Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	31 July 2018	**Level(s)**	FY/GP/ST
Type of visit	Scheduled (New Site)	**Hospital**	Dumfries & Galloway Royal Infirmary
Specialty(s)	Paediatrics	**Board**	Dumfries & Galloway

Visit panel	
Dr Peter MacDonald	Visit Chair - Associate Postgraduate Dean – Quality
Dr Kevin Holliday	Foundation Programme Representative
Dr Alastair Hurry	Trainee Representative
Mrs Hazel Stewart	Quality Improvement Manager
Name Redacted	Lay Representative
In attendance	
Ms Claire Rolfe	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Obstetrics & Gynaecology and Paediatrics	
Lead Dean/Director	Dr Amjad Khan	
Quality Lead(s)	Dr Peter MacDonald, Dr Kevin Holliday	
Quality Improvement Manager(s)	Mrs Hazel Stewart	
Unit/Site Information		
Non-medical staff in attendance	4	
Trainers in attendance	5 (including clinical director)	
Trainees in attendance	7 (FY2/GP/ST)	
Feedback session: Managers in attendance	DME	

Date report approved by Lead Visitor	10 November 2018

1. Principal issues arising from pre-visit review

A triggered visit has been arranged to Paediatrics at Dumfries & Galloway Royal Infirmary. This is due to the opening of the new DGRI.

The department was last visited in March 2014, at which time the following requirements were made.

- The handover arrangements should involve a formal handover between trainees, consultants and nurses. It should include staff from both Paediatrics and Neonates
- In order to make the most of the unique opportunities provided by the location and nature of services provided by and feeding into DGRI, trainees should have more access to rural clinics. It is suggested that a formal structure which allows trainees to attend an agreed package of clinics over the course of their placement might provide a better training experience.
  Out of hours duties should focus on evening work as patient transfers from outlying areas (e.g. Stranraer) tend not to arrive until late evening. Night shifts are not a valuable use of training time as a single night shift (which may not involve any admissions) will use >25% of a training week. Trainee placements should be shortened and deliver a clear focus on OPD activity (including remote & rural clinics). Acute cover should be limited to the time when clinical activity is at a maximum.
- There should be a structured teaching programme where it is prescribed what will be covered for 3 – 6 months
- There is an ambiguity about protocols for the treatment of common conditions. These need to be reviewed and agreed by the Consultant body.

The visit team will take the opportunity to gain a broad picture of how training is carried out within the departments and to identify any areas of innovation or good practice for sharing more widely. The visit provides an opportunity for trainees and staff within the units/departments to tell the Deanery what is working well in relation to training; and to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

NTS Data

The post data for paediatrics shows some negative outliers. Whilst there is a positive green flag for workload, there are 3 red flags and one pink flag:

- Overall satisfaction – red flag
- Adequate experience – red flag
- Supportive environment – red flag
- Regional teaching – pink flag

FY2

No concerns identified.

GP

The aggregated data is mostly positive with green flags for;

- Clinical supervision out of hours
- Educational supervision
- Handover
- Induction

There is one negative outlier with a red flag for local teaching which was previously aggregated white

ST

The aggregated data is quite limited due to the low numbers of trainees rotated to this site (maximum of 2 every 4 months). However, there are a few negative outliers:

- Local teaching – red flag
- Adequate experience – pink flag
- Overall Satisfaction – pink flag
- Supportive environment – pink flag
- Reporting systems – pink flag

On a positive note there are green flags for induction and workload as well as a light green flag for clinical supervision out of hours.

STS Data (RAG 2018)

There are some negative outliers for all levels of trainees, but GP appears to have the least concerns. Teaching is poor at all levels with a pink flag for FY2 trainees, aggregated red and red flags for GP and ST respectively. In addition to teaching the negative outliers are:

- Handover FY2 – Red Flag
- Educational environment ST – Red Flag
- Team Culture ST – Pink flag

The paediatrics department was visited in 2014. At the time of the visit the concerns reported included a lack of teaching on common presentations and disagreements on patient management plans. Following comments within the STS and PVQ, it appears evident that these issues are ongoing and have not been adequately addressed. It would appear that trainees have a good relationship with the consultant and

nursing/midwifery staff which fosters good team work. However, the disagreements in management plans at the grand round and poor local teaching will require to be improved.

