

Scotland Deanery Quality Management Visit Report

Date of visit	1 st November 2018	Level(s)	ST
Type of visit	Triggered	Hospital	Ninewells Hospital, Dundee
Specialty(s)	Histopathology	Board	NHS Tayside

Visit panel	
Dr Fiona Ewing	Visit Chair - Associate Postgraduate Dean – Quality
Dr Marie Mathers	Training Programme Director, Histopathology, South East Region
Mrs Penelope MacGregor	Lay Representative
Mr. Scott Middleton	Trainee Associate
Miss Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Gaynor MacFarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Diagnostics
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Fiona Ewing
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	2
Trainers in attendance	10
Trainees in attendance	7
Feedback session: all staff in attendance	21

Date report approved by Lead Visitor	3 rd December 2018
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1. Principal issues arising from pre-visit review

The principal reason for this visit is to investigate issues highlighted in the recent Scottish Training Surveys and to advise on steps towards addressing and resolving them where required.

The results from the 2018 National Training Survey showed red flags for overall satisfaction, reporting systems, adequate experience, supportive environment, teamwork and curriculum coverage.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were to be clinical supervision, the team culture and investigate any concerns about undermining behaviours.

2. Introduction

Ninewells Hospital is a large teaching hospital based in Dundee.

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: Induction is completed over a few days involving multidisciplinary teams. There is an induction handbook available to trainees which the Training Programme Director (TPD) is hoping to merge with the Departmental Standard Operating Procedure document. Induction is flexible therefore if a trainee cannot attend this will be done at a later date.

Specialty Trainees: All trainees received both hospital and departmental induction. All received IT passwords and felt well supported and equipped to start in the department.

Non-Medical Team: Staff are involved in the induction of the laboratory and health and safety. Trainees are given a tour of the lab, instruments and specimen dissection. Basic techniques are shown for post mortems.

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

Trainers: There is local teaching on a Friday afternoon. Recent time pressures have caused this to lapse. Teaching is trainee driven and all trainees are encouraged to organise. Trainees can attend both local and regional teaching with no issues and have recently expressed an interest in starting a journal club. There is no named individual responsible for arranging the programme as trainees should suggest topics and approach a consultant.

Specialty Trainees: Trainees reported that local teaching takes place on a Friday afternoon however this has only been happening 50% of the time. The TPD is aware of this and is looking at ways to improve. Trainees are currently responsible for organising teaching. There are no issues attending both local and regional teaching and trainees are encouraged to do so.

Non-Medical Team: Although not directly involved in teaching, staff are available if the trainees require help or support.

3.3 Study Leave (R3.12)

Trainers: There are no issues supporting study leave. Budget pressures can be an issue due to juniors attending mandatory courses and seniors attending exam courses at the end of training. Trainers would like more flexibility in using the budget.

Specialty Trainees: Trainees confirmed there are no issues obtaining study leave. However, ST1s reported they have to attend several mandatory courses which involves travelling and uses a considerable amount of the budget.

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

Trainers: Educational and clinical supervisors are allocated before trainees commence in post and are introduced on arrival to the department. Trainers are not given information about trainees before commencing post if there are concerns which has caused issues in the past. Educational supervisors were selected after expressing an interest in training. All have time in their job plans and maintain regular training as part of their Core Professional Development. Trainers are all reviewed as part of annual appraisal and revalidation.

Specialty Trainees: Trainees confirmed they have all met with their educational supervisor and agreed a personal learning plan. Trainees advised that the educational supervisors were proactive in training and very approachable should they need to discuss any issues. The TPD is also very approachable.

Non-Medical Team: Trainees can access senior support at all times with no issues.

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

Trainers: The TPD compiles the rota taking into account requirements for each trainee's curriculum needs. Trainees are supernumerary and all trainee activity is of educational benefit. Trainees are required to travel to other sites for specialist training such as paediatric and neuro pathology. There will be services changes in the future for Cervical Cytology which will have an impact on training, and the revised arrangements are still to be confirmed.

