Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	24 May 2018	**Level(s)**	FY/GP/ST
Type of visit	Triggered	**Hospital**	Royal Alexandra Hospital/Inverclyde Royal Hospital
Specialty(s)	Emergency Medicine	**Board**	Greater Glasgow & Clyde

Visit panel	
Amjad Khan	Visit Chair – Assistant GP Director South East Scotland, APGDQ
Alison Garvie	GP Director Representative
Reem Al-Soufi	Specialty Representative
Neil Logue	Lay Representative
Hazel Stewart	Quality Improvement Manager
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	General Practice, Occupational Medicine & Public Health
Lead Dean/Director	Professor Moya Kelly
Quality Lead(s)	Dr Amjad Khan, Dr Kenneth Lee
Quality Improvement Manager(s)	Hazel Stewart

Unit/Site Information		
Non-medical staff in attendance	1 clinical services manager (Nursing and AHP not available)	
Trainers in attendance	5	
Trainees in attendance	3 x FY2, 4 x GP, 4 x CT/ST	
Feedback session: Managers in attendance	Director for Medical Education	

Date report approved by Lead Visitor	19 July 2018

1. Principal issues arising from pre-visit review

Following the 2017 General Practice, Occupational Medicine, Public Health (GPOMPH) Quality Review Panel (QRP), a triggered visit was recommended to the Emergency Medicine department at Royal Alexandra Hospital, Paisley. This was due to National Training Survey (NTS) data for GP trainees which included two triple red flags: study leave and workload.

NTS Data

FY2

There are two negative outliers for Foundation trainees. There is a double red flag for study leave and workload. Otherwise, there are no concerns noted from the NTS data. There are also two positive outliers: double green flag for adequate experience and a green flag for induction.

GPST

The post appears to have steadily deteriorated over the last 3 years, and the issues with study leave and work load have persisted. In addition to the triple red flag areas, the post now has 6 pink flags for the following areas:

- Clinical Supervision
- Clinical Supervision out of hours
- Educational Supervision
- Handover (double pink)
- Overall Satisfaction
- Supportive Environment

ST

There are no significant concerns highlighted in the ST trainee's data.

STS Freetext Comments

FY2

The comments are reflective of the NTS data. Positive comments are provided regarding approachable and supportive staff and a good teaching and learning environment. Most of the negative comments relate to the rota. This is accepted to an extent, due to the nature of the

post, however there are concerns raised regarding compliance with EWTD. Study leave is also problematic as it would appear to be too rigid.

GP

Positive comments highlight an approachable team. The negative comments re-enforce the data from the NTS. Trainees report that the rota is poor. Mixed shift patterns within the same week and clashes with local teaching. The most recent comments reports that trainees are informed at induction that they are not allowed study leave. This is of significant concern as trainees will tend to be at ST2 level and would normally be looking to sit the Applied Knowledge Test (AKT) during their ST2 post. There is also a list of negative comments from a trainee in June 2017.

ST

There are very few comments. However, issues with the rota are again flagged. The rest of the data is mainly positive. Some trainees did not receive an induction

More recent STS data and the PVQs suggest that there is a very good consultant team which provides good supervision. There are no patient safety concerns and trainees are confident that they will have achieved their required curriculum competences.

Positively, the most current information, via the PVQ, does not suggest any culture of bullying and undermining. Teaching provided on site is of good quality but access to this, as with study leave, is difficult due to a very rigid rota. It is evident that the rota and access to study leave are the main concerns at this site.

2. Introduction

The Royal Alexandra Hospital is a large district general Hospital situated in Paisley and serves a population of around 200,000 from a mix of urban and rural areas.

Inverclyde Royal Hospital is situated in Greenock, Inverclyde approximately 30 minutes from Glasgow. It serves a population of around 125,000 in the urban and rural areas of Inverclyde, Largs, Bute and the Cowal Peninsula.

The panel were unable to meet with the nursing staff on the day of the visit.

