

# Scotland Deanery Quality Management Visit Report



<b>Date of visit</b>	13 <sup>th</sup> June 2019	<b>Level(s)</b>	FY/GP/ST
<b>Type of visit</b>	Scheduled	<b>Hospital</b>	Ninewells Hospital
<b>Specialty(s)</b>	Ophthalmology	<b>Board</b>	NHS Tayside

<b>Visit panel</b>	
Dr Reem Al-Soufi	Visit Lead and Associate Postgraduate Dean for Quality (Surgical Specialties)
Dr David Yorston	Training Programme Director
Dr Myles Connor	Training Programme Director
Mrs Joan Knight	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
<b>In attendance</b>	
Mrs Gaynor Macfarlane	Quality Improvement Administrator
Mrs Susan Muir	Quality Improvement Administrator (shadowing)

<b>Specialty Group Information</b>	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley and Dr Reem Al Soufi
Quality Improvement Manager	Ms Vicky Hayter
<b>Unit/Site Information</b>	
Non-medical staff in attendance	5
Trainers in attendance	7
Trainees in attendance	11
Feedback session: Managers in attendance	5

Date report approved by Lead Visitor	21 <sup>st</sup> July 2019
--------------------------------------	----------------------------

## **1. Principal issues arising from pre-visit review**

A visit was undertaken on 28<sup>th</sup> June 2016 and the following is the summary from the visit report.

Well recognised as a good training unit. Excellent feedback given to all trainees at all levels from medical and non-medical staff alike. Family ethos was used as term to describe the teaching environment and is appropriate in terms of comments from all met with during visit. Noted flexible approach to challenges such as zero-hours rota. Nursing staff were called excellent and undervalued in the Pre-Visit Questionnaire. Surgical exposure is to be commended. On the whole a fantastic unit and should get the feedback it deserves.

There were a few areas of improvement that have been identified:

Handover – with the zero-hour day before handover, some concern over the robustness of the system currently in place. Review of and formalization would provide benefit with the suggestion that written ward sheet be provided and perhaps consultant presence and ward round on Saturday AM's. Geographically disparate nature of FY handover can make timings challenging.

Outpatient Clinic – not enough space, clinics overburdened and regularly overbooked. The equipment isn't up to date, particularly in the peripheral hospitals. Teaching is supported by all; however, environment isn't helping in achieving this end goal.

Equipment – Camera in Theatre 15 is broken, having been condemned in December 2015. Fundamental to training and teaching at all levels, department requires replacement to maintain teaching standards.

Disconnection between trainees and their training which needs improvement. ST trainees unaware of STC representative. Whilst Trainee rep did attend consultant meetings would suggest improvements in engagement to both STC and Consultant meeting by incorporating trainee meeting on Friday PM, prior to or post teaching session, in order for trainees to raise issues and have discussions. Similarly, with research could be revitalised with regular research meetings.

GP trainees – unable to meet them because they only rotate through every four months. GP feedback is excellent and felt to be under utilised resource. It is felt that Ophthalmology could sustain an increase in GP trainees and would make good use of the department.

Overall excellent training environment and needs a little more support, particularly relating to infrastructure, to maintain standards previously set.

### **Background information**

There has been a significant increase in pink flags since the previous visit in 2016. Therefore, the visit team will further investigate the issues previously highlighted and regain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

### **Foundation Trainees**

**FY- STS Green flags** – Team Culture and Workload

### **General Practice Trainees**

**GP – STS Green Flags** – Induction, Teaching and Workload

### **Specialty Trainees**

**NTS Red Flag** – Teamwork

**NTS Pink Flags** – Induction, Adequate Experience, Supportive Environment, Feedback, Curriculum Coverage, Educational Governance and Rota Design.

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.

Before the visit commenced the panel met with the Dr Paul Johnstone who gave a presentation highlighting areas of good practice and pressures in the department. The presentation highlighted that trainees in the East of Scotland rank the best in the UK for the part 1 and 2 exam and achieve well above the required numbers for cataract surgery. Although there are some pressures such as

aging equipment, lack of clinic space and financial constraints, Trainers were surprised by the issues that have been flagged up by the NTS survey and are keen to look at areas of improvement.

The panel met with the following trainee groups:

Foundation Trainees

General Practice Trainees

Specialty Trainees

## **2.1 Induction (R1.13)**

**Trainers:** Trainers advised that trainees receive both hospital and department induction. Hospital induction issues trainees with passwords, name badges, IT training etc. Departmental induction for Foundation trainees consists of a well-structured timetable with a face to face meeting and a tour of the department. Specialty induction is informal, and trainees are supernumerary for 2 months in clinics and on-call and can observe. All trainees are sent the induction document before commencing in post.

