plan.

Specialty Trainees: Trainees stated that they regularly receive feedback, particularly when working on-call and at handover meetings.

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

Trainers: Trainers advised that there is an opportunity for trainees to feedback at the Friday teaching session. Trainers also regularly ask trainees how they are getting on and if they need help with anything.

Foundation Trainees: Trainees stated that they are asked to give feedback on their regional teaching but not about their training experience.

Specialty Trainees: Trainees stated that they are asked for feedback by their Educational Supervisors. The trainees think there is a Chief Resident type forum available but they are not sure of its purpose or how to feed into it.

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

Trainers: Trainers reported that there are learning days incorporated into the Foundation rota and they are supported if organising these days in other departments. The rota has recently been redesigned and Foundation trainees have been told if things are quiet on the ward they can attend theatre. Specialty trainees are encouraged to spend time in theatre and clinics aligned to their sub-specialty interest.

Foundation Trainees: Trainees stated that weekends can be challenging as there are only 2 Foundation trainees on call. One is responsible for the Clinical Assessment Unit (CAU) the other for 3 wards. During the week each ward usually has one Foundation trainee and an ANP. At weekends the trainee covering the ward spends the morning completing discharges. It was suggested by one of the trainees that a change had been made to the weekend rota with the trainee due to be on CAU not starting on the unit until 12.30pm so that they could help with the discharges in the morning as the Pharmacy closes at 12 noon. However, this was not universally known amongst the trainees and those who had worked the previous weekend did not work to that rota pattern. Overnight the workload and the number of surgical wards to cover, with a lack of specialty knowledge, is challenging for the Foundation trainees. The night shift is 9pm to 9am and the trainees carry on the on-call bleep and take referrals from the Emergency Medicine department and GPs. Senior trainees are available for support, but they are either sleeping on-site or are off-site. Examples were provided, specifically in relation to covering the 5 different specialties, when trainees have called senior support and been told to wait until the morning and trainees are reluctant to phone to Consultants outwith their base specialty.

Specialty Trainees: Trainees reported that they work 24 hours on-call and over the weekend it can be busy but the nights are usually undisturbed. If trainees have a busy night, then they are able to take the following afternoon off. Trainees who are on the H@N rota do not receive an induction to all the surgical wards they are required to cover however it was reported they would have no concerns contacting any of the Consultants for other the departments. Working nights and covering all the surgical wards is the worst part of the job. It was suggested that it could be improved if the surgical Specialty trainee 2nd on-call overnight was working and available if needed. Trainees stated they would prefer to be able to choose their days off following on-call rather than it being allocated as on occasions they are missing their team's elective theatre day.

Non-Medical Staff: The team stated that trainees had raised some concerns about their rota and they were advised to raise these with the rota co-ordinator as it is a new rota and feedback is needed. No concerns were raised regarding the overnight responsibilities of the Foundation trainees as they are supported by an ANP, medical specialty trainee and sub-specialty surgical specialty trainees on-call.

3.13. Handover (R1.14)

Trainers: Trainers stated that there are handovers in the morning and evening. There is a written handover that is stored on a shared drive and a copy of the written handover is distributed to everyone at the 8.30am handover meeting. There is always Consultant presence at the morning handover meeting. The evening handover is led by a Specialty trainee. Trainers stated that there is an issue with the number of handovers that the Foundation trainee has to cover in the morning

Foundation Trainees: Trainees reported that they attend a morning handover in CAU and then go to their ward. There are no handovers on the individual wards but there are safety huddles with the nursing team that the trainees attend. This huddle covers all the patients on the ward. Foundation trainees work nights as part of the H@N team but are the only Foundation trainee covering the entire hospital and leave after the morning handover. At the weekends there is a Medicine ANP on shift as well. The trainees' handover at the morning H@N handover at 9.00 am to both medicine and surgical representatives. The trainees can attend the surgical handover at 7.00am in CAU however they are still on call and usually do not attend as frequently get bleeped to attend to patients on the ward. Foundation trainees covering the surgical wards overnight have several handovers to attend in the morning. The Trauma and Orthopaedics handover is at 8am, this is followed by the General Surgery and Vascular handover and for Urology the trainees have to go to the ward and seek someone to hand over to. There are times that Consultants will have seen patients before the handover and trainees will receive feedback but that is not always the case. Trainees on overnight are only there to see admissions or unwell patients that the Foundation trainees need support with.