Specialty Trainees: Trainees reported good exposure and rotating around teams enables them to view a variety of specimens. There is no Cardio-thoracic training on site and trainees attend Aberdeen for a week which they feel is not enough time. There were some concerns about service changes in the future regarding Upper Gastro Intestinal Clinical Service which may impact on training. There will be no on-site training for Cervical Cytology which is compulsory for ST1 & ST2 as this will be moving to Glasgow and Lanarkshire the requirements for this are still to be agreed. Trainees described that all work undertaken is of educational benefit.

Non-Medical Team: Although there is no formal teaching with the trainee's staff regularly undertake dissections with trainees.

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

Trainers: The trainees receive guidance from the Royal College, educational supervisor and Training Programme Director regarding the required assessments for completion of post. Trainers have not received training in how to undertake workplace-based assessments and do not benchmark assessments against other trainers.

Specialty Trainees: Trainees have no issues completing the required assessments for the post and feel these are fair and consistent.

Non-Medical Team: Staff contribute to the assessment of trainees through multi-source feedback.

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

Trainers: Trainees are strongly encouraged to attend multi-disciplinary Teaching.

Specialty Trainees: Trainees reported very helpful laboratory staff who are always available if they require any help with learning.

Non-Medical Team: There is no formal joint learning time, but consultants regularly bring interesting cases for everyone to see.

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

Trainers: All trainees are required to complete an audit project and are encouraged to present these. Although there are no formal audit meeting trainees can present audits at Friday afternoon teaching.

Specialty Trainees: Trainees are encouraged to engage in audit and quality improvement projects which are part of the Curriculum.

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 trainers can differentiate between levels of trainees as it is a small department, and everyone knows each other. Trainers are not aware of the colour coded badges that have recently been introduced. All trainees have a supervising consultant and duty pathologist, and all know who to contact. Trainees are supervised at all times and do not have to cope with problems beyond their competence or experience.

Specialty Trainees: Trainees reported they always have access to excellent clinical supervision and always know who to contact. All consultants are accessible and approachable should they require any support.

Non-Medical Team: Staff can differentiate between different levels of trainees by the colour badge system which has just recently been introduced. It is a small department therefore staff get to know their colleagues very well. Trainees do not have to cope with problems beyond their competence as there is always someone available and trainees are aware of their limitations.

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

Trainers: Trainers give informal feedback on most cases every day. Feedback is also given during educational supervisor meetings and multi-source feedback.

Specialty Trainees: Trainees receive informal feedback daily which they find meaningful and constructive. Feedback is also given at regular meetings with their educational supervisor.

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

Trainers: Trainees can feedback to trainers through surveys or multi-source feedback.

Specialty Trainees: Trainees can provide feedback to trainers via surveys, multi-source feedback or through the trainee representative on the Specialty Training Committee (STC).

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

Trainers: The Training Programme Director ensures rotas maximise learning opportunities for trainees. There are 5 teams and 8 trainees therefore trainees sometimes double up depending on study leave, annual leave etc.

Specialty Trainees: Trainees reported a manageable rota with no out of hours. The Training Programme Director confirms the rota 4-6 months ahead which works well. Some sub specialties have more work than others but there is a good balance of training.

Non-Medical Team: There are no issues in relation to the rota for trainees. Staff highlighted a trainee had discussed inaccurate post mortem numbers as part of recruitment which would have impacted on applying for post. This is something that is now being addressed and updated for the next round of recruitment.

3.13. Handover (R1.14)

N/A – no handover

3.14. Educational Resources (R1.19)

Trainers: There is an excellent departmental library and all trainees have their own computer and microscope. Trainees have access to a slide collection which they contribute to. Trainees are encouraged to take part in the rotation of slides external quality assessment which is a very good national learning resource.

Specialty Trainees: Trainees have their own computer, desk and microscope and have access to IT support if they have any issues. Trainees have access to departmental and hospital libraries.

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

Trainers: Trainees can regularly feedback any concerns to the TPD or associate postgraduate dean. A learning plan is agreed at the beginning of training and reviewed mid-year.

Specialty Trainees: Trainee reported excellent support from both educational supervisors and the TPD if they had any issues with the job or their health.

Non-Medical Team: Staff would contact the clinical lead or TPD if they had any concerns regarding the performance of a trainee.