2. Introduction

Dumfries and Galloway Royal Infirmary is the main hospital in Dumfries. The hospital serves both the town of Dumfries and the entire catchment area of South West Scotland, with a population of at least 148,190. The hospital is run by NHS Dumfries and Galloway (also known as Dumfries & Galloway Health Board). It has 344 staffed beds.

In 2012 it was announced that a new 350 bed state of the art hospital costing £200 million would be built at Dumfries By-Pass on the A75 close to the Garroch roundabout. The new hospital opened on 8 December 2017.

Due to there being a maximum of 2 ST trainees per 4-month post, trainees from the previous 2 posts were invited to participate in the visit.

3.1 Induction (R1.13)

Trainers

Trainers reported there is an effective 3-day induction programme in place. This includes obstetrics training for FY2 and GP trainees, as they cover this ward during out of hours. During this time, ST trainees are given a tour of the ward. The trainers did acknowledge that occasionally the passwords provided do not work, but once known this issue is addressed. A bespoke induction programme is provided to any trainees unable to attend the scheduled induction.

FY/GP

Trainees reported that they all received a hospital and departmental induction. They felt their induction was reasonably thorough and covered both paediatrics and O&G. Trainees had felt that information regarding baby checks was lacking as some were shown a video at induction and others were provided a short training session with an ST trainee. This was raised with the clinical director.

ST

Trainees reported that they received an induction but the duration of this was variable, resulting in some feeling less well equipped to undertake their work in the department. Trainees reported that, unlike FY2

and GP trainees, guidelines are not covered during induction and suggest that including this in the ST induction would be beneficial.

Nursing/Non-Medical Staff

Staff felt that the induction was not effective enough and lacked input from the nursing team. They felt that relevant information, such as, roles and responsibilities was not provided and that there was a lack of awareness of the policies and protocols within Dumfries and Galloway Health Board.

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

Trainers

Trainers reported there is a local teaching programme in place held every Wednesday. Trainees can also attend the grand round on Thursdays. Trainers reported they are looking to combine teaching with O&G for junior trainees. Trainers also encourage trainees to attend monthly perinatal meetings and the clinical incident reporting group. Trainers acknowledged that the Wednesday teaching sessions are not currently bleep free, but they plan to have an Advanced Nurse Practitioner (ANP) cover ward work to help prevent trainees being bleeped.

FY/GP

Trainees reported that Wednesday teaching does not always take place. There is regular foundation level teaching every Thursday in addition to local Thursday teaching sessions. FY and GP trainees can discuss a case they have managed and deliver a presentation. Trainees reported that they have not had a consultant or ST trainee deliver a presentation to them. Trainees reported they are able to attend about 1 and ½ hours of teaching per week. Trainees were aware of other teaching sessions, such as the Friday journal club. However, they were rarely able to attend due to workload pressures. Trainees suggested that have a more even split of who delivers presentations and having this be linked to the curriculum would improve teaching. In addition, trainees felt that the Wednesday teaching session should happen on a regular basis as that is not currently the case. They reported that they had fed back to consultants about the teaching experience but were unaware if this could be escalated.

ST

Trainees reported that there should be teaching every Wednesday afternoon, but this has occurred as little as twice in 4 months. Trainees felt that the grand round, co-ordinated by the consultants, was generally a good teaching session where they were free to ask questions. However, this was not linked to their curriculum needs and, on a few occasions, there had been issues at the grand round. These concerns were escalated and there is now a formalised process. Trainees are unable to attend teaching

sessions when they are on call. They suggested that teaching could be improved by having a formal teaching programme linked with their curriculum. All trainees interviewed were able to attend all of their regional teaching sessions.

Nursing/Non-Medical Staff

Staff reported that the advanced nurse practitioner (ANP) will cover tasks such as, ward work and baby checks to enable trainees to attend the grand round. They reported that until recently they were unaware of the local Wednesday teaching and therefore this had been more difficult to accommodate.