Specialty Trainees: Trainees stated that the main handover of the day involves the previous days on-call team handing over to the on-call team for the day. This handover involves a discussion of every patient and a ward round. There is a further handover at 8.30pm and this is attended by the on-call trainee.

Non-Medical Staff: The team reported that there is a 9am handover from the night team to the day team and a further handover at 5pm. There is a H@N handover at 9pm. There is also an informal handover at 3.30pm from the day team to the backshift team. After morning handover each ward has a follow up safety huddle involving everyone on the ward so that they all know what is happening with every patient on the ward.

3.14. Educational Resources (R1.19)

Trainers: Trainers advised that there is 24-hour access to the library and all trainees have access to computers and internet. There are 8 simulators for laparoscopy that are available to trainees and there are general simulation sessions run for Foundation trainees to prepare them for situations they might come across overnight.

Foundation Trainees: Trainees stated that they have good access to IT facilities.

Specialty Trainees: Trainees stated that IT access is good. None of the trainees had used any of the simulation equipment.

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

Foundation Trainees: Trainees stated that they have support from their Educational Supervisor and the Postgraduate Administrator based on-site.

Non-Medical Staff: The team advised that any concerns regarding a trainee or patient safety would be raised with any Consultant.

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 described a structure involving the Director of Medical Education and an Associate Director of Medical Education who is based on-site.

All Trainees: Trainees were unaware of the Educational Governance structure.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that the trainees are given an incident reporting form in their induction pack and encouraged to complete this. Any concerns raised are discussed at monthly M&M meetings. Trainees are also advised to contact any Consultant if they have concerns regarding patient safety or their training.

Foundation Trainees: Trainees stated that they would report any concerns regarding patient safety or their training to their Educational Supervisor however they were not sure if action would be taken. No concerns had been raised by trainees.

Specialty Trainees: Trainees stated that there are clinical incident reporting forms that they complete and any concerns are discussed at the Clinical Governance meetings. The trainees own experience regarding concerns about training was that if concerns were raised action was not always taken.

Non-Medical Staff: The team advised that there are clinical incident forms that they complete and these are followed up with an investigation and then feedback provided.

3.18 Patient safety (R1.2)

Trainers: Trainers reported that there are no patient safety concerns. In theatre there is a patient safety programme in place which includes a debrief of any clinical incident with the theatre team and the provision of feedback.

Foundation Trainees: Trainees stated that during the week they have no concerns regarding patient safety however at the weekend it is different. The pharmacy closes at 12 noon on Saturday so any blood tests for acutely unwell patients have to be sent by taxi to University Hospital Crosshouse. The trainees also reported they are responsible for patients boarded onto their wards but they are not included in any review of the patient by their parent team. If issues arise with the patient it is not always clear who is to be contacted.

Specialty Trainees: Trainees stated that they have no concerns regarding patient safety. However, trainees did state that their boarded-out patients do not receive the same standard of care as on their own wards as it is not their Foundation trainee dealing with the patients. Some of the patients need specialised care which is not always readily available on other wards.

Non-Medical Staff: The team stated they have no patient safety concerns. They do have a number of boarded patients and they are discussed as part of their morning safety huddles to ensure that they are seen by a doctor.

3.19 Adverse incidents (R1.3)

Trainers: Trainers reported that the Datix system is used to record adverse incidents as well as their own clinical incident forms. Feedback is provided at the monthly M&M meetings which are attended by all members of the team. There is also a monthly half day Clinical Governance and Audit meeting when all theatre activity is cancelled so that everyone can attend.

Foundation Trainees: Trainees stated that they would use the Datix system to report an adverse incident. The trainees confirmed they receive feedback via email advising that the incident has been reviewed and the outcome. Datix are discussed at M&M meetings but only one trainee had attended a meeting because they had been invited to attend by a Specialty trainee. The majority of trainees were unaware of these meetings.

Specialty Trainees: Trainees advised that they use the Datix system to report any adverse incidents and they receive feedback from any entries. There is a monthly M&M meeting where all Datix reports are discussed.

Non-Medical Staff: The team reiterated the use of the clinical incident forms along with the Datix system for recording adverse incidents. There are rolling incident meetings in the department where any incident is discussed in an open learning environment. A new system is in place across the hospital where all Datix reports and their outcomes are shared, by email, with everyone.

3.20 Duty of candour (R1.4)

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

3.21 Culture & undermining (R3.3)

Trainers: Trainers stated that they work as a team and ward rounds review all patients. The trainers believe there is a good supportive teaching culture in the department with no undermining present. The Foundation trainees are ward based rather than team based and that can be challenging but everyone is supportive.