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 there is a STC every 3 months with trainee representation. The TPD is part of the diagnostic specialty training board. The clinical governance meetings are arranged through management.

Specialty Trainees: Trainees would contact the TPD regarding the quality of their education and training and would ask the trainee representative to discuss any issues at the STC.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are regularly encouraged to raise any concerns and inform the trainees that the door is always open. The departmental handbook has deanery contact information should they wish to discuss any issues out-with the department.

Specialty Trainees: Trainees would discuss any concerns with their educational supervisor, consultant or TPD. There are no concerns in relation to patient safety or education and training.

Non-Medical Team: Any concerns regarding processes within the department are raised with the clinical lead and discussed with the quality manager. Trainees are informed at induction how to raise concerns.

3.18 Patient safety (R1.2)

Specialty Trainees: Trainees confirmed if a friend or relative had to attend the department they would have no issues regarding the quality and safety of their care.

3.19 Adverse incidents (R1.3)

Trainers: Any adverse incidents are treated as a valuable training experience and discussed at a local review meeting.

Specialty Trainees: If an adverse incident occurred trainees confirmed they would contact a consultant or quality manager depending on the type of incident.

Non-Medical Team: Adverse incidents are reported through Datix. Discussions following an adverse incident would be held at the clinical governance meeting.

3.20 Duty of candour (R1.4)

Trainers: There is a no blame culture if things were to go wrong and consultants hold responsibility.

Specialty Trainees: Trainees would feel supported if they were involved in an incident by both their educational supervisor and TPD.

3.21 Culture & undermining (R3.3)

Trainers: Trainees work closely together and regularly share cases. There is a culture of learning together which is actively fostered. There is awareness of different personalities and in some instances perhaps a lack of respect or bad manners but there is no bullying or undermining within the department.

Specialty Trainees: Trainees feel well supported by their senior colleagues as they work closely with them on a daily basis. A comment was raised that not all teams in the department work in the same way and there can sometimes be an issue with trainees being treated differently, this can have an effect on a trainee's self-confidence. Trainees do not have any concerns in relation to bullying and would discuss any issues with their educational supervisor.

Non-Medical Team: The department moved to specialist reporting some years ago and staff felt this divided the department. All staff are approachable and although trainees have mentioned a couple of comments regarding a senior colleague, staff do not feel there are any issues relating to bullying and undermining.

3.22 Other

Specialty Trainees:

Trainees average score for overall satisfaction was 8/10.

Trainers:

Trainers spontaneously raised the issue of the effect one trainee in difficulty could have in a small department. Concerns were voiced about the deanery structure that meant it was difficult to enquire about any trainee's previous employment record. There was a general view that many of the recent survey issues were a result of the disruptive atmosphere in the department. They reported that this is now much better.

4. Summary

Is a revisit required?	Yes	No X	Highly Likely	Highly unlikely
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This was a very positive visit with major strengths commented by the trainees that both the Educational Supervisors and Training Programme Director were engaged, approachable and very supportive providing excellent supervision. The team acknowledged that the last couple of years have been a difficult time for the department, but they have pulled together and there are no longer any active issues. However, there is still a lingering concern amongst the consultant group that this has affected the culture in the department.

Positive aspects of the visit:

- Excellent Educational Supervision
- Very approachable and supportive Training Programme Director
- Trainee Supervision by Consultants at all times
- Very good engagement with Non-Medical Staff
- Very good induction programme with multi-disciplinary involvement
- Excellent Facilities for trainees

Less positive aspects of the visit:

- Friday afternoon trainee teaching is sporadic and relies entirely on trainees to arrange it
- No awareness of colour coded badges to identify staff
- Inaccurate numbers of post mortems advertised as part of recruitment

5. Areas of Good Practice

Excellent educational supervision structure and TPD engagement.

6. Areas for Improvement

Ref	Item	Action
6.1	Update recruitment information to reflect accurate post mortem numbers	
6.2	Update induction handbook	
6.3	Raise awareness of colour coded badges	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	A regular programme of formal teaching should be maintained, appropriate to the curriculum requirements	1 st August 2019	ST