3.3 Study Leave (R3.12)

Trainers

Trainers reported that staff shortages can make supporting study leave challenging. However, trainers advised that they prioritise study leave and will organise locum or consultant cover to ensure study leave can be supported.

Trainees

Trainees reported they have had no issues requesting 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 they are assigned to trainees at the trainee induction and there is a sheet for trainees to review and sign to confirm that they know who their supervisor is. Supervisors tend to be allocated to the same level of trainee each year to enable them to be more familiar with the trainee's curriculum requirements. Trainers reported that their educational role is reviewed during their annual appraisal through recognition of trainers.

Trainees

Trainees reported they had formally met with their supervisor three times and during their initial meeting developed a personal learning plan of what they wanted to achieve in the post.

Nursing/Non-Medical Staff

Staff felt that the trainees could access senior support when it was required, and that the consultant staff are approachable.

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

Trainers

Trainers reported that they have reviewed the curriculum for all levels of trainee and use this as a basis to understand how to support trainees. At the time of the visit, there were no allocated outpatient clinics for GP trainees to attend. However, trainers reported that a clinic slot had now been built in to the new rota to ensure GP trainees have access to clinics.

The trainers felt that they were able to deliver the curriculum requirements of both FY2 and GP trainees without difficulty, and that this was done mostly through ward work and teaching. Trainers were aware of the limitations of the post for ST trainees and therefore the post had been developed to prioritise outpatient clinic experience and completion of the trainee's postgraduate certificate. The trainers felt that there was a good balance between service based and educational work for ST trainees as every case is discussed with trainees to provide a learning experience. Trainers felt the balance was satisfactory for FY2 and GP trainees but acknowledged that they do undertake a higher proportion of non-educational work, such as discharge letters.

FY/GP

Trainees reported that overall the training provided was good and well supported. Trainees can informally discuss cases with consultants and ST trainees. Some trainees felt they wanted to make more clinical decision but acknowledged that their clinical involvement improved over the course of the post. They felt they could easily achieve their curriculum requirements. Trainees felt that the balance between service-based tasks and educational tasks could be better. They felt that they completed a high volume of discharge letters and an excessive number of baby checks which prevented them from accessing learning opportunities, such as access to outpatient clinics. Trainees suggested spending more time within the short stay assessment area and less time within the neonatal unit would be more beneficial to the educational needs as it was more relevant to their programme.

ST

Trainees felt it was good that they were asked what they wanted to get out of their post and the consultant team would try to accommodate their request. Trainees reported two unsatisfactory extremes of out-patient clinic exposure. Earlier in the year trainees had been expected to undertake unsupervised clinics independently on a remote site, they raised concerns about this and it was addressed by the department. However more recently trainees have had no outpatient exposure. This is very disappointing given that the previous Deanery visit recommended that the department should make providing good quality outpatient experience a focus of this post. Trainees reported that they would have difficulty achieving some neonatal procedures, but they can meet this requirement in other

placements within the programme. Trainees felt the balance between service and educational work varied depending on workload and the consultant. For example, trainees reported that some consultants would give them the opportunity to lead the ward round, but others would not. Trainees also felt that the dependency on locums could create a difficult environment for training.

Nursing/Non-Medical Staff

Staff felt they contributed FY2 and GP trainees training by supporting them with understanding the policies and protocols within the unit.

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

Trainers

Trainers reported that they are aware of their trainee's assessment requirements through discussion with the trainee at the start of their post. They felt trainees could easily achieve the assessments. Most trainers confirmed they had received formal teaching on how to undertake assessments. Whilst they had not had the opportunity to benchmark their assessments against other trainers, they do ask trainees for feedback.

FY/GP

Trainees reported that the consultants were approachable and therefore found it easy to complete their required assessments. All agreed that their assessments had been completed in a fair and consistent way.

ST

Trainees reported that the ease of which an assessment could be completed was very dependent on the consultant. Trainees felt that some consultants were very proactive and keen to provide feedback but others were not. Trainees reported that all their assessments were completed in a fair and consistent manner.

Nursing/Non-Medical Staff

Staff reported that are happy to undertake multi-source feedback assessments for trainees if asked.