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 includes numeric reference to specific requirements listed within the standards

3.1 Induction (R1.13)

Trainers

An effective departmental induction is provided during the first 2 days in post. The trainers acknowledge that this can be difficult to fit in with the varied working patterns. Trainees working night shift are encouraged to attend the first 2 hours of induction to ensure that they have all their required login details and access passes. Following the initial structured induction, trainees are orientated through the department. This includes guidance of how the department works and interactions with medical and acute receiving units. Prior to starting in post, all trainees are provided with a guidance handbook and a website link, which includes local guidelines.

Any trainees unable to attend are provided a catch-up induction with their supervisor. The trainers feel that induction equips trainees with the necessary information to commence their post, with ongoing support provided throughout the post.

FY2

Trainees receive a very thorough induction. This provides a good overview of what trainees can expect from the post. The departmental induction will discuss the difference in the roles and responsibilities between RAH and IRH. They highlighted that it was an open environment where they are expected to ask questions. It was suggested that it would be helpful if they were

not required to have to travel to a shift at IRH, immediately following induction as this was felt to be a long day. However, there were no specific improvements required of the induction.

GP

Trainees received a good, informative induction to emergency medicine. All IT requirements were provided in a timely manner. The departmental induction provided trainees with good guidance for managing various clinical scenarios. Trainees also found the local website very useful for adhering to local guidelines.

CT/ST

Trainees received a hospital and departmental induction which equipped them for starting work in the department. One trainee suggested that additional structured induction time prior to touring the wards would have been beneficial to them.

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

Trainers

There is protected teaching every Thursday afternoon for FY and GP trainees. This is delivered by a staff grade doctor and receives positive feedback at the end of each session. Trainees have the opportunity to bring their own cases for discussion at these sessions. Specialty trainees are provided with1 to 1 teaching. This is tailored to the trainee's learning needs. Specialty trainees have a flexible rolling rota to enable attendance at regional teaching. Trainers expect GP and FY2 trainees to utilise their zero days or organise to swap their shifts to attend any regional teaching.

FY2

Trainees have timetabled, staff grade led, weekly teaching every Thursday. These sessions last 2 – 3 hours. The teaching time is protected and trainees can attend unless working the night shift or on leave. Trainees could offer no improvements as the teaching they receive is relevant, of high quality with handouts provided. None had attended their regional teaching as they had attended their required sessions in previous posts.

GP

There is a 3-hour teaching session every Thursday afternoon. Trainees working at the IRH can join in via VC. Trainees are unable to attend these sessions when on annual leave or night shift. They also do not attend when not rostered on to work that day. Some trainees have been unable to attend their regional teaching.

CT/ST

Trainees attend the weekly teaching session. They also have a one to one teaching session with their supervisor each month. Consultants will cover the work in the department to ensure that teaching is time is protected and bleep free. Regional teaching is held on a monthly basis and again, is protected and bleep free. Trainees are only unable to attend teaching when they are working a night shift or on leave, otherwise there are no barriers to their attendance.

3.3 Study Leave (R3.12)

Trainers

Trainers have no challenges to approving study leave for specialty trainees as long as sufficient notice is provided. GP and FY2 trainees are expected to use their allocated zero days for study leave. If they require leave on a different day the trainees are expected to organise a shift swap. They acknowledged that there is a lack of understanding amongst GP and FY2 trainees of what the zero days are. Trainers advised that a zero day is where a trainee has no allocated clinical work but is not on a post nightshift rest date. During the post GP trainees have 40 zero days and FY2 trainees have 30.

FY2

Trainees were unclear about the use of zero days. They did not feel they could request study leave and would need to swap shifts with another trainee.

GP

Trainees felt it is very difficult to obtain study leave. Trainees informed the panel that they were required to use their days off or zero days to meet with their educational supervisor.

CT/ST

Trainees have no difficulties in accessing study leave.

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

Trainers

The allocation of educational and clinical supervisors is agreed prior to induction. There are specific trainers allocated to the various trainee groups. The level of information received on a trainee in difficulty is very variable and often no information has been provided to them. All have time in their job plans for their educational role. This is reviewed annually through the online appraisal system.

