Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Friday 21June 2019	**Level(s)**	Foundation, Core and Specialty
Type of visit	Triggered	**Hospital**	Glasgow Royal Infirmary
Specialty(s)	General Surgery	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Dr Fiona Drimmie	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Satheesh Yalamarthi	Training Programme Director
Dr Joe Sarvesaran	Foundation Consortium Lead (South)
Mr Gordon Laurie	Lay Representative
Ms Jill Murray	Quality Improvement Manager
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		
Trainers in attendance	6	
Trainees in attendance	20	13 x FY1s, 2 x FY2, 1 x CT, 4 x STs
Non-medical staff in attendance	5	
Feedback session: Managers in attendance	12 (including 2 ADMEs, 2 Lead Clinicians, Chief of Medicine, 3 Consultants, Lead Nurse, North Sector Director, Clinical Service Manager and North Sector Manager	

Date report approved by Lead Visitor	30th July 2019

1. Principal issues arising from pre-visit review

At the Foundation Quality Review Panel there were some concerns raised regarding the trainee experience in this unit and the discussion resulted in this revisit being arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the NTS data includes all surgical specialties on site for the Foundation trainees and may not be wholly reflective of the experience in General Surgery.

NTS Data – Programme Data

Foundation (FY1)– Red Flags – Adequate Experience, Clinical Supervision, Induction, Teamwork, Educational Governance; **Triple Red** Flag – Supportive Environment

Foundation (FY2) – Red Flags – Clinical Supervision, Clinical Supervision Out of Hours, Educational Supervision, Overall Satisfaction; **Pink** Flags – Feedback, Supportive Environment, Reporting Systems, Teamwork

Core – **Red** Flags – Clinical Supervision, Local Teaching Handover; **Pink** Flag – Educational Supervision, Regional Teaching

Specialty – **Red** Flag – Regional Teaching; **Pink** Flag – Feedback

STS Data

Foundation – Green Flags – Handover; **Pink** Flag – Workload

Previous Visit

There was a visit to this unit in June 2017 and the visit panel will investigate the progress of the requirements made following that visit. These requirements are listed below:

- All references to “SHO’s” and “SHO Rotas” must cease. The SHO grade ceased to exist with the introduction of MMC and whilst it is colloquially used to refer to non-ST level trainees, the terminology and its potential for mis-interpretation can give rise to Patient Safety issues as it is broad based and can incorrectly imply that a trainee may possess certain skills, knowledge and experience that they do not actually have.
- Foundation must be able to achieve their required attendance at regional teaching.
- Inclusion of the Urology department in handover and clear guidance on escalation of Urology patients to be provided to trainees.
- Ensure trainees who are unable to attend induction receive an induction.

- Introduction of a formal morning handover process.
- Ensure there is senior support for Foundation trainees in HDU.

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

A summary of the discussions has been compiled under the headings in section 2 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
Core Surgery Trainee
Specialty Trainees

Introduction from Clinical Director

The visit team met with the Lead Clinician and the Service Manager prior to the visit. The Lead Clinician highlighted the improvements that have been made to the rota since the previous visit. He advised that the FY1 trainees had been switched from a team based system to a ward based system which ensured they finished on time, there was an equal distribution of work and they became familiar with the ward team. However, this system has not proved popular with the rest of the medical team as they feel the FY1 trainees are missing out on teaching and training opportunities. The department is currently in discussion with all trainees and Consultants about reverting back to the team based system. There has also been a move to an e-rostering system to help trainees swap shifts and take annual leave. An unintended consequence of this system is that FY1 trainees have been randomly allocated to wards to cover rota gaps for short periods of time, this has now been recognised and work is being undertaken to rectify this.

2.1 Induction (R1.13)

Trainers: Trainers stated that the induction in August is good because FY1 trainees attend a shadowing period which helps them understand the department and the systems. Previous trainees are able to attend induction meetings to help the new trainees. The trainees also receive their hospital induction during this shadowing period. Departmental induction is run each time new trainees rotate into post.

FY1 Trainees: Trainees stated that they had all received a hospital induction. There was a mixed experience of departmental induction with those who received it saying that it was thorough but trainees who started on nights or annual leave did not receive an induction. They were sent the slides from the induction meeting by email but received no follow up on arrival in the department.