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

Trainers

The trainers reported a variety of multi-professional learning opportunities. These included:

- Thursday morning teaching,
- Simulation training (this is currently ad hoc but the trainers reported they are looking to build this into the teaching programme), and
- Neonatal ward round.

FY/GP

Trainees reported there are no formal multi-professional learning opportunities. However, they felt that the ad-hoc multi-professional simulation training was very useful when it happened.

ST

Trainees reported there are no formal multi-professional learning opportunities.

Nursing/Non-Medical Staff

Staff reported that there are opportunities for joint learning, but this could be improved. Some staff attend the grand round with trainees, but they have less opportunities to do so. Staff reported they do attend joint Clinical Incident Review Group (CIRG) meetings and there are also involved in the review of learning outcomes following adverse incidents.

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

Trainers

Trainers reported that all trainees are encouraged to participate in quality improvement (QI) projects. They advised that audit is timetabled for ST trainees to undertake this work and ST trainees are involved in reviewing and updating the guidelines.

FY/GP

Trainees reported that they had been invited to participate on QI projects but had declined as they had already undertaken this requirement in a different post.

ST

The trainees reported that quality improvement opportunities are varied. When staffing levels are sufficient, trainees do have time in their rota to undertake and discuss audit projects. However, when there are gaps, trainees do not have the same level of opportunity and time to participate in QI 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 that they will informally introduce the trainees to staff to ensure everyone is aware of the different experience levels of trainees. If the department is allocated a more senior level ST, the trainers reported that they will speak directly with the nursing staff to ensure they understand the level of experience of the trainee. The trainers had been aware of a situation where a trainee had felt they had to cope with a problem beyond their competence. This was discussed with the trainee and their concerns were addressed. Trainers also reported that some ST trainees had undertaken outpatient clinics in remote locations where there was no on-site consultant, but a consultant could be reached by phone. Following review of this, it was agreed that ST trainees would not undertake outpatient clinics in peripheral sites without a consultant being present on-site.

FY/GP

Trainees reported that they always have access to clinical supervision and know who to contact for support if required. Trainees agreed that when support is required, the senior colleagues are very accessible. None of the trainees felt they had been left to cope with a situation beyond their level of competence or experience.

ST

Trainees reported that they always have access to and know who to contact for clinical supervision. None of the trainees felt that they had been left to cope with a situation beyond their experience. Some did however highlight that as patient results are sent to the consultants and not trainees, sometimes trainees were unable to answer questions about the patient due to lack of access to results. Trainees reported that most consultants are accessible and happy to help when support is requested.

Nursing/Non-Medical Staff

Staff reported that they are informed of the different levels of trainees working within the unit. However, they acknowledged that they do not understand what the differences are and often refer to GP trainees as FY2. Staff reported that they were not aware of any situation where a trainee had to work beyond their competency level as there is always a consultant available to provide support.

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

Trainers

Trainer reported that they provide formal feedback to trainees through assessments and supervisor meetings, on their clinical decisions and management plans. They will also provide regular informal feedback during ward rounds and clinics.

FY/GP

Trainees reported that the receive feedback on their clinical decisions but this more informal than formal. Trainees felt the feedback was constructive but varied between the consultants.

ST

Trainees reported they receive feedback on their clinical decision through formal assessments and informally throughout the week with consultants. Trainees felt that some consultants were more proactive at providing feedback to them and that no feedback is provided to the trainee following an outpatient clinic unless requested as part of a formal assessments.

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

Trainers

Trainers reported that they seek feedback from trainees during their formal meetings. The clinical director also meets with trainees approximately every 2 weeks to ask trainees how they are getting on in their post and outwith work. The trainers felt this had a positive impact on the trainees and they were looking into how they could all be involved in this.

FY/GP

Trainees reported that they could provide feedback on their experience in post at their formal meetings with their supervisor.

ST

Trainees reported that some have had the opportunity to provide feedback through informal meetings or directly with their supervisor. They felt that action was being taken by the department where concerns had been raised.

