Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 15 May 2018	Level(s)	FY, GP, Core and ST
Type of visit	Triggered	**Hospital**	St John’s Hospital
Specialty(s)	General (Internal) Medicine	**Board**	NHS Lothian

Visit panel	
Dr Geraldine Brennan	Visit Lead and Associate Postgraduate Dean for Quality (Foundation)
Dr Tom Fardon	Associate Postgraduate Dean
Mr Yatin Patel	Foundation Programme Director
Dr Timothy Jagelman	Trainee Associate
Ms Jill Murray	Quality Improvement Manager
Mrs Heather Stronach	Quality Improvement Manager (Shadowing)
Mr Bob Kemp	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	7	
Trainers in attendance	8	
Trainees in attendance	21	12 x FYs, 3 x GPSTs, 1 x CT (ACCS Anaes) and 5 x STs (incl 1 ST Emergency Medicine)
Feedback session: Managers in attendance	7	

Date report approved by Visit Lead	19 June 2018

1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to General (Internal) Medicine at St John's Hospital. This visit had been triggered by the Foundation Quality workstream but the visit panel took the opportunity to meet with all grades of trainees.

The visit aims to further investigate issues highlighted and to advise on steps towards addressing and resolving them where required.

The visit team also took the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

NTS Data

FY2 Red Flags - Overall Satisfaction, Induction, Adequate Experience, Workload, Feedback, Reporting Systems, Curriculum Coverage
Pink Flags – Clinical Supervision, Educational Supervision, Educational Governance

GPST Green Flags – Handover, Supportive Environment, Educational Supervision, Teamwork, Curriculum Coverage, Educational Governance
Light Green Flag – Overall Satisfaction

CMT Pink Flag – Educational Supervision

ST No data for Specialty trainees in General (Internal) Medicine.

STS Data

The STS data shows only white flags for all groupings.

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 trainee groups:

Foundation Trainees
General Practice Trainees
Core Trainees
Specialty Trainees

3.1 Induction (R1.13)

Trainers: Trainers reported an online induction package that complements the hospital induction provided on site. The on-site hospital induction includes a presentation from the Associate Director of Medical Education (ADME) and provides an overview of the hospital and the services available on the site. The induction to the unit is delivered the following day and includes an introduction to the team, how the medicine department works and the role of the trainees. Anyone who is unable to attend the unit induction is met with individually.

Foundation Trainees: Trainees confirmed they had all received a hospital induction. The trainees would have liked some information about Hospital at Night (H@N) included in induction. The trainees stated the Tuesday lunchtime meeting was changed to Thursday that first week to give them a unit induction. This included an informal chat from a Specialty trainee. Not all trainees were able to attend the lunchtime meeting as staffing levels decrease on a Thursday. There was no information provided about the trainee role in the Medical

Assessment Unit (MAU) or the Primary Assessment Area (PAA). No information was provided regarding Hospital at Home and what was expected of the trainee in that role. The trainees agreed that, following their induction, they did not feel prepared for working in the medical unit.

Core and GP Trainees: Trainees stated they all received a hospital induction on their first day in post. This was followed up by a unit induction at the Tuesday lunchtime meeting which was on day 6 of their post. The unit induction included a session with Pharmacists, Nurse Practitioners and a senior Specialty trainee. The CT2 trainees work on the senior rota and received no induction to that role and what was expected of them. One trainee was also on-call the first week and did not know what to do, people were supportive but the trainee had to seek out a lot of information. GP trainees cover the PAA and the Ambulatory Care unit and were given no information on who to report to or what to do. The PAA is covered by one FY1, a GPST and an Acute Medicine Consultant. The Consultant was on leave for the first week and the trainees were not notified who to contact instead.

Specialty Trainees: Trainees advised they had all received a hospital induction. The trainees received a unit induction the following day which was comprehensive and explained their roles and responsibilities. The trainees suggested for future induction that the age of paediatric patients accepted by Medicine at St John's Hospital should be include as this differs from other NHS Lothian hospitals.

Non-Medical Staff: The Nurse Practitioners reported attending induction to provide an overview of their role. The admin team advised there is an induction pack issued to all the trainees prior to them starting in post and the pack is reviewed by current trainees before issue to ensure that it is current.