FY2 and Core Trainees: Trainees advised that they had all received a hospital induction. The departmental induction in August was good however the FY2 trainees who rotated into the department in April received no departmental induction. A meeting had been arranged for a senior trainee to take the induction meeting but they did not turn up. This was highlighted by the trainees but no alternative meeting was arranged.

Specialty Trainees: Trainees stated that they had all received a hospital induction and a departmental induction. They also received an email copy of a departmental handbook and a further induction to the sub-specialty team they were assigned to.

Non-Medical Team: The team reported that there is time in the FY1 induction for the Lead Nurse and members of the Pharmacy team.

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

Trainers: Trainers stated that all trainees can attend their regional teaching. There are a number of departmental teaching opportunities for all trainees to attend. There is Pharmacy teaching with a surgical slant on the topics for the FY1 trainees. The Chief Resident organises teaching every Friday afternoon for all trainees and they occasionally invite guest speakers to present. Some trainers hold bedside teaching sessions that receive positive feedback and are attended by trainees and medical students. There are weekly M&M meetings with a journal club at the end.

FY1 Trainees: Trainees stated that they struggle to attend their regional teaching and that it is not bleep free. There is now a VC link to Queen Elizabeth University Hospital, Glasgow for trainees who cannot attend the session on site and this has helped. A number of the trainees reported attending teaching on their days off or coming in before their late shift. The trainees stated they do not receive a lot of teaching as there is no time for teaching as everyone is too busy. There is Pharmacy teaching which is good, this is delivered by a Pharmacist and the topic is taught from a surgical perspective. There is supposed to be teaching done by the Chief Resident but this has not happened in this post.

FY2 and Core Trainees: FY2 trainees stated that they are able to attend their regional teaching bleep free. There can be pressures from service which may prevent Core trainees attending their regional teaching. There is departmental teaching that the trainees can attend however the teaching organised by the Chief Resident does not always happen.

Specialty Trainees: Trainees stated that they are not always able to attend their regional teaching but will meet the curriculum requirement for attendance. The sessions are now recorded and stored as a podcast on the Royal College of Surgeons website. There is also departmental teaching available to trainees as each of the sub-specialty teams run M&M meetings and some hold journal club meetings.

Non-Medical Team: The team stated that with the FY1 trainees being ward based it is much easier to support their attendance at teaching. The trainees tell the team when they are going and they try not to disturb them.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that study leave requests are supported however noted that communication around approved study leave is not always good. A number of trainers stated that they do not always know when their trainees are off on study leave.

FY2, Core and Specialty Trainees: Trainees stated that there are no issues having their study leave requests supported.

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

Trainers: Trainers advised that the trainees are allocated to Educational Supervisors by the Training Leads within the department. All Educational Supervisors have significantly more than one trainee from each rota group. All trainers confirmed they had completed training for their supervision role. Not all trainers who are providing Educational Supervision have time in their job plans, in particular, new Consultants.

FY1 Trainees: Trainees confirmed that they all have a named Educational Supervision with the majority stating that they have met with them. A trainee did report not having met their Educational Supervisor at all during this post and as a result is currently sitting with an Outcome 5 for their ARCP. Trainees stated it is challenging arranging meetings as the Consultants are often at Stobhill Hospital, Glasgow or Victoria Infirmary, Glasgow.

FY2 and Core Trainees: Trainees stated that they have all met with their Educational Supervisor and they have all been very supportive.

Specialty Trainees: Trainees advised that they have all met with their Educational Supervisor. Trainees regularly work alongside their Educational Supervisor.

Non-Medical Team: The team stated that all trainees have an Educational Supervisor and that trainees are well supported during the day. An issue had arisen previously with trainees not knowing who to contact but now the Lead Nurse goes to each ward and puts a list of the trainees on the middle grade rota and their contact details in the doctors area.

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

Trainers: Trainers advised that they are kept up to date with the curriculum requirements by the trainees themselves. They also receive regular updates from the surgical portfolio, ISCP. Each sub-specialty has a weekly timetable of work that is reviewed and trainees are allocated to appropriate cases based on their training needs. Trainers stated that the new IST curriculum is being met and trainees have more than the required 5 Consultants interactions in a week. Trainers expressed concern regarding the experience of the FY1 trainees, they believe they would receive a better training experience being team based rather than the current ward based system. Trainers believe that FY1 trainees being team based would provide better consistency for their training and learning.