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

Trainers

Trainers reported they were aware of workload issues from the rota due to staffing shortages or sickness absence. Trainers felt that ST trainees have only occasionally taken on additional work but acknowledged that GP trainees have covered a lot of gaps through the trainee's choice. The department are looking at how they can address some of the gaps but felt that recruitment was challenging. Trainers did not feel that the rota had any impact on patient safety or training.

FY/GP

Trainees felt the rota was tough at times. This was due to reasons such as being the single trainee in a department, last minute changes to the rota not being highlight to them at times or trainees organising cover themselves due to rota gaps. Trainees reported they had fed back the issues regarding the rota and believed this was being addressed.

ST

Trainees felt that when there were some issues with the rota when there are gaps. Trainees reported that they have had outpatient clinics cancelled to enable them to provide cover on the wards. Some also felt pressured to cover rota gaps. Trainees felt that when there are no gaps within the rota their workload is manageable.

Nursing/Non-Medical Staff

Staff reported that they were not aware of the rota impacting on any trainee's wellbeing. They did however, feel that it was very challenging for junior trainees working out hours who require to cover both O&G and paediatric departments.

3.13. Handover (R1.14)

Trainers

Trainers felt that there was an effective handover in place and discussion of some cases provided learning opportunities to trainees.

FY/GP

Trainees felt there was a good formal handover in place, but it can take twice as long as timetabled. Trainees reported that they require to attend 2 handovers at night as they cover both O&G and paediatric ward out of hours.

ST

Trainees reported the morning handover was satisfactory. Some felt that the evening handover was confrontational at times. This was due to consultant disagreements and although this was not directed at any trainee, the trainee's felt they were caught in the crossfire. Trainees also found these disagreements difficult as they were unclear what management plan they should follow, and some had been criticised for asking too many questions when asking why guidelines had not been followed.

Nursing/Non-Medical Staff

Staff felt that handover was undergoing improvements. In particular, there have been improvements to the acute paediatrics handover to try and keep it to time.

3.14. Educational Resources (R1.19)

Trainers

Trainers advised that the department has a variety of resources available to support learning. These included:

- Up-to-date computer access both on the ward and throughout the hospital,
- Access to the library,
- Wi-fi access throughout the hospital, and a
- Simulation suite.

Trainees

Trainees reported that they were happy with the facilities and resources available to them.

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 felt that trainees could raise concerns about their training or experience directly with their any of the consultants or at the fortnightly meeting with the clinical director. Trainers described a situation where a trainee had required support due to external pressure. There was an effective, supportive conversation with the trainee and the department were able to take a personalised approach to provide support to the trainee. Trainers confirmed they also provide career support to trainees. This is provided through discussion with FY2 trainees on what career they would like to do and providing information to them. For ST trainees, trainers would discuss what area of paediatrics they are interested in and direct them to the most relevant consultant.

Trainees

Trainees reported that support is available to them if they felt they were struggling with the job or in other ways, such as health issues.

Nursing/Non-Medical Staff

Staff reported that if they had concerns about a trainee's performance they would be comfortable to talk to the trainee. They also reported they would escalate concerns to the consultant and associate medical director required.

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 reported that the director for medical education (DME) has overall responsibility for managing the quality of education and training. They felt they had a good and open dialogue with the DME. Where any issues are identified, trainers confirmed they take a tiered approach which involves the consultants, clinical director and, if need, escalated to the relevant deanery programme directors to ensure the deanery are aware of the issues and may help them be resolved.

FY/GP

Trainees had a limited awareness of the educational governance structures within the hospital.

ST

Trainees were not aware of who the DME is or their role in managing the quality of their education and training provided to them within the hospital.

3.17 Raising concerns (R1.1, 2.7)

Trainers

Trainers reported they encourage trainees to raise concerns by highlighting their open-door policy. They will also provide trainees with the formal process list during their initial meeting. The trainers felt that there were some challenges where the concern relates to training as the verbal feedback they receive from trainees differs from what is on a form. They therefore were not always aware at the time if a trainee had a concern about their training.

FY/GP

Trainees reported that they would raise patient safety concerns with their supervisor and would receive immediate feedback on any action taken. Trainees reported they would raise concerns regarding their education and training with either senior staff or their programme director.