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

Trainers: Trainers reported that all regional teaching for trainees is included in their rota to facilitate their attendance. Foundation trainees hand their bleeps to an administrator within the Medical Education department to ensure it is bleep free. There is a Tuesday lunchtime meeting within the unit that all trainees can attend, there are case presentations and discussions at the meeting.

Foundation Trainees: Trainees stated there is an emphasis in the unit for them to attend teaching and everyone is supportive. There is departmental teaching on a Tuesday lunchtime that they are able to attend as well as their regional teaching on a Wednesday lunchtime which is bleep free.

Core and GP Trainees: Trainees are able to attend their regional teaching as it is timetabled on their rota. Trainees can also attend the unit lunchtime teaching on a Tuesday.

Specialty Trainees: Trainees attend General (Internal) Medicine teaching 6 times a year and this is built into their rota. There is weekly teaching at lunchtime on Tuesdays that trainees attend as well as a Thursday grand round once a month.

Non-Medical Staff: The group stated that trainees all attend their teaching. The bleeps of the Foundation trainees are held by an administrator whilst at teaching and the Nurse Practitioners usually cover the FY1 jobs during that time.

3.3 Study Leave (R3.12)

Trainers: Trainers reported there are no issues supporting study leave requests.

All Trainees: All grades of trainees reported that study leave is very well supported.

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

Trainers: Allocation of Educational Supervisors is done by the Clinical Director. Supervisors are allocated the same grade of trainee(s) each time to ensure familiarity with the curriculum and requirements of the trainees. All Educational Supervisors are Recognised Trainers and all have appropriate time in their job plans and are appraised on their role.

Foundation Trainees: Trainees reported they had all met with their Educational Supervisor. There is a good environment for learning and training in the unit and Educational Supervisors are supportive of this with some highlighting interesting cases and learning opportunities.

Core and GP Trainees: All trainees stated they had met with their Educational Supervisor and their Supervisors' are very supportive.

Specialty Trainees: Trainees reported they had all met with Educational Supervisor and they had all agreed a Personal Development Plan.

Non-Medical Staff: The Nurse Practitioner group stated there is always supervision available for the trainees. The Consultant group always answer their bleep/phone and there is a robust escalation process in place.

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

Trainers: Trainers stated that the unit offers trainees exposure to a wide range of general medical conditions and allows all trainees to gain appropriate competencies for their training. If trainees are having difficulty gaining a particular competence it is raised with their Educational Supervisor who helps arrange an opportunity to complete it. GP trainees are given the opportunity to attend clinics with these being built into their rota. Senior trainees are encouraged to take a leadership role on ward rounds in preparation for their future role as a Consultant. There are a number of Nurse Practitioners in the department who are ward based and take on the majority of routine tasks. Discharge letters are seen as a team responsibility and there is time set aside each day for completion of these.

Foundation Trainees: Trainees reported 80% of their role is service provision with the FY1 trainees reporting the majority of their role is writing discharge letters. There are some opportunities for learning on MAU but these can be interrupted by the need to complete discharge letters. The trainees rarely have the opportunity to attend a ward round. One trainee reported not having seen any patients for 2 days due to discharge letter completion. The trainees stated Nurse Practitioners are unable to prescribe which is why they do not complete the letters. The Nurse Practitioners see the patients and then ask the trainees to complete the scripts and do other jobs. FY2 trainees stated the expectation in the unit is that the FY1 trainees will complete the discharge letters. FY2 trainees are not able to attend clinics due to their workload.

Core and GP Trainees: Trainees stated there are no issues meeting their competencies. There was variable experience of attending clinics detailed with the majority of Core and GP attending between 0-3 clinics during their post whilst one GP trainee had attended 7. There is good exposure to procedural skills for a Core ACCS Anaesthetics trainee and being on the senior rota there is the opportunity to work autonomously with support available.

Specialty Trainees: Trainees stated there are 3 wards in the unit and there is exposure to a wide range of patients and medical complexities which makes achieving curriculum competency easy. it can be more challenging for trainees to gain exposure to Acute Medicine

as they have limited exposure to on-call slots in order to cover clinics and ward work. There is also the expectation that trainees on the senior rota can complete some procedures without supervision, however this is not always the case which can cause some difficulties

Non-Medical Staff: The Nurse Practitioners work closely with the FY1 trainees and are on hand to help with any queries or support they may need.

