Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	27th June 2019	**Level(s)**	Core
Type of visit	Programme	**Hospital**	Queen Elizabeth University Hospital Glasgow, Glasgow Royal Infirmary, Royal Alexandra Hospital Paisley, Inverclyde Royal Hospital Greenock, Forth Valley Royal Hospital Larbert, Wishaw General Hospital, University Hospital Hairmyres East Kilbride, University Hospital Monklands Airdrie, Crosshouse Hospital Kilmarnock
Specialty(s)	Acute Common Care Stem	**Board**	NHS Greater Glasgow & Clyde, Forth Valley, Lanarkshire, Ayrshire & Arran

Visit panel	
Professor Adam Hill	Visit Lead, Postgraduate Dean South East Region & Lead Dean Director for Emergency Medicine, Anaesthetics & ICM (EMA)
Dr Lynn MacCallum	Training Programme Director, Acute Medicine, South East
Dr Moray Kyle	Trainee Associate
Miss Antoinette Byrne	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Lorna McDermott	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Emergency Medicine, Anaesthetics and Intensive Care Medicine
Lead Dean/Director	Professor Adam Hill
Quality Lead	Dr Mohammed Al-Haddad
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	n/a
Trainers in attendance	8 Consultants from QEUH, GRI, RHC & Monklands
Trainees in attendance	2 from acute medicine, 12 from emergency medicine and 8 from anaesthetics
Feedback session: Managers in attendance	1 Consultant
Date report approved by Lead Visitor	01/07/19

1. Principal issues arising from pre-visit review

Due to the lack of feedback available for smaller specialties it has been decided that a programme visit be held to Acute Common Care Stem (ACCS). The purpose of the programme visit is to meet with all trainees and trainers to review training, education and experience within the unit against the requirements of the General Medical Council's (GMC) Standards for Medical Education and Training.

The visit will assist the programme in identifying strengths and areas for improvement and is an opportunity for trainees and trainers to raise current issues relating to postgraduate medical education and training with Deanery staff.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were issues relating to the programme rather than the site for example teaching, induction and overall experience.

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.

2.1 Induction (R1.13)

Trainers: There is an ACCS specific induction held every August in the NHS Education for Scotland (NES) office. Topics such as how to present evidence at the Annual Review of Competency Progression (ARCP) are discussed. Trainees are also provided with information about their particular training path and parent specialty. Trainees also have a departmental induction to each unit they work in.

If trainees are not able to attend this induction, they are given a copy of the slides. All trainees receive a copy of the handbook.

All trainees: There is an ACCS specific induction evening in August which involves getting information about the individual parent specialty as well as the overall programme and a handbook. Some of the

trainees were not able to attend and they obtained details of what happened from colleagues. The majority of trainees felt that the induction was useful.

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

Trainers: There is ACCS teaching 4 afternoons a year at the Queen Elizabeth University Hospital campus. The topics are aligned to the curriculum, trainees are asked to provide suggestions for topics. All ACCS trainees are invited to attend. Dates are sent out at the start of the year.

Trainees can use study leave to attend departmental teaching in their parent specialty should they wish to do so when working in another specialty.

All Trainees: There are 4 sessions a year. Some of the dates were provided in advance although there was an issue around the December/January session but that was hopefully a one off. The sessions are lecture based and mapped to the curriculum. They are asked for feedback about the sessions and generally they feel they are useful.

Third year emergency medicine trainees do not attend the ACCS teaching sessions and do not routinely attend their higher specialty teaching as these are aimed at ST4-ST6. They can only attend if there rota allows it. ST3s in anaesthetics do attend their specialty teaching although they have missed emails about courses and training events due to confusion about which email list they should be on.

2.3 Study Leave (R3.12)

Trainers: There are no issues with trainees getting study leave.

All Trainees: Generally, there are no issues with getting study leave except when working in emergency medicine in the children's hospital – it is extremely difficult as it involves a 4 or 5 way swap.

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

Trainers: ACCS trainees tend to be allocated to the same supervisor in each department as they are more experienced with this cohort. A guide, written by a previous trainee is given to the educational supervisors so they are aware of curricula requirements. There is also an annual educational supervisor training evening where information about ACCS is provided.

Trainees have the same person as their educational and clinical supervisor for each placement. They often have informal links with their parent specialty. For example trainees with anaesthetics as their parent specialty do not start work in the department until year 2 of the programme but are provided with contact details so that they can touch base with the team.

All Trainees: All of the trainees have an educational supervisor in each block. Although some of them are not sure about the ACCS curriculum requirements. In order to complete the end of block reports they need to be added to the individual college platforms which can take some time.

It can be difficult to know what needs to be achieved as checklists are different depending on who you ask. Trainees would like an overall supervisor for the duration of their training from their parent specialty but in a pastoral rather than supervisory role.

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

Trainers: There are no real issues although getting experience in trauma drains can be a problem as they do not happen frequently. This has been highlighted by trainees as an issue to one of the training programme directors (TPD). Trainers are looking into running some simulation sessions to alleviate this issue.

All Trainees: Some procedures on some sites such as knee aspirations and fracture relocations can be difficult to achieve as orthopaedic trainees are given priority. One of the TPDs said that videos or clinical skills events are an acceptable alternative to practical experience.