**Foundation/GP and Specialty Trainees:** All trainees received both hospital and departmental induction. Although hospital induction was structured it took a few days for trainees to receive passwords and those on-call in the first couple of days did not have access to theatre.

**Non-Medical Team:** Staff reported that trainees are well supported by the nursing staff. Optometrists do not meet any trainees until their allocated clinic time. Staff who are on the ward will be introduced to new trainees although there is no formal meeting time.

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

**Trainers:** Trainers advised teaching is held on a Friday afternoon 40 weeks of the year. Specialty trainees give case-based presentations and Consultants take turns to be the key speaker on relevant specialty subjects. There is a 10-15-week programme sent out in advance and trainees can attend bleep-free. Regional teaching is also available which is delivered by the National Scottish Ophthalmology group which meets twice a year. Trainees have access to wet labs, cadavers and

simulation facilities. The college tutor and Training Programme Director are responsible for arranging the programme and have joint meetings with Ophthalmology department in Fife.

**Foundation/GP and Specialty Trainees:** Teaching is held on a Friday afternoon and all have protected time to attend. Apart from the month of August, teaching is at Specialty level. Trainees receive additional sub specialty training whilst in placement and reported although teaching is very good. Although specialty trainees may be on a zero day, they do not feel this is a barrier to attending formal teaching. Regional teaching is joint with Fife and trainees can also access NHS Lothian's teaching. Trainees suggested having more external speakers would improve teaching.

**Non-Medical Team:** Staff are aware of the teaching timetable and trainees are not disturbed. Specialty trainees have zero days and may not always be able to attend teaching.

### **2.3 Study Leave (R3.12)**

**Trainers:** With the exception of the budget, there are no issues with study leave, provided 6 weeks' notice is given.

**Foundation Trainees/GP and Specialty Trainees:** Trainees have no issues with study leave.

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

**Trainers:** Educational Supervisors are allocated to trainees for the full length of their training and only change on rotation to Fife. In the past there has been a lack of transparency regarding known concerns of trainees in their previous Foundation posts however this has not happened for many years. Trainers meet the trainees at the start, middle and end of their post and have regular informal chats and discussions. All trainers have completed training and have time in their job plans to undertake educational roles which are reviewed during the annual appraisal process.

**Foundation/GP and Specialty Trainees:** All trainees have met with their educational supervisor and have regular formal and informal meetings which suit both the trainees and trainers. All reported easily accessible supervisors who work closely with trainees.

**Non-Medical Team:** All trainees have access to senior support and all Consultants are approachable.

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

**Trainers:** The previous Training Programme Director undertook a fellowship in conjunction with the Royal College and helped devise the current curriculum competencies. All trainers keep abreast of exam changes and all are motivated to ensure trainees complete the requirements for ARCP. Trauma repair can be difficult, but this is highlighted before ST6 and trainees can indicate the numbers required and training will be tailored to accommodate.

**Foundation/GP and Specialty Trainees:** Trainees reported a good training experience, and have no difficulty achieving the required competencies. If a zero day falls on a Monday this may impact on training, but the biggest learning opportunity was reported to be at the weekends and during on-calls.

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

**Trainers:** Trainers stated they discuss the required assessments with trainees at the initial educational supervisor meeting and again throughout the year. Trainers have completed the relevant courses but do not currently benchmark their assessments against each other.

**Foundation/GP and Specialty Trainees:** Trainees stated they complete the required assessments which are fair and consistent however it can sometimes be difficult getting these signed off when 2<sup>nd</sup> on-call if the 1<sup>st</sup> on call is a junior StR.

**Non-Medical Team:** Staff regularly provide feedback to all trainees through Multi-source feedback.

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

**Foundation/GP and Specialty Trainees:** Trainees have opportunities for multi-professional learning with Optometrists.

**Non-Medical Team:** Due to the reduction of Optometrists, teaching is provided but there is less time to provide it. The non-medical team interviewed described inadequate infrastructure in

Ophthalmology and a shortage of rooms for several clinics with limited space, this was perceived to result in a constant juggle which has a potential impact on patients' safety and availability of rooms for trainees to run their own clinic. This is a known red risk within NHS Tayside and has been for the last 3 years.

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

**Foundation/GP and Specialty Trainees:** Trainees stated it is not a requirement to undertake an audit/quality improvement project as part of the curriculum however if a trainee has a special interest and wish to undertake a project they would be well supported.

## **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:** Supervisors are aware of individual trainees' abilities and training requirements and work closely together as a team. There is a specialty trainee and Consultant on-call Monday to Thursday and a Junior and Senior Trainee and a Consultant at the weekend. ST1s observe on-call for the first 2 months but this may change from August 2019 depending on the trainee's level of experience. All trainees know who to contact and do not have to cope with problems beyond their competence. There is a central CPOD system for trauma at the weekend and trainees have zero days factored into the rota, but some choose to come in for teaching.