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

Trainers: Trainers reported there are many opportunities for trainees to complete assessments, particularly in the Ambulatory Care Unit, and they actively encourage trainees to take advantage of these opportunities.

Foundation Trainees: Trainees reported assessments are easy to complete as there are always more senior trainees or Consultants around to complete them. Trainees are encouraged to complete assessments.

Core, GP and Specialty Trainees: There were no issues raised regarding completion of assessments.

Non-Medical Staff: The Nurse Practitioner group complete multi-source feedback forms for many of the trainees.

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

Trainers: Trainers stated that there are opportunities with the Medicine for the Elderly team to work with the Hospital at Home team which is an integrated team of AHPs, Nurse Practitioners and a Pharmacist. There is also an MDT briefing each morning which is attended by Occupational Therapists, Physiotherapists and is led by the Nurse in charge. The department is currently in discussion regarding simulation sessions based on Datix concerns and these will be multi-professional sessions.

Foundation Trainees: Trainees advised there is sometimes an extra teaching session on a Friday that includes Physiotherapists and members of the Palliative Care team. There is no unit MDT but some specialties within the unit, ie, Medicine for the Elderly have weekly MDT meetings.

Core and GP Trainees: Trainees reported limited opportunities for multi-professional learning. There are opportunities with the Medical for the Elderly team.

Specialty Trainees: Trainees advised there are many multi-professional learning opportunities, ie, ward M&M meetings and grand rounds. The unit is also looking to develop simulation training which will also be multi-professional.

Non-Medical Staff: The group stated there are a number of meetings in the unit that involve the wider team, for example, the Tuesday lunchtime meeting is attended by Physiotherapists, Nurse Practitioners and Pharmacists.

3.8. Adequate Experience (other) (R1.22)

Trainers: There are opportunities for trainees to undertake quality improvement projects as well as opportunities for them to present them.

Foundation Trainees: Trainees stated they had all been offered the opportunity to undertake a quality improvement project.

Core and GP Trainees: Trainees reported there is no time in the post to undertake a quality improvement project. There are opportunities but trainees would have to complete it in their own time.

Specialty Trainees: Trainees stated there are opportunities and a number of the trainees were involved in current quality improvement 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 advised everyone has coloured name badges with posters visible across the unit explaining what the colours mean. Trainees are introduced to all the team members at induction so everyone is aware of new trainees. There is a clear escalation policy that is explained to trainees at induction and Consultants are accessible at all times.

Foundation Trainees: FY1 trainees reported they always have access to support. FY2 trainees are on the middle grade rota and can feel exposed and unsupported at times. FY2 trainees reported the escalation process is not always clear and there is a potential risk to patient safety. An example was given of an occasion on a bank holiday when a middle grade trainee in a ward area had supervision from someone based on MAU and their contact details were not clear.

Core and GP Trainees: Trainees reported there is always clinical supervision available. The trainees reported variable support available from Consultants when they are on-call. They stated some on-call Consultants are visible and always available but others they do not see all day and some seem to be at clinics when they are on-call. However, all trainees stated there is always someone to ask if the named on-call Consultant is not available. Trainees reported they do not work beyond their competence. However, GP trainees stated it can be more challenging when they are on-call and have to take the senior trainee bleep for 4 hours. People contacting the senior rota bleep are often seeking advice which the GP trainees do not feel comfortable providing.

Specialty Trainees: Trainees reported clinical supervision is always available. Trainees are not asked to deal with problems beyond their competence however the volume of work is challenging to manage. Trainees stated there have been times when Consultants have been off on leave the week following their on-call and there has been no named Consultant to take responsibility for the post-take Consultant's patients. The trainees stated they feel at times that the system is heavily reliant on them highlighting issues as opposed to issues being anticipated.

Non-Medical Staff: The group stated all doctors have colour coded name badges and there are posters displayed explaining which grade of doctor each colour. Although the workload can be challenging the trainees are always supported and never asked to work above their competence.

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

Trainers: Feedback is provided to trainees regularly but particularly after each post-take ward round.

Foundation Trainees: Trainees reported they get feedback when an assessment or procedure is being signed off. However, they stated they change ward every few days so it can be difficult to get feedback as they are not working with the same people regularly enough. The trainees may see a patient one day and the following day they are on a different

ward with no opportunity to get feedback from the team from the previous day. On occasions like this the trainees review the patient notes on TRAK to gauge their own performance.