FY2

Trainees have formally met with their supervisor at least once. There is also the opportunity for informal catch-up discussions when working on the same shift as their supervisors.

GP

Trainees had formally met with their clinical supervisor three times and had their clinical supervisor's report completed. All trainees are encouraged by their supervisors to organise meetings to discuss their progress in the post.

CT/ST

Trainees frequently meet with their supervisor informally and had met formally met with supervisor at least twice since commencing in post.

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

Trainers

The allocation of supervisors to specific training cohorts enables the trainers to have a good understanding of the various curricula. Trainers will discuss what learning outcomes are required during their meetings with the trainees. All trainees gain exposure to an extensive variety of case types in the unit. There were therefore no concerns that any competencies

would be difficult to achieve. There is a good balance between service provision and training, as the unit offers several learning opportunities.

FY2

Trainees highlighted the approachability of staff. There is always senior support available to them. They find it easy to meet their curriculum requirements and trainers signpost cases to them. They felt there is a good balance between education and service work as they felt that every case was made into an educational experience.

GP

Trainees felt their experience in the post was very valuable to their training. They are exposed to a wide range of cases which are applicable to various curriculum competences. The balance between educational and service-based work is very good and trainees receive a lot of clinical experience which is relevant to their progression as a GP.

CT/ST

Trainees felt the split between the two sites was beneficial. The IRH allows trainees to take on more responsibility when working at the weekend and overnight, providing a good balance of autonomy and support when required. Within the RAH, trainees have the opportunities to undertake a lot of procedures and there is more senior support instantly accessible. Trainees had no concerns about achieving their required curriculum competences as they have a good exposure to a variety of cases. Trainees felt the balance between service and educational activity was good as most work is treated as a learning opportunity.

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

Trainers

Trainers have a good awareness of the various assessments their trainees require to complete. Information is provided through on-line modules and trainers courses, in addition to learning on the job. All felt trainees could easily achieve their required assessments. An additional consultant works every Thursday morning solely to undertake Workplace Based Assessments (WPBAs). All trainers discuss the trainee's Personal Development Plan (PDP) and Annual Review of Competency Progression (ARCP) requirements during their first meeting. This

enabled the trainers to advise and signpost the most relevant cases. None of the trainers had received training on how to complete the WPBA, rather learned on the job. Although they have not officially benchmarked their assessments, they have the opportunity to view assessments completed by other trainers.

Trainees

All trainees find it easy to complete their assessments in the post. FY2s felt this is one of the easiest posts to get their assessments completed. This is due to there always being senior staff available to complete assessments. Staff are pro-active in highlighting cases to GP trainees, which will be useful for their assessments, such as case based discussions (CBDs). All felt that assessments were completed fairly and consistently.

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

Trainers

Trainers indicated that there are no multi-professional learning opportunities undertaken in the department.

FY2

There are no opportunities for multi-professional learning.

GP

There are no opportunities for multi-professional learning.

CT/ST

To date there have been no multi-professional learning opportunities. Trainees are aware that the unit are trying to arrange simulation scenarios organised but this has not yet taken place.

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

Trainers

There are several quality improvement projects available to trainees. Trainers work with trainees and ensure trainees know who to go to for advice. They highlighted that the

department has a good Quality Improvement (QI) ethos, noting several QI poster presentations throughout the department.

FY2

None of the trainees are required to complete a QI project during this post. They felt they would be supported if this was needed as there is a very proactive consultant involved with quality improvement.

GP

Trainees are asked and encouraged to participate in QI projects. This is not essential for GP trainees as QI projects, such as audits, are undertaken in their GP posts.

CT/ST

Trainees have plenty of opportunities to undertaken QI projects and would be supported.

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

All trainees are provided with a colour coded badge to identify their stage of training. In addition, there are photographs of all staff on a wall in the department to easily identify staff. Trainees are made aware daily of who to contact for support. There is always consultant presence in the department from 8am until midnight. The trainers were not aware of any instances where a trainee has had to cope with a problem beyond their competence. They are explicit in advising the trainees to always ask for help when required.