ST

Trainees reported that they would raise patient safety concerns with the consultant of the week, their clinical or educational supervisor. Trainees felt their concerns would be addressed but would also escalate this to their TPD for advice is needed. Trainees reported that they would raise concerns regarding their training with the clinical lead. Trainees were satisfied that their concerns were listen to and were being addressed.

Nursing/Non-Medical Staff

Staff reported that patient safety concerns are raised with both the consultants and AMD. Any concerns raised are reviewed by the clinical lead and AMD and any learning outcomes and fed back to staff.

3.18 Patient safety (R1.2)

Trainers

Trainers felt the environment was very safe for both trainees and patients as there is a good senior consultant presence. They reported there are daily safety huddles which trainees can be involved in.

Trainees

Trainees reported they would have no concerns about the quality or safety of care if a relative was admitted to the department.

Nursing/Non-Medical Staff

Staff felt the unit provided a very safe environment for patients. There are regular safety huddles, discussion of management plans and a patient safety programme. Trainees are invited to the CIRG meetings and encouraged to participate.

3.19 Adverse incidents (R1.3)

Trainers

Trainers reported that adverse incidents are reported through the datix system. Feedback is provided to trainees following an adverse incident and trainees are invited to the CIRG meetings where learning outcomes can be discussed.

Trainees

Trainees reported that adverse incidents are reported through the datix system and would receive feedback on a report. They reported that they are invited to attend the CIRG meetings where there is discussion around learning points.

Nursing/Non-Medical Staff

Staff reported that the datix system is used to report any adverse incidents and significant events are followed up through CIRG. Staff reported that anyone involved in an adverse incident is given an initial debrief to discuss what happened, with support available from a psychologist. All staff involved are invited to input into the formal debrief and are sent a copy of the final report to review.

3.20 Duty of candour (R1.4)

Trainers

Trainers reported that they lead by example to support trainees to be open and honest if things go wrong.

Trainees

The trainees interviewed had not been involved in an incident where something went wrong but felt they would be supported if this were to happen.

3.21 Culture & undermining (R3.3)

Trainers

Trainers reported they were not aware of any bullying behaviours within the department. Trainers did acknowledge that there are some consultants with strong personalities which can lead to disagreements. Due to known issues of some heated discussions, trainers reported that there are now agreed rules of engagement that all staff are expected to follow, but trainers acknowledged it can be challenging.

FY/GP

Trainees reported they would be happy to raise concerns if they witnessed or experienced any bullying or undermining behaviours. Trainees stated they would raise these concerns with their clinical supervisor and escalate to their educational supervisor and either the medical director or training programme director to address. Trainees reported that concerns had been raised about consultant behaviour during the grand round and this was being addressed.

ST

Trainees highlighted that the nursing staff create a cohesive environment and make them feel included in the team. Trainees reported that there had been an incident during a grand round where consultant behaviour was not professional. This incident was reported, and the department now had procedures in place. Trainees felt the consultants were approachable and they would raise and bullying or undermining concerns with them.

Nursing/Non-Medical Staff

Staff felt they work with a well ground team. They did feel that there can be issues around a hierarchy system, but this is being addressed with the involvement of a psychologist to work on team building and break down barriers within the department. Staff reported they were not aware of any trainees receiving comments that were unsupportive or undermining. The felt they would be comfortable to challenge any member of staff if they were to witness or experience any bullying or undermining behaviours.

3.22 Other

Overall satisfaction
FY2/GP – Score range: 6 – 8, Average: 7.33 out of 10
ST – Score range: 4 – 7, Average: 6 out of 10