Core and GP Trainees: Trainees stated it is difficult to get feedback as they are not based on the same ward every day. The trainees change ward approximately twice a week and spend most of the time delegating tasks. Working on-call is better as the trainees work with the same Consultant for that period and receive regular feedback.

Specialty Trainees: Trainees reported there are not many opportunities to get feedback due to the volume of work, no sooner has one patient been seen than they are on to the next. Consultants split the ward round so they take half the patients and the Specialty trainee takes the other half and the next day they swap. So, the trainees do not receive direct feedback on the patients they have seen the day before nor do they have the opportunity to complete a ward round with a Consultant. The trainees stated they are frequently thanked for their work and they believe the work they do is appreciated by the Consultant group.

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

Trainers: Trainers advised there is a Trainee Forum with a representative from the site management team on it so that issues can be fed back. The unit has also piloted iMatter which had a good response rate. The ADME also holds annual meetings with trainee representatives from all specialties on the site to seek feedback.

Foundation Trainees: Trainees advised there is an opportunity to discuss issues at the departmental Tuesday lunchtime meeting. A number of the trainees' Educational Supervisors will ask for informal feedback when working with their trainee.

Core and GP Trainees: Trainees are asked for feedback by the Consultants. They have recently undergone a pilot of iMatter and this has been discussed at the Tuesday lunchtime meeting.

Specialty Trainees: The trainees have recently set up a Junior Doctors Forum and have discussed a number of issues and made suggestions how to resolve the issues. This has been shared with the management team but no feedback has been received yet.

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

Trainers: Trainers stated the job is busy but offers good training opportunities. The rota has gaps and these are filled by locums or by previous or current trainees covering as locums. There are no patient safety issues but the gaps have an impact on training as trainees are moved to other units to cover the gaps.

Foundation Trainees: FY1 trainees stated they are moved between wards regularly to help fill rota gaps and spend the majority of their time completing discharge letters. FY1 trainees are on the rota to finish at 4.45pm however they have to handover to a FY1 colleague at 5pm who then covers the evening shift until H@N handover at 9pm. The FY2 trainees are on the middle grade rota so, on occasion, they have been the most senior trainee on the medical floor. There are usually 2 trainees from the middle grade rota or one from the middle grade and one from the senior grade rota but with gaps this can mean the 2 from the middle grade rota are FY2s. The FY2 trainees stated they are frequently moved between wards to cover gaps or busy periods. The trainees agreed the workload overnight is much more manageable. FY1 trainees reported going from mainly doing "an admin role" during the day to being "a proper doctor" at night. The FY1 dayshift finishes at 4.45pm but the trainees have to stay until 5pm to handover to their evening colleague.

Core and GP Trainees: Trainees advised the middle grade rota is made up of FY2, GPST and CT1 trainees. There is only one trainee on-call from 10am-5pm, the FY1 trainees cannot help as they are doing their discharge letters. More trainees come in for the late shift and overnight there is a FY1, a middle grade trainee and a senior trainee covering the medical wards. Trainees advised that handover is only included on their rota when working a H@N shift and all other times they have to stay late or come in early to attend. The on-call dayshift finishes at 9pm, the trainee then has to handover at 9pm and this involves staying longer than their rota. The trainee then returns the next day for the 8am handover before their post-take shift of 10am-9.30pm.

Specialty Trainees: Trainees reported a lack of continuity on the wards with them changing wards every few days. The rota has trainees working on Ward 21 in the morning and then moving to MAU in the afternoon which means the morning jobs on Ward 21 are handed over to a FY1 at the end of the morning. The trainee then goes to MAU which them becomes extremely busy at 3pm-5pm when the PAA closes and only one trainee working. Trainees provided examples of seeing 22 patients in one day, having to cover 20 boarded patients on the other side of the hospital and looking after 30 patients on the ward. The trainees stated they end up doing safety reviews as they are unable to see all patients. The trainees do not have time to talk to relatives or discuss lifestyle changes with patients and families. The senior trainees spend a lot of their time moving around the hospital checking the patients are ok. The trainees agreed the workload can be variable and when on-call it can be "brutal". The trainees stated "H@N is hideous", a good night they will admit 6-7 patients but a bad night will see them admit 20-30 patients and there are only 3 doctors on the Medicine H@N team. They have no capacity overnight to see patients on the ward who might become unwell.