FY1 Trainees: Trainees stated that they have a better experience on the receiving ward as they are there all week and feel more involved and are learning. The downstream ward provides no continuity as the trainees are moved regularly across the wards and therefore have less opportunity to learn and develop their skills as nobody knows them. The trainees stated that they believe they are providing service and receiving little training. They stated that there are people who would teach them but the workload and organisation of the day prevents that from happening. Wards rounds are not teaching opportunities, they are business with 30 patients seen before the team heads off to theatre. Trainees reported that there is good camaraderie amongst their FY1 group and that they support each other.

FY2 and Core Trainees: Trainees stated that they are receiving good training opportunities and are able to attend theatre and clinics. The workload is very high but there is always time to discuss patients that they have seen at clinics with Consultants.

Specialty Trainees: Trainees reported that their training is tailored to their needs. It can be challenging for the more junior trainees as often the cases that they need exposure to get cancelled if there are theatre pressures, for example, hernias and gallbladders. However, the trainees would discuss any concerns about their training with their Educational supervisor and any deficiencies would be addressed to ensure competencies were being met.

Non-Medical Team: The team stated that they do not provide training to any of the trainees but do offer support and assistance when required.

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

FY1 Trainees: Trainees stated that it is challenging to get their assessments completed, the team are receptive to completing them but they do have to send reminders.

FY2 and Core Trainees: Trainees stated that there are no issues completing their assessments although often they are asked to complete them themselves and send them for sign off.

Specialty Trainees: Trainees stated that there are no issues with the completion of their assessments. For the more junior Specialty trainees they work more closely with senior

Specialty trainees than Consultants and therefore their assessments are completed by trainees instead of Consultants. This may be a concern at ARCP.

Non-Medical Team: The team stated that all members of the nursing team are regularly asked to complete TABs/MSFs for the trainees.

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

FY1 Trainees: Trainees stated that they attend Pharmacy teaching but there are no other opportunities for multi-disciplinary learning.

FY2 and Core Trainees: Trainees advised that there are no multi-disciplinary teaching opportunities.

Non-Medical Team: The team stated that currently there are no opportunities for multi-disciplinary learning however a number of SNPs (Surgical Nurse Practitioner) are training to become ANPs (Advanced Nurse Practitioner) and in the future there may be opportunities for combined learning with FY1 trainees.

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

FY1 Trainees: Trainees stated that there are opportunities to participate in quality improvement projects.

Specialty Trainees: Trainees advised that the unit is extremely academic and there are many opportunities to undertake quality improvement projects and opportunities to the present their work.

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: Trainers stated that junior trainees have access to middle grade and senior grade trainees at all times during the day and can contact a Consultant at any time. Trainees are told to escalate any concerns at all times and the nursing team also escalate issues.

FY1 Trainees: Trainees reported that when they are not based on one ward for a long period of time it can be “chaos” as they have to work out whose patient is who and how to contact the

relevant team. There are occasions when the nursing team will bypass the FY1 trainee and go straight to the Consultant. Trainees who have been in the department longer and are on their second placement would be more confident as they might be recognised.

FY2 and Core Trainees: Trainees stated that during the day there is always someone on the ward available to provide assistance if needed. Nights were described as “absolutely hellish” by the FY2 trainees as they spend the night admitting patients, dealing with unwell patients, taking calls from the Emergency Department and preparing patients going to theatre. As the senior Specialty trainee is in theatre most of the night the FY2 trainees feel exposed. The FY2 trainees stated that they would not feel comfortable calling a Consultant during that period but advised they would in an emergency.

Specialty Trainees: Trainees stated that their clinical supervision is very good. They are left to do things themselves but support is always available. Trainees stated that they are given freedom to build their confidence to operate but always with contactable support. Trainees have no issues contacting a Consultant both during the day and out of hours.

Non-Medical Team: The teams stated that they know who the FY1 trainees are because they are ward based but it is more challenging to know the middle grade rota trainees. The team were unaware of the meaning of the colour coded badges that the trainees wear but agreed if they had the detail of which colour represents which grade that would help.

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

Trainers: Trainers stated that feedback is provided at their Educational Supervisor meetings with their trainees.