4. Summary

The department has made some improvements since the last Deanery visit. The requirements from the previous visit covered handover, teaching, consistency of practice and the nature of clinical duties including outpatient experience. Some of these previous requirements have been addressed and the department had already identified other areas where improvements require to be made. Trainees are happy with the support they receive from both the consultant and nursing staff. Handover has improved considerably since the last visit. Teaching has improved but remains patchy at times and there is scope for further improvement. Although there is more use of guidelines these are not always consistently

applied and when not applied some consultants seem to view questioning as a challenge. There remain concerns regarding consultant disagreements, which was identified at the previous visit.
There is significant variability of ST trainee outpatient clinic experience in both frequency and supervision. This is particularly disappointing as supported access to remote and rural outpatient opportunities was highlighted in the last visit report as the unique training opportunity of a DGRI placement within the West of Scotland Paediatric programme and if this is not deliverable it undermines the main purpose of the placement.
The panel considered that a revisit to the department should take place towards the end of the 2018-19 training year to review progress being made on the planned improvements and to determine if concerns around consultant disagreements have been resolved.

Positive Aspects of the Visit

- The use of Datix and the enthusiasm and engagement from some trainees to complete these reports was positive.
- Well established clinical incident reporting group (CIRG) within O&G and recently introduced within paediatrics department to review datix reports.
- Regular informal meetings from the associate medical director to discuss any trainee concerns; either educational or social
- Handover concerns from previous visit have been addressed and this working well.

Less positive aspects of the visit

- Concern regarding the out of hours rota for FY2 and GPST trainees as they are covering both specialties. There are potential patient safety implications as trainee could be expected to address and O&G and Paediatrics emergency almost simultaneously.
- Whilst there are now clear guidelines in place within the department, there continues to be disagreements and conflict on their application. At times, this has also led to a lack of clarity of what the agreed patient management plan is.
- There have been occasions in the past when consultant trainee interactions have involved a degree of undermining. Management are aware of this and are engaging with the department to avoid future recurrence of this, it will be important to demonstrate that this has been effectively addressed.
- Local teaching is patchy. Some sessions are of a high quality whilst others are vague and lacking purpose.

- Out-patient clinic access for ST trainees varies greatly. From insufficient involvement to excessive expectations, with trainees undertaking remote and rural clinics with no on-site support.
- There is weak and limited training for FY2 and GPSTs in undertaking baby checks.
- Whilst undertaking baby checks is useful, excessive numbers of baby checks being carried out by GP and FY2 trainees is limiting more relevant clinical experience in the post.
- Lack of out-patient clinic experience for GP trainees

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

5. Areas of Good Practice

Ref	**Item**	**Action**
5.1	Good engagement with Datix system with subsequent feedback and shared learning outcomes.	
5.2	Regular informal meetings from the associate medical director to discuss any trainee concerns; either educational or social	

6. Areas for Improvement

Ref	**Item**	**Action**
6.1	Induction	Specialty trainees should be made aware of local guidelines and protocols at their induction

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The department must ensure that disagreements between consultants does not negatively impact on trainee's experience or patient safety.	31 May 2019	All cohorts
7.2	Those responsible for educational governance must investigate the allegations of undermining behaviours, and if upheld, put in place an appropriate action plan to address these concerns.	31 May 2019	All cohorts
7.3	A regular programme of formal teaching should be delivered, appropriate to the curriculum requirements for trainees.	31 May 2019	All cohorts
7.4	Specialty trainees must have opportunities to undertake regular outpatient clinics with appropriate supervision for training level as per college guidance. As indicated at the previous visit trainees should have more access to rural clinics and there should be a formal structure which allows trainees to regularly and consistently attend a package of clinics over the course of their placement.	31 May 2019	ST
7.5	The department should ensure that there are clear systems in place to provide supervision, support and feedback to trainees working in clinics and undertaking clinics	31 May 2019	ST
7.6	Trainees should not undertake tasks beyond their level of competence or experience	31 May 2019	FY2/GP
7.7	The burden of tasks for doctors in training that do not support educational or professional development and that compromise access to formal learning opportunities must be significantly reduced.	31 May 2019	FY2/GP
7.8	Lack of access to clinics for GP trainees must be addressed to improve the training opportunities for	31 May 2019	GP

	these cohorts.		
7.9	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	31 May 2019	All cohorts
7.10	The department should review the arrangement for out of hours cross-cover for junior trainees to ensure that responsibilities are clearly defined (especially in the context of neonatal resuscitation) and that there is no potential compromise of patient safety.	31 May 2019	FY2/GP