Non-Medical Staff: The group stated that rotas have improved with trainees spending more time working in a team than previously. There are still occasions when the trainees change wards but this is to cover rota gaps and cover busier areas. The group did not think trainees stayed beyond their scheduled hours often.

3.13. Handover (R1.14)

Trainers: Trainers stated that there is time built into the trainees' shift for handover. Handover in the Medical Assessment Unit (MAU) is the most robust handover with opportunity to provide direct feedback to trainees. The H@N handover at 9pm involves the Medicine team leaving the MAU to deliver handover in another location. This means MAU is left without medical support for the length of handover.

Foundation Trainees: The FY1 trainees reported they handover between themselves and there is no written record kept nor do they give a formal handover to the wider team. The group stated any handover involving the H@N team is very good and safe and it is recorded on the computer.

Core and GP Trainees: Trainees reported the biggest issue with the H@N handover is that it is held at the other side of the hospital and all doctors on MAU have to attend. This leaves the patients in the unit without immediate medical support for approximately 30 minutes. The H@N handover does not start until all representatives from MAU are in attendance so if a trainee is delayed by an unwell patient the handover will be delayed. The morning handover is held in the MAU in front of the patient board which acts as a prompt. TRAK is used by the H@N team and it is updated following nights and weekends however there is no time to complete this if trainees are working on MAU.

Specialty Trainees: Trainees reported the H@N handover at night and in the morning, is good. There are a number of handovers throughout the day between the FY1 trainees and these are not written down which can be challenging.

Non-Medical Staff: The group stated that handover was much improved. There is a H@N office where handover is done and everyone attends. In the morning there is a handover with a discussion who is to see which patient. There is also a safety huddle at 9am.

3.14. Educational Resources (R1.19)

Trainers: Trainees have access to a library with NHS and University of Edinburgh computers as well as a junior doctors room with computers. IT access can be challenging for clinical work as so many people need access to the various systems and the speed of the system is also limiting.

Foundation Trainees: No issues were reported.

Core, GP and Specialty Trainees: Trainees reported good access to library and IT facilities.

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

Trainers: Trainers stated there are 3 less than full time trainees who have been supported by the unit with their reduced hours. Due to the experienced trainers in the unit they are frequently asked to support trainees in difficulty who they work with to develop a bespoke training programme.

Foundation Trainees: Trainees reported there are less than full time trainees on their rota and this has been supported by the department. There had been some challenges for one trainee as the department appeared unclear of their requirements at times but overall the trainee had been supported.

Core, GP and Specialty Trainees: Trainees stated the unit is very supportive. The unit has supported a trainee returning to full time training as well as other trainees working less than fulltime.

Non-Medical Staff: The group stated any concerns regarding a trainee would be discussed with the trainee's Educational Supervisor or any of the Consultants.

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: The Associate Director of Medical Education is responsible for education and training on the site.

Foundation Trainees: The trainees were unsure who is responsible for the education and training on site.

Core, GP and Specialty Trainees: Trainees stated the Associate Director of Medical Education is responsible for education and training on the site.

3.17 Raising Concerns (R1.1, 2.7)

Trainers: Trainees can raise a concern on the Medical Education website which has a "I have a concern" button and this is highlighted to trainees at induction. Also at induction trainees are told they can report any concerns to anyone in the unit. There are regular M&M meetings where everyone is encouraged to discuss concerns.

Foundation Trainees: Trainees reported they would contact any of the Consultants if they had any concerns about their training.

Core and GP Trainees: Trainees stated they would initially speak to their Clinical or Educational Supervisor about issues with their training but agreed they could speak to any Consultant.

Specialty Trainees: Trainees reported they would speak any of the Consultants if they had any concerns about their training and they would be fully supported in dealing with the concern.

Non-Medical Staff: Any patient safety concerns would be discussed with an individual's line manager and any learning points would be discussed at the Tuesday lunchtime meeting.

3.18 Patient Safety (R1.2)

Trainers: Trainers stated there were no patient safety concerns. Patients are boarded across a number of different wards but safety is paramount and boarded patients are reviewed regularly.