FY1 Trainees: Trainees stated that they receive no feedback and advised that their management plans for patients are often changed but nobody tells them why or how to make them better next time.

FY2 and Core Trainees: Trainees advised that they do receive feedback, particularly when in clinic. They also stated that the senior Specialty trainees are very good at providing feedback.

Specialty Trainees: Trainees reported that they receive regular feedback from their trainers as they are working alongside then.

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

Trainers: Trainers stated that there is a 6-weekly meeting with the FY1 trainees. This meeting is hosted by the FY1 Training Lead for the department and is attended by the Lead Nurse, a SNP and, occasionally, a Pharmacy representative. FY1 trainees attend the meeting to provide feedback on any issues they have.

FY1 Trainees: Trainees reported that there are meetings with the FY1 Training Lead but they are quite difficult to attend as they are usually scheduled at the same time as or during ward rounds.

FY2 and Core Trainees: Trainees stated that it is dependent who they are working with whether they would provide feedback, some are more open to discussion than others.

Specialty Trainees: Trainees advised that they provide feedback at their ARCP meeting and when meeting their Educational Supervisor. The trainers are all supportive and keen to provide the training that is needed for the trainees so if they need exposure to a particular procedure that is accommodated.

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

Trainers: Trainers stated that the trainees rota maximises their training opportunities. The FY2 and Core trainees are on the junior tier rota and are team based which helps tailor their training to their interests.

FY1 Trainees: Trainees stated that there is no consistency to their rota. Some trainees spend more time on their allocated downstream ward than others, for example, some trainees have spent 4-6 weeks on the same ward with others changing every 2-3 days. An example was given by one of the trainees who, in a 7-day period, had been on 5 wards. This was mainly due to the new e-rostering system focussing on filling gaps rather than consistency. There is also inconsistency with the allocation of nights and weekends, some trainees have done 23 nights whilst others have done 8, some trainees have done 8 weekends with others allocated 3. The trainees stated that they prefer the ward based system however their experience would be improved if they did not have to regularly change wards. The trainees believe that if they were ward based for a longer period they would get to know each of the medical teams associated with their ward.

FY2 and Core Trainees: Trainees stated that, due to a lack of trainee completion, their rota has not been successfully monitored but they do not believe it is compliant.

Specialty Trainees: Trainees stated that the workload can be busy but that it is good for their learning and training. There are occasions when they have to work beyond their hours but that can be because they are in theatre or clinic with patients and it is not an issue.

Non-Medical Team: The team stated that there had been an issue with the new e-rostering system that meant some of the FY1 trainees were moved around different wards for days at a time. This issue was not anticipated and solutions are being sought.

2.13. Handover (R1.14)

Trainers: Trainers reported that there is a formal handover process for emergencies and that there is always a Consultant present. There are also regular Consultant led ward rounds.

FY1 Trainees: Trainees stated that there is a good formal handover every evening at 8.30pm which is led by one of the Specialty trainees. There is no formal handover on the downstream wards in the morning. Handover is scheduled for 8am but the wards rounds usually start at 8am and trainees attend them so they know their jobs for the day. The overnight trainee comes to the ward to handover to the day trainee however often cannot do so as they are on the ward round. Information that would have been good to know for the ward round is therefore not always handed over.

FY2 and Core Trainees: Trainees stated that handover is not very good. In the morning FY1 trainees have to go around all the wards to handover to each other with no senior input. The FY1 trainee who took the handover is not always on the appropriate ward round which means the medical team for the patient does not always hear what is handed over. The evening handover is more formal at 8.30pm but senior input is dependent on which Specialty trainee is leading the meeting. The handover on the Acute Receiving Unit is well done as the trainee who clerks the patient attends the ward round.

Specialty Trainees: Trainees reported that there is a formal handover meeting in the evening that is led by a Specialty trainee. All patients are discussed at that meeting and jobs allocated to the FY1 trainees for the night. In the morning FY1 trainees handover to each on the ward.

Each of the sub-specialty teams have an online handover for the weekend that is updated by each team.

Non-Medical Team: The team advised that the downstream wards now have a team board with all the patients listed and anyone can update the board. The boards get updated following a ward round. There is also a shared drive with handover sheets that any of the medical staff can access and update.

2.14. Educational Resources (R1.19)

Trainers: Trainers advised that there is an on-site library, a Doctors Room and computer access for all trainees. Simulation equipment is also available to trainees.