Foundation Trainees: Trainees reported that the department is friendly and a good team to be part of. Two Specialty trainees from Trauma and Orthopaedics and Medicine attended one of the teaching sessions and introduced themselves to all the trainees and told them to speak to them if they had any concerns.

Specialty Trainees: Trainees advised that they are team-based and work closely with their Consultant. Trainees attend theatre and do their on-call with their Consultant. The trainees stated there is no undermining in the department and they know the procedure if any issues did arise.

Non-Medical Staff: The team stated that there is a good team culture in the department and no issues with undermining. All stated there is a procedure in place for raising any issues.

3.22 Other

Specialty Trainees: Trainees stated that they would like to see more engagement and understanding of their individual curricular objectives. The trainees would also like clarity of roles and responsibilities for the different grades of trainees in the department.

Non-Medical Staff: The team stated that a lot has been done by the department to support trainees, particularly the appointment of ANPs to support Foundation trainees. The surgical management team walk through the wards every morning to ensure they are visible and approachable to trainees.

Overall satisfaction scores:

Foundation Trainees – a range between 7-8 with an average of 7
Specialty Trainees – a range between 6-7 with an average of 6

Summary

The visit panel found a department that had worked hard to improve the trainee experience since the previous visit. The appointment of Advanced Nurse Practitioners to support the Foundation trainees is an undoubted success. However, the panel were disappointed to note there remain concerns regarding a lack of departmental induction and clarity of the handover process, both of which were highlighted in the previous visit report.

What is working well:

- The introduction of learning days, inserted into Foundation rota, is welcomed and appreciated by the trainees.
- There is a good system for learning from incidents which involves a reporting form that trainees are aware of, feedback from Datix incident reporting and development of “Learning notes” which are shared with staff.
- Foundation trainees create management plans for patients and receive instant feedback from senior trainees which is viewed very positively.

What is working less well:

- There is a need for a full induction for the first on-call trainee on the Surgical Out of Hours rota which covers the 5 surgical specialties that they are responsible for.
- The trainees on the first on-call Out of Hours rota have different competencies and hence support needs – these need to be identified and appropriate, accessible support put in place for the different grades.
- While there is an escalation process, it is not felt to be supportive. Foundation trainees’ perception is that they should not directly call consultants.
- A structured departmental induction separate to the hospital induction is required. This induction must include the early allocation of Educational and Clinical Supervisors.
- Trainers need to be aware of the various curriculum requirements for all their trainees, particularly an awareness of the foundation curriculum.
- There is a concern regarding the ability of specialty trainees to gain their General Surgical competencies. Discussion with the Training Programme Director is required to ensure curriculum is achievable.
- Communication of changes, e.g. rota responsibilities at weekends, needs to be improved.

- Handover appear complicated with no single group being able to explain all the arrangements. Review of and clarification of all handovers would improve understanding of roles and responsibilities.

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

5. Areas of Good Practice

Ref	**Item**
5.1	The inclusion of 2 learning days a month in the Foundation trainees rota.

6. Areas for Improvement

Ref	Item	Action
6.1	A robust system of communication of rota changes is needed as not all Foundation trainees were aware of recent changes to their weekend rota responsibilities.	
6.2	Although there are a number of handovers these appear over complicated. A review and clarification of all handovers would improve understanding of roles and responsibilities for all trainee.	
6.3	The Friday teaching session, which was recognised as a good learning opportunity, could be improved by having named Consultant to provide oversight and assistance if required.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	Departmental induction must be provided which ensures trainees are aware of all of 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	6 August 2019	All
7.2	The handover process must be clear to all those involved in handover and included in induction.	6 August 2019	All
7.3	There must be a clear escalation policy which is understood and followed by all involved.	6 August 2019	All
7.2	Trainees must receive adequate induction to all 5 specialties that they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	6 August 2019	All
7.3	Educational Supervisors must understand curriculum and portfolio requirements for their trainee group.	6 August 2019	Foundation
7.4	Educational Supervisors must be allocated within their first week in post in order that trainees know who is providing their educational supervision at commencement of their post.	6 August 2019	Foundation
7.5	There must be an increase in relevant training opportunities for trainees.	6 August 2019	Specialty
7.6	All trainee cohorts should be made aware of M&M meetings and when they happen.	6 August 2019	All