Foundation Trainees: Trainees raised concerns regarding the discharge letters they are writing. They stated they are having to rely on the notes put in TRAK by others as they have limited or no interaction with the patients they are discharging. Trainees provided examples of boarded out patients not being seen by a doctor of any grade for 1-2 weeks. The trainees also raised concerns about patients boarded to the Gynaecology ward where there are no FY1s therefore no trainees available to do the routine jobs for these patients.

Core and GP Trainees: Trainees advised there are no patient safety concerns. The trainees stated it can be difficult for boarded patients to have a medical review every day but there is always a medical team on the ward who can see the patients. There is a lack of consistency for patients with the trainees being moved across the wards regularly so the patients rarely see the same doctor day to day.

Specialty Trainees: Trainees stated they believe the unit to be safe for their patients. Trainees advised they try to see the boarded patients as often as possible. Boarded patients are effectively triaged and if any problems arise the patients are moved back to the parent ward. However, the trainees expressed their concern at the lack of ability to give families updates as there is no time. The trainees provided examples of a patient not being seen for 30 days and a family not receiving an update for 11 days.

Non-Medical Staff: The group stated they had no patient safety concerns. Overnight can be challenging if a sick patient needs to be transferred but this is manageable. A number of patients are boarded on other wards but they are regularly reviewed by the Nurse Practitioners and clinicians.

3.19 Adverse Incidents (R1.3)

Trainers: Trainers stated Datix is used to record incidents and there are M&M meetings where they are discussed and feedback given.

All Trainees: Trainees stated they would report any incidents on the Datix system and they do receive feedback from the system if appropriate.

Non-Medical Staff: The group advised any adverse incidents are discussed at the Tuesday lunchtime meeting.

3.20 Duty of Candour (R1.4)

Trainers: Trainers reported a non-blame culture in the unit with everyone encouraged to reflect on incidents and use them as a positive learning experience.

All Trainees: All trainees reported they would be supported if they were involved in an incident.

3.21 Culture & Undermining (R3.3)

Trainers: Trainers stated inappropriate behaviours are not tolerated and would be dealt with appropriately if any issues arose.

Foundation, Core and GP Trainees: Trainees reported the unit is a very friendly small team and a good place to work.

Specialty Trainees: Trainees stated their own unit is very supportive with everyone being very approachable. However, the trainees described incidents involving their interactions with the Emergency Department that suggested inappropriate behaviours were displayed.

Non-Medical Staff: There were no issues raised with the group stating they would report any such behaviour. There is a Junior Doctors Forum which has a management representative on it and they would be confident any issues would be raised there and acted upon.

4. Summary

- The visit panel found an engaged group of trainers who are keen to support and promote the educational opportunities available in their unit. The panel were pleased to hear that regional teaching is built into the trainee rota to ensure that all can attend bleep free. The unit is busy with a high throughput of patients which impacts on the trainee workload. The panel was concerned to hear there is a lack of a formal handover process for the Foundation trainees and in particular the lack of written record of handover. The panel was extremely concerned to hear there is no clear guidance for who is responsible for the day to day review of patients boarding outwith their usual ward and how often review by a Consultant should occur in that setting; there are times particularly when the Acute Physician is on leave that trainees do not know who is providing clinical supervision within the Medical Assessment Unit (MAU) and so are unclear about who to contact; and there is uncertainty around cross-cover arrangements for the management of patients when their usual Consultant goes on leave.

What is working well:

- Engaged and approachable consultants who are interested in training.
- Engaged cohort of Nurse Practitioners to support the trainee roles
- A positive and supportive culture within the unit and a “flat structure” allows trainees to feel comfortable about raising concerns.
- Rota is constructed to allow trainees to attend their regional teaching.
- Study leave is supported.

- On site Foundation teaching is bleep free.
- Specialty trainees feel appreciated.
- Provision of Educational Supervision is very good.
- Trainers all have appropriate time in their job plans for their educational role.
- Support is available for less than full time trainees and those returning to work.
- Site induction is good and supported by electronic resources.
- Morning handover from H@N works well.
- Good IT resources for both clinical work and educational purposes with a library on site.
- Good engagement with the trainee cohorts with iMatters being used to gain feedback.
- Recent creation of the Trainee Forum is commended.
- Feedback is frequently provided to trainees when working within the MAU.
- Colour coded badges used to identify different grades of medical staff are known by Nursing Staff.
- Trainees are aware of the Educational Governance structure on site.