**Foundation/GP and Specialty Trainees:** Trainees can access senior support both during the day and out of hours. Trainees do not feel they have to deal with problems beyond their competence and find the Consultants both approachable and accessible.

**Non-Medical Team:** Trainees are well supported and there is always someone available to contact. However, if a Consultant is on annual leave ST1s at clinics reported a lack of clarity on how to access the required consultant support timely.

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

**Trainers:** Trainers reported feedback is given to trainees both informally and formally.

**Specialty Trainees:** GP and Specialty trainees receive constructive informal feedback regularly and find it constructive and meaningful. Foundation trainee reported limited feedback as this is mostly given at clinics and FY doctors are based in the ward.

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

**Trainers:** Trainers stated that trainees can feedback through the Trainee Representative on the Specialty Training Committee or more regularly at the monthly Consultant meeting.

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

**Trainers:** Trainers stated the rota works well as the majority of trainees are here for 7 years and each rotate at least once with a different Consultant which maximises sub specialty training in line with a rotation to Fife.

**Foundation/GP and Specialty Trainees:** Trainees reported a manageable rota both during the day and out of hours. There is a 1 in 5 on-call frequency compared to some other centres which are 1 in 7. Trainees reported a lack of support during clinics at ST1 level when a Consultant is on annual leave. The department have worked well to focus on training and the 2-month supernumerary on-call and observing at clinics is invaluable.

**Non-Medical Team:** Staff stated there is a sub specialty rota which includes Fife and is well organised and sent in advance by Alison Simpson who was highly praised by all members of the team for her organisational and communication skills.

### **2.13. Handover (R1.14)**

**Trainers:** Trainers reported a robust handover devised by the Specialty trainees which works well.

**Foundation/GP and Specialty Trainees:** Trainees reported a good handover which was created by trainees and works very well.



**Non-Medical Team:** Staff are happy with the level of handover which works well. The senior trainees use this as a learning opportunity.

#### **2.14. Educational Resources (R1.19)**

**Trainers:** Trainees have access to a wide range of learning resources and teaching opportunities such as wet labs, cadaver-based teaching, virtual reality simulation and table top microscopes. There is a registrar room with computers and a library.

**Foundation/GP and Specialty Trainees:** Trainees have access to very good teaching facilities as detailed above. However, trainees cannot access scans in the department at the weekend and out of hours as the required software is not installed on the computers in the registrar's room. Trainees also reported a lack of rooms when in clinic which was perceived to affect their training opportunities, in addition to the limited space being perceived to pose a potential safety issue as some patients attending clinic are partially sighted and at risk of falls.

#### **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 trainees are struggling with their health or have any concerns about their training these can be discussed at the consultant meeting which is held once a month. If there are any concerns regarding a struggling trainee these would be discussed with the Training Programme Director or escalated if appropriate to the Deanery.

**Foundation/GP and Specialty Trainees:** Trainees stated the Information Manager Alison Simpson is very accommodating and supportive should they have any health issues or issues relating to the job. Trainees also have a whats app group.

**Non-Medical Team:** If staff had any concerns regarding the performance of a trainee, these would be escalated to the Consultant.

## **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:** Trainers stated the quality of education and training is managed by the Associate Director of Medical Education and the Director of Medical Education.

## **2.17 Raising concerns (R1.1, 2.7)**

**Trainers:** Any patient safety concerns are raised via Datix. Trainers attend clinical governance meetings regularly. As it is a small department concerns are discussed and highlighted face-to-face as there is daily Consultant contact.

**Foundation/GP and Specialty Trainees:** Trainees would raise a Datix if they had any patient safety concerns which would be addressed, and feedback would be given.

## **2.18 Patient safety (R1.2)**

**Trainers:** Trainers reported a safe environment for patients. There are safety huddles twice a day and a specialist ophthalmic nurse safety sweep which is relatively recent due to the amalgamation of the wards.

**Foundation/GP and Specialty Trainees:** Although the majority would have no concerns if a friend or relative had been admitted there were some concerns since the recent ward changes that things may be missed due to the lack of specialised nurses e.g. If the ward is extremely busy with 4 other surgical specialties patients eye drops that may need to be given to a patient every hour may be very difficult to achieve due to the recent system changes.

**Non-Medical Team:** Staff reported a safe environment for patients however there is a manual handling concern for trainees as rooms cannot accommodate wheelchairs and are perceived to be inadequate. Staff had concerns due to the recent ward closure and patients being merged with patients from 4 other surgical specialties. Safety huddles and safety sweeps twice a day have improved things over the last 3 months.