FY1 Trainees: Trainees stated that they have access to computers but no space for themselves.

FY2 and Core Trainees: Trainees stated that they have access to the Doctors Room.

Specialty Trainees: Trainees stated that they have access to a library, computers and a journal club. The trainees have a Doctors Room that they stated is invaluable for them getting together as a team.

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

Trainers: Trainers reported that there is support for FY1 trainees provided by the departmental FY1 Training Lead. Trainees are also supported by Consultants from different teams meeting trainees from other teams regularly to offer pastoral support.

FY1 Trainees: Trainees stated that they believe support would be available but the majority were unsure where they would get this support. One trainee advised that they had received a very supportive Return to Work meeting following sickness absence.

Specialty Trainees: A trainee working less than fulltime advised that there were no issues having their working pattern accommodated and it has not affected their training.

Non-Medical Team: The team stated that if they had any concerns about a trainee they would contact the relevant Training Lead for the department.

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

FY1, FY2 and Core Trainees: Trainees were unaware of the Medical Education Department and its structure.

Specialty Trainees: Trainees advised there is a Director of Medical Education.

2.17 Raising concerns (R1.1, 2.7)

FY1 Trainees: Trainees reported that if they had concerns about a patient they would raise it but it would depend on whose patient it was how they would raised it. Trainees also stated that it can be difficult when everyone is in theatre to access support. However, trainees did report that if a patient was acutely unwell someone will always help regardless of it being their patient or not.

FY2 and Core Trainees: Trainees stated that they were not aware of a formal process to raise concerns but would speak to their Educational Supervisor.

2.18 Patient safety (R1.2)

Trainers: Trainers stated that the department is very safe for patients and that there is a formalised structure in place.

FY1 Trainees: Trainees stated that they do not have any patient safety concerns for patients with surgical issues. Examples were given by the trainees of situations where they believed they are the only ‘medic’ looking after patients awaiting transfer but that do not meet the DOME criteria for transfer.

FY2, Core and Specialty Trainees: Trainees stated that they had no concerns regarding patient safety. The department occasionally boards patients both in and out but it is not a big issue.

Non-Medical Team: The team advised that they had no patient safety concerns and although they do have to board out patients it is not a regular occurrence. The Nursing team clarified that some patients are in a holding position between the department and DOME however they stated that the senior team are aware of patients in this situation.

2.19 Adverse incidents (R1.3)

Trainers: Trainers advised that the Datix system is used to report adverse incidents and that feedback is provided following a reported incident.

FY2 and Core Trainees: Trainees stated that the Datix system is used to report adverse incidents and these are discussed at departmental M&M meetings.

Specialty Trainees: Trainees stated that there is a robust M&M process that includes discussion of adverse incidents reported via Datix.

Non-Medical Team: The team advised that all Datix incidents are reviewed by the Lead Nurse who attends the Clinical Leads meeting to discuss the reports. Feedback is provided to trainees Educational Supervisors for them to discuss with their trainee.

2.20 Culture & undermining (R3.3)

Trainers: Trainers stated that everyone is able to speak up at their MDT meetings as it is an open forum and patient centred. The trainers stated it is easier for FY1 trainees to speak up in a team based system rather than a ward based system as they get to know their team. There has been an incident with a female FY1 trainee and a member of the nursing team but this was dealt with at the time.

FY1 Trainees: Trainees stated that nursing staff can be unpleasant and rude to the female FY1 trainees. Examples were given of alleged undermining of female FY1 trainees in the department. These were shared with department representatives following the visit. The trainees have also been told on numerous occasions by nursing staff that they are “guests on their ward and to behave as such”.

FY2 and Core Trainees: Trainees stated that it is hard for female FY1 trainees on Ward 64. Trainees described FY1 trainees as being “harangued” by nursing staff.

Specialty Trainees: Trainees stated that overall there are no issues but some were aware of an issue with a FY1 trainee and a member of nursing team which was discussed with their Educational Supervisor.

Non-Medical Team: The team stated that there is no undermining in the department. There is a regular meeting for the FY1 trainees with the Training Lead and Lead Nurse and it is a safe space for trainees to raise issues.