What is working less well:

- There is no clear guidance for who is responsible for the day to day review of patients boarding outwith their usual ward and how often review by a Consultant should occur in that setting
- There are times particularly when the Acute Physician is on leave that trainees do not know who is providing clinical supervision within the Medical Assessment Unit (MAU) and so are unclear about who to contact.
- There is uncertainty around cross-cover arrangements for the management of patients when their usual Consultant goes on leave.
- All grades of trainee move wards frequently, sometimes every few days and on occasions spend half a day in the wards and the remainder of the day in acute receiving.
- FY1 trainees estimate around 80% of their daytime workload is spent in provision of non-educational tasks including regularly doing discharge summaries for patients they do not know.
- FY1 trainees do not have an opportunity to attend ward rounds on a regular basis due to their administrative workload.
- FY2 trainees have no routine access to clinics
- FY2 trainees also feel exposed at times when on the middle grade rota.
- Specialty trainees feel overworked covering wards and describe their experience of daytime working in acute admissions as “brutal” as there is no-one to support them doing routine tasks.
- Consultants and Specialty trainees carry out separate split ward rounds which limits opportunities for direct observation and feedback from their trainers.
- There is a reported lack of feedback to other groups of trainees (Foundation, Core and GPST) in the general ward setting.
- Handover processes especially in late afternoon between Foundation trainees, need to be streamlined and a written record kept.
- MAU is left without a clinician for significant periods each evening to allow trainees leave the ward to provide a handover for the H@N team. This results in delays to patient care and a backlog of work for trainees coming on shift.
- There is lack of clarity surrounding the timing of unit induction. Most trainees reported this occurred 6 days into post and left them feeling unprepared for their roles and unclear about appropriate admission pathways.
- Access to clinics is variable for the GP trainees.

Overall satisfaction scores:

Foundation trainees – ranging from 4-8 with an average of 6
GP trainees – ranging from 6-9 with an average 7.5
Specialty trainees – ranging from 2-6 with an average 4.4

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

5. Areas of Good Practice

Ref	Item	Action
5.1		

6. Areas for Improvement

Ref	Item	Action
6.1	Explore setting up standardised discharge letters for routine cases to reduce the volume of non-educational tasks done by FY1 trainees.	
6.2	FY2 trainees should be given the opportunity to attend clinics.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	There must be a clear pathway for who is responsible for the day to day review of patients boarding outwith their usual ward including an expectation of frequency of Consultant review.	Immediate	Foundation, Core, General Practice and Specialty
7.2	There must be clear lines of supervision within the Medical Assessment Unit at all times with easy access to Consultant support when required	Immediate	Foundation, Core, General Practice and Specialty
7.3	Clarity of Consultant cross-cover arrangements for management of patients is required when their usual Consultant is on leave.	Immediate	Foundation, Core, General Practice and Specialty
7.4	All trainees must be assigned to a ward/unit for a minimum of a 4-week continuous period. The discontinuity of ward placements for all trainees must be addressed as a matter of urgency as it is compromising quality of training, feedback, workload and the safety of the care that doctors in training can provide.	15 February 2019	Foundation, Core, General Practice and Specialty
7.5	The department must review and reduce the volume of non-educational tasks the FY1 trainees undertake in order to maximise their potential to attend educational opportunities including wards rounds.	15 February 2019	Foundation
7.6	General Practice trainees must have equitable access to clinics and be able to attend sufficient numbers to achieve their curriculum competencies.	15 February 2019	General Practice
7.7	A formal structured handover with input from senior team members must be established for the Foundation trainees.	15 February 2019	Foundation
7.8	Induction to the unit must be provided in a timely manner and prepare the trainees for their role in the unit. This should include practical information on protocols and ways of working in the department	15 February 2019	Foundation, Core, General Practice and Specialty
7.9	The department must review and reduce the volume and intensity of daytime work for Specialty trainees when working in acute admissions.	15 February 2019	Specialty
7.10	Opportunities to feedback to all trainees in the ward setting must be created.	15 February 2019	Foundation, Core, General Practice and Specialty
7.11	There must be review of the arrangements for attendance at H@N handover to ensure that patient care and trainee workload within MAU is not compromised.	15 February 2019	Foundation, Core, General Practice and Specialty

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" - located at the bottom of the webpage.