Trainees

Trainees always have access to clinical supervision and know who to contact for support. They have never had to cope with a situation beyond their competency. Trainees praised the very accessible and approachable consultant team.

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

Trainers

Trainers provide live feedback to trainees during their shifts together. Feedback is also provided at handover which includes specific learning through discussion of case management plans.

Trainees

Trainees receive regular constructive feedback on their clinical decisions. They welcome discussion from senior staff which provides the rationale of the processes such as discharging patients. Informal feedback is received almost immediately in addition to formal feedback during meetings with their clinical supervisor. Trainees report that feedback is very beneficial and felt that discussion, such as going through the guidelines is very useful when providing constructive criticism.

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

Trainers

Trainers tend to rely on feedback through general discussion with trainees. They acknowledged that this is not as robust as first thought. Consideration is being given to having a trainee rep who can provide feedback at the consultant meeting. Feedback surveys are requested following every teaching session and have been used following induction.

FY2

Trainees provide informal feedback on their experiences in post, when supervisors ask for their opinion. Feedback is also provided from trainees following each teaching session.

GP

Trainees are asked for feedback on any issues by their clinical supervisor. They also complete feedback questionnaire following each teaching session.

CT/ST

Trainees reported that they are openly asked for feedback from the consultant staff. They are aware of a trainee rep who they can also raise concerns with to highlight to the TPD. Only one trainee was aware of the chief resident role and its purpose.

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

Trainers

The FY2 and GP rotas are co-ordinated for the full-time trainees that are in post. Trainees are allocated zero days, where they have no clinical commitments to enable them to attend teaching. ST trainees have a rolling monthly rota. There is always Consultant presence until midnight which enables additional senior input and learning for trainees from the cases they see each day.

FY2

Trainee felt the rota is manageable. There are a lot of out of hours (OOH) shifts but with enough days off. The results from a recent rota monitor were not yet available. There are no patient safety implications due to the rota. Trainees are encouraged to take their breaks. No-one could recommend any improvements to their rota.

GP

Trainees are provided with their rota for full 6 months at the start of their post. Most trainees were happy with the rota. Whilst they acknowledge that it can be antisocial they were aware that that is to be expected and overall provided a good work-life balance. At least one trainee reported to have worked five weekend shifts in a row, which they found difficult. They have no patient safety concerns relating to the rota. Some trainees felt that after 5pm, it could be too busy at the IRH as there are only 2 doctors but were not concerned about patient safety and were comfortable to call senior staff for support. Trainees suggested that a more flexible rota would be beneficial to enable them to access study leave.

CT/ST

Trainees felt they had a good, flexible monthly rolling rota. The rota has recently been monitored to ensure it is compliant with European working time directive (EWTD) but the results were not available at the time of the visit.

3.13. Handover (R1.14)

Trainers

There is a robust handover in place. The department utilises a formal checklist to ensure the safe and effective care of patients. All staff are aware of who is taking over the care of each

patient. Cases are discussed and handed over to the appropriate level of staff. Case discussion enables handover to be utilised as a learning opportunity.

Trainees

Trainees reported there is a good formal handover in place. There is discussion of all patients and the team will pick up on any at risk patients. Handover is used as a learning opportunity, with discussion of interesting cases. The nursing handover is separate with good communication between the nursing and clinical teams.

3.14. Educational Resources (R1.19)

Trainers

There is access to computers in the departments. A Clyde website has been developed which includes guidelines specific to working within the Clyde and is accessible from home. Simulation training is provided on Friday mornings. Video conferencing (VC) facilities are also utilised to enable trainees working in Inverclyde to participate in teaching sessions held in RAH.

FY2/GP

Trainees have access to computers in the department. There is also a library available within the hospital. They are not involved with any simulation training provided.