2.22 Other

Trainers: Trainers stated that it can be challenging when the department have a number of trainees of the same grade competing for the same competences. Currently that is the case and although they have tailored the training opportunities for each of the trainees, they believe training would be enhanced if they received a mix of training grades.

Specialty Trainees: Trainees stated that they believe the current ward based system for FY1 trainees is detrimental to FY1 training. The FY1 trainees are exposed to less training opportunities as they are not working with the same team all the time so there is no continuity for them or their development.

Overall satisfaction scores:

FY1 Trainees – a range between 1-8 with an average of 5.2
FY2 and Core Trainees – a range between 5-8 with an average of 6.6
Specialty Trainees – a range between 7-10 with an average 8.8

Summary

The panel was disappointed to note that there remain significant concerns in the department particularly with the FY1 training experience. There is an undoubtedly positive training experience for Specialty trainees with tailor-made training opportunities to ensure trainees meet their curriculum requirements for CCT. The panel were impressed by the well-developed role of the SNP to support FY1 trainees and plans to create ANP roles to provide additional support. There is an enthusiastic trainer group who are keen to teach however the current structure within the department limits the opportunities for this. FY1 trainees continue to be rotated across wards with no training consistency offered by a base ward placement. The

panel were extremely concerned to hear, from all groups of trainees, of alleged undermining incidents of FY1 trainees by members of the wider ward teams.

What is working well:

- Enthusiastic trainer group keen to teach and train.
- ST trainees receive significant support and flexibility to achieve their specific training goals.
- Teaching programme delivered by the Pharmacy team is of good quality.
- Return to Work meeting following sickness absence appreciated and feels supportive.
- All levels of staff happy to help no matter whose patient has an issue, there is always support.
- Inclusion of peer to peer handover at the FY1 induction is very good.
- Identified lead for FY1 training.
- The well-developed SNP role and plans to develop an ANP role is supportive for the FY1 trainees.
- The buddying system which allocates a middle grade trainee with a senior trainee for their OOH shifts is excellent.

What is working less well:

- There is an inequity in allocation of nightshifts and weekend shifts across the FY1 rota.
- FY1 experience frequent changes to their ward allocation, sometimes on a daily basis which negatively impacts their experience with no continuity or ability to learn from experience.
- The workload is heavy across all grades but FY2 trainees described their OOHs workload as “hellish”.
- Alleged undermining behaviour by some members of the nursing team towards female FY1 trainees.
- Nursing team has, allegedly, told the FY1 trainees that they are “guests on the ward and must behave accordingly.”
- FY1 and FY2 would not feel comfortable to contact a Consultant direct, they ask someone else to do it.

- The Chief Resident is recognised and accessible to Specialty trainees but not to junior trainees. Teaching that is supposed to be organised by this role for the junior trainees does not happen.
- Not all junior doctors are being met by their Educational Supervisor, an example was given on a trainee yet to have an induction meeting.
- There is no mechanism to catch up with trainees who miss induction. The FY2 trainees did not receive an induction in April due to the person responsible for running the meeting not turning up.
- FY1 trainees believe they are the only medic looking after patients awaiting transfer but that do not meet the DOME criteria for transfer.
- Evening handover is variable and dependent on the Specialty trainee running it.

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

5. Areas of Good Practice

Ref	Item	Action
5.1	There is an identified department Training Lead for FY1 trainees.	
5.2	The buddying system which allocates a middle grade trainee with a senior trainee for their OOH shifts is very good.	

6. Areas for Improvement

Ref	Item	Action
6.1	The local teaching programme offered by the Chief Resident appears not to have been sustained.	
6.2	The role of the Chief Resident should be promoted across all grades of trainees to raise awareness of the role.	
6.3	Although the trainees all wear the colour coded badges the wider nursing/AHP team are unaware of these. Distribution of a guide detailing the grades associated with each of the colours would be of benefit.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee/Trainer cohorts in scope
7.1	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	21 March 2020	
7.2	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	21 March 2020	
7.3	Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.	21 March 2020	
7.4	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.	21 March 2020	
7.5	Ensure those undertaking the role of Educational Supervision understand their responsibility to engage with the process.	21 March 2020	
7.6	All Consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	21 March 2020	
7.7	All staff must be behave with respect towards each other. Specific example of undermining behaviour noted during the visit has been shared out with this report.	21 March 2020	