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

Trainers: The management of the e-portfolio systems is tricky. Each specialty has an ARCP checklist and trainees have to complete their assessments on paper then upload it to the relevant portfolio. The educational supervisor has to ensure that everything is complete. Any trainer can now access portfolio systems from out with their own specialty.

All Trainees: Some of the supervisors do not know how to use the portfolio systems. When completing workplace based assessments trainers can log in as guest assessors so full access is not required.

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

Trainers: There is lots of multi-disciplinary experience particularly when working in intensive care medicine and also in the high dependency unit as trainees work with staff from physiotherapy, pharmacy and microbiology. In acute medicine in the Glasgow Royal Infirmary and in emergency medicine in University Hospital Monklands, the weekly teaching sessions involve nurses.

All Trainees: Crosshouse Hospital and the Royal Alexandra Hospital were mentioned as being good examples for multi-disciplinary learning both on the wards and simulation based teaching.

2.8. Adequate Experience (Quality improvement) (R1.22)

Trainers: n/a

All Trainees: n/a

2.9. Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: There have been historic issues with clinical supervisor on one site but trainees are no longer sent there. This did not happen immediately. The site was given the opportunity to improve but unfortunately this did not happen so the decision was taken to remove trainees.

All trainees: Trainees always knew who to contact for support both in and out of hours.

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

Trainers: n/a

All Trainees: n/a

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

Trainers: There is a trainee representative on the ACCS Specialty Training Committee (STC). Some departments also issue an end of block survey.

All Trainees: Some of the trainees were aware of the STC trainee representative but have not been regularly invited to give feedback. They provide feedback via the trainee surveys.

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

Trainers: Following feedback from trainees' night shifts in emergency medicine in the children's hospital were reduced from 12 hours to 10 hours.

All Trainees: n/a

2.13. Handover (R1.14)

Trainers: n/a

All Trainees: n/a

2.14. Educational Resources (R1.19)

Trainers: n/a

All Trainees: The scanning and uploading of paper forms onto portfolio systems takes a while so tends to be done at home.

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

Trainers: If a trainee is struggling they can speak to their educational supervisor. There is also a buddying system in anaesthetics. Trainers were aware of the deanery performance support unit as an additional avenue of support if required.

All Trainees: They would raise issues with their educational supervisor or TPD. There is an elective mentorship programme in emergency medicine and anaesthetics also have a buddy/family system.

2.16 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: n/a

All Trainees: n/a

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise concerns and these are acted upon.

All Trainees: They have no issues have raising any concerns that they may have.

2.18 Patient safety (R1.2)

Trainers: n/a

All Trainees: n/a

2.19 Adverse incidents (R1.3)

Trainers: These are dealt with at site rather than programme level.

All Trainees: n/a

2.20 Duty of candour (R1.4)

Trainers: All trainees whether they are in the ACCS programme or not are encouraged to learn from incidents and information about the outcomes of incidents is shared. If a trainee was involved in an incident they would be supported by a consultant.

All Trainees: n/a

2.21 Culture & undermining (R3.3)

Trainers: The culture is mainly site specific although the STC tries to set the tone. Trainees in ACCS are treated the same as any other trainee working in the departments. If they did have an issue, trainees can raise this with their educational supervisor or via a confidential channel such as one of the trainee surveys.

All Trainees: The culture depends on where you are working. Trainees in their third year feel like a bit of a lost tribe. If they had experienced any negative behaviours they know who they are supposed to go to but may actually go to some one out with the department who they feel that they get on well with.

2.22 Other

Trainers: They feel that ACCS has lots of positives such as an extra year of clinical experience before starting work in anaesthetics.

All Trainees: Although there are issues with the paperwork and extra assessments the majority of trainees would recommend the programme as it gives a good level of clinical experience.

In terms of overall satisfaction trainees scored their posts between 4 and 9 with the average score being 7.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely –
		x		

Positive aspects of the visit were:

- Dedicated ACCS induction, teaching, ARCP and STC.

Less positive aspects of the visit were:

- It was reported that not all Educational supervisors are aware of the ACCS curriculum requirements- an ARCP checklist that trainers agree on should be shared at induction.

- Trainees in year 3 feel a loss of identity particularly those in Emergency Medicine. Obtaining study leave when working in Paediatric Emergency Medicine is reported as being an issue.

- Pastoral support for all trainees to oversee their overall training experience would be beneficial.

- There are e-portfolio issues that are difficult for both trainees and trainers

4. Areas of Good Practice

Ref	Item	Action
4.1	Dedicated ACCS induction, teaching, ARCP and STC.	n/a

5. Areas for Improvement

Ref	Item	Action
5.1	It was reported that not all Educational supervisors are aware of the ACCS curriculum requirements- an ARCP checklist that trainers agree on should be shared at induction.	n/a
5.2	Trainees in year 3 feel a loss of identity particularly those in Emergency Medicine. Obtaining study leave when working in Paediatric Emergency Medicine is reported as being an issue.	n/a
5.3	Pastoral support for all trainees to oversee their overall training experience would be beneficial.	n/a
5.4	There are e-portfolio issues that are difficult for both trainees and trainers	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	n/a	n/a	all