CT/ST

Trainees have access to IT equipment and can attend simulation training on Friday mornings. They felt that having only one computer in the computer room was inadequate, particularly for undertaking of quality improvement projects. They acknowledged that there is more IT access within the library, but due to its location from the department, it was not utilised. Trainees also reported that there is poor Wi-Fi access within the department.

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 are aware of who is supervising each trainee. The responsible ES or CS would be informed of concerns about a trainee's performance. These concerns are escalated if required

to the GPES and/or relevant Training Programme Director (TPD). The trainers would highlight a struggling trainee at the consultant meeting to ensure all are aware and able to provide additional support. The department is able to accommodate less than full-time (LTFT) requests and currently has two LTFT GP trainees who job share. Where reasonable adjustments have been required, the department have made the required changes.

FY2

Trainees would receive support from their educational supervisor if they were struggling personally or professionally. They again highlighted the approachability of the consultant team, noting they would be comfortable to discuss their concerns with most of the consultants.

GP

Trainees find the consultants very approachable and supportive, often being asked how they are doing. Those that work less than full time have faced no difficulties and found the working arrangements easy to adhere to.

CT/ST

Trainees felt that the consultant staff are receptive to issues raised about a struggling trainee and are supportive in addressing these concerns.

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

Education is high on the agenda within the hospital. There are educational governance meetings held within the hospital, with departmental meetings every 6 weeks. The trainers are aware of who the leads for undergraduate and postgraduate education are. Trainers will also attend postgraduate meetings where training concerns can be reported to the deanery.

FY2/GP

There was a lack of awareness of the educational governance structure.

CT/ST

Trainees were aware of who was responsible for providing education and training but not for the quality of it. There was an awareness of the role of the trainee rep and the specialty training committee but not with the chief resident & trainee forum.

3.17 Raising concerns (R1.1, 2.7)

Trainers

Trainers encourage open, frank and supportive discussions of concerns. The department works hard to promote a flattened hierarchy to encourage team work and an open culture.

FY2/GP

Trainees had no concerns about patient safety or their training in this post. They would be comfortable to raise any concerns with their clinical/educational supervisor or their TPD.

CT/ST

Trainees are aware of who to contact about patient safety concerns and believe these would be dealt with appropriately. Trainees felt the emergency department was unique due to the high consultant presence. They would raise concerns regarding their education and training with their educational supervisor, but would be comfortable to highlight their concerns with any of the consultants.

3.18 Patient safety (R1.2)

Trainers

Trainers feel the environment is very safe for both patients and trainees, as there is a high level of supervision. They acknowledged that at times the department can be extremely busy and can be very challenging. During these times, they feel that the whole team pulls together more to ensure patient safety. Hospital huddles are held daily. These will capture safety concerns across the site and involve both trainers and trainees.

Trainees

Trainees would have no concerns if a friend or family member was admitted to the department.

3.19 Adverse incidents (R1.3)

Trainers

Adverse incidents are reported through the Datix system. Feedback is provided directly by whoever is reviewing the incident. The outcomes of the review and any learning points are discussed at the clinical governance meetings. The minutes of these meetings are emailed to all members of staff. Handover is also used to highlight concerns and learning outcomes.

FY2

Trainees were unaware of the formal procedure to report an adverse incident.

GP

Trainees would escalate an adverse incident to the duty consultant. They were able to cite an incident and the actions taken. This has resulted in no repetition of the incident. Trainees highlighted that some cases are put into a poster presentation for shared learning throughout the department.

CT/ST

Adverse incidents are reported through datix and serious case incident (SCI) reporting systems. Trainees are involved in the discussion of adverse incidents and receive direct feedback where they have submitted a report. There is a weekly brief to all staff with discussion of any incidents and learning outcomes from them. The department also has a poster presentation of a SCI report and the learning outcomes from it to ensure everyone is aware of any changes or improvements made following a review.

3.20 Duty of candour (R1.4)

Trainers

The trainers cited an example of an adverse incident, demonstrating that the process involves the whole team, was supportive and non-punitive.

Trainees

No-one has been involved in an adverse incident, but they would be comfortable to discuss this with their supervisor and support would be provided. Trainees would reflect on the incident, discuss what they have learned and what they would do differently in the future.