## 2.19 Adverse incidents (R1.3)

**Trainers:** Trainers stated adverse incidents are reported and addressed through Datix. These are discussed with the trainees involved and positive action taken.

**Foundation/GP and Specialty Trainees:** Trainees are aware of the procedure should an adverse incident occur. Several have raised a Datix in the past and have received feedback.

**Non-Medical Team:** Adverse incidents are recorded on the Datix system and discussed at local adverse event reviews and the clinical governance meeting. These can also be used as a learning opportunity at Friday afternoon teaching.

## 2.20 Duty of candour (R1.4)

**Foundation/GP and Specialty Trainees:** Trainees reported supportive Consultants who would openly discuss any concerns.

## 2.21 Culture & undermining (R3.3)

**Trainers:** Trainers reported a close working department with a very good team culture and were surprised by the recent data reporting pink flags. Trainers are not aware of any bullying or undermining issues or concerns.

**Foundation/GP and Specialty Trainees:** Trainee's reported a supportive department and have not witnessed any bullying or undermining behaviour.

**Non-Medical Team:** Staff reported a happy place to work with a supportive team and are not aware of any undermining or bullying behaviour. There have been recent disruptions in the department with the closure of the ward and moving clinic area, although sometimes stressed there is a good team culture in the department.

## 2.22 Other

**Specialty Trainees:** Trainees are recruited through National Recruitment and may end up in with a post in Scotland whilst family members are elsewhere which can cause issues. All trainees reported a very good training experience in this department and if they did not have family commitments elsewhere they would like to remain in this training post.

Trainees reported a lack of involvement in research projects as there is not a lot of opportunity to undertake these.

**Average Overall satisfaction scores:** 8/10

## 3. Summary

The visit panel found a group of trainers engaged to teach and encourage the teaching of trainees with an excellent exam pass rate. The panel acknowledge that there have been recent changes within the department due to the amalgamation of the ward with other surgical specialties however trainers have put safety measures in place to minimise risk.

What is working well:

- Committed and approachable team of trainers and trainees in a very supportive environment with a very impressive exam pass rate
- Regular high-quality teaching that is accessible to all specialty trainees with additional informal teaching in each block
- Excellent learning resources such as wet labs, cadaver-based teaching and high-fidelity simulation
- Very good daily feedback given to trainees both formally and informally
- Rota's devised with the allocation of clinics and teaching for trainees, special thanks to Alison Simpson Information Manager
- Excellent supernumerary induction when ST1 trainees are on-call or in clinics for 2 months when commencing in post

What is working less well:

- The lack clinic space was reported to limit the trainee’s ability to run their own clinics which may affect their training experience as well as posing safety concerns related to partially sighted patients who are at risk of falls in cramped spaces. The visit panel is aware that NHS Tayside has this issue on their risk register.
- The trainees reported to the visit panel their concerns regarding the closure of the eye ward and described how this –in their view– was negatively affecting the care of ophthalmology patients
- No formalized support for ST1s in clinic when supervising Consultant is on annual leave
- No formal departmental induction for new starts in the style of “meet and greet”
- Foundation doctors starting in August are exposed to departmental teaching that is appropriate for their level. However, at changeover in December and April the new FY2 doctors find the departmental teaching too advanced for their level and would appreciate access to the same material as the August cohort, a senior trainee volunteered to support this proposal
- Trainees unable to view scans out with the clinic area as the software required is not installed on computers in the registrars’ room
- Lack of research opportunities

<b>Is a revisit required?</b>	Yes	<b>No</b>	Highly Likely	Highly unlikely
-------------------------------	-----	-----------	---------------	-----------------

#### 4. Areas of Good Practice

Ref	Item	Action
4.1	Impressive success rate in college exams	N/A
4.2	Supernumerary induction for 2 months	N/A

4.3	Excellent learning resources such as wet labs, cadaver-based teaching and high-fidelity simulation	N/A
4.4	Rota's devised with the allocation of clinics and teaching for trainees, special thanks to Alison Simpson Information Manager	N/A

## 5. Areas for Improvement

Ref	Item	Action
5.1	Lack of clinic space	
5.2	The visit panel recommends that the concerns raised by the specialty trainees regarding the closure of the eye ward be investigated further by NHS Tayside	
5.3	Although there is teaching in August appropriate for Foundation Doctors this should be extended to all new FYs at changeover time	
5.4	Trainees would like a more formal departmental induction such as a meet and greet with all staff (similar to the Fife induction)	
5.5	Lack of research opportunities	

## 6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department should ensure that there are clear systems in place to provide supervision and support to trainees working in clinics during Consultant annual leave periods.	April 2020	All
6.2	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently (referring to software for accessing scans in Registrars room).	April 2020	All