3.21 Culture & undermining (R3.3)

Trainers

There is a flattened hierarchy within the department with approachable staff. Trainers are engaged with learning and interacting with all levels of trainees. A positive team culture is further adopted by addressing all staff on a first name basis and highlighting this to trainees. If they don't have a good rapport with their supervisor then they are free to say so, and have a new supervisor allocated to them. They had not been aware of any undermining comments. The trainers try to provide both positive feedback and constructive criticism.

Trainees

Trainees were very positive about the open and supportive environment provided in the post. They felt this encouraged open questions with positive team engagement. No-one has experienced or witnessed any bullying or undermining behaviour in the department. Trainees would be comfortable to discuss bullying or undermining concerns with their clinical or educational supervisors and were confident their concerns would be addressed.

4. Summary

This was a very positive visit to an enthusiastic and supportive department. It was evident that training is viewed as a priority with an engaged consultant team. An exemplar of this is the dedicated consultant session for completion of workplace based assessments. This is reflected within the overall satisfaction ratings from the trainees.

- FY2 – Range: 8 – 9, Average: 8.67 out of 10
- GP – Range: 7 – 8, Average: 7.5 out of 10
- CT/ST – Range: 8 – 9, Average: 8.5

Positive aspects of the visit

- Enthusiastic, supportive and cohesive consultant team
- Welcomed level of consultant presence at RAH (8am to midnight)
- Frequent constructive feedback which encourages learning and reflection
- Feedback is actively sought from the consultant team following teaching sessions
- Learning is trainee focussed
- Weekly protected local teaching for all trainees which is of a high quality
- Regional teaching for ST trainees is built into rota
- Good induction process
- Good access to local website which includes useful guidelines and specific guidelines relevant to the Clyde area
- A weekly brief of updates, including learning outcomes from adverse incidents, shared with all staff
- Comprehensive, structured, consultant led handover which is used as a learning opportunity
- Consultants have responsibility for specific trainee groups which enables a better understanding of the varying curriculum requirements.
- Use of coloured badges along with picture board is used to identify the different training grades of trainees.

Less Positive aspects of the visit

- Lack of ability for GP trainees to access study leave.
- Long stretches of weekend shifts (up to 5 weekends in a row), although many found the rota overall provided a good work-life balance
- Lack of time within rota to undertake quality improvement projects. It was suggested that having better access to computers within the department may alleviate this as there is currently only one computer, for all staff, in the computer room.
- Better clarification to GP and FY2 trainees of what zero days are and how they can be utilised is required

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

5. Areas of Good Practice

Ref	Item	Action
5.1	Consultant allocated a half day per week for completion of workplace based assessments	
5.2	The teaching provided is of a very high standard and the feedback is evident that this is working well	
5.3	Consultants work on site until midnight at RAH. This provides additional support to all levels of trainee.	

6. Areas for Improvement

Ref	Item	Action
6.1	Lack of GP champion	The department may want to consider nominating a consultant to lead as a GP Champion. This would enable them to cascade best practice for completion of assessments and reviews. It would also ensure the unit has a good understanding of any changes to the curriculum.
6.2	Study Leave	GP trainees lack clarity around the use of zero days which impacts on their ability to undertake study leave. The rota manager may want to access the Scotland Deanery website to view the dates of GP Teaching days.
6.3	IT Access	There should be greater access to computers within the department. This would facilitate trainees undertaking QIPs
6.4	Educational Governance	Trainees should be made aware of who the chief resident is and their role within the hospital. They should also be provided with information about the trainee forum and how they can feed into this group.

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The department must provide trainees with explicit guidance on what a zero day is and should be used for.	24/02/2019	GP/FY2
7.2	The department must confirm the rota is compliant with the European working time directive. Confirmation of recent monitoring results would be sufficient.	24/02/2019	FY2/GP/ST
7.3	All trainees must be informed of the official process for reporting adverse incidents.	24/02/2019	FY2/GP/ST