Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	11th October 2019	**Level(s)**	Core
Type of visit	Programme	**Hospital**	Royal Infirmary of Edinburgh, Western General Hospital, Edinburgh, St John's Hospital, Livingston, Victoria Hospital, Kirkcaldy and Borders General Hospital
Specialty(s)	Acute Common Care Stem	**Board**	NHS Lothian, Fife and Borders

Visit panel	
Professor Adam Hill	Visit Lead, Postgraduate Dean South East Region & Lead Dean Director for Emergency Medicine, Anaesthetics & ICM (EMA)
Dr Cieran McKiernan	Associate Postgraduate Dean, EMA specialties, West Region
Dr Stephen Davidson	Trainee Associate
Ms Helen Raftopoulos	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Claire Rolfe	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	14 trainers	
Trainees in attendance	12 trainees from CT1 to CT3 in all specialties	
Feedback session: Managers in attendance	Chief Executive -no, DME - 1 (Borders) ADME- 1 (Lothian) Medical Director- no. Other – 2 TPDs & a service manager	

Date report approved by Lead Visitor	17/10/19

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 specific ACCS programme induction delivered in an afternoon at the end of August each year. All new south east trainees are invited to attend. The content includes a curriculum overview, how to complete the online portfolio and specialty specific information. Attendance is usually good and any trainees who do not attend can refer to the handbook which is given to all trainees. The handbook also includes information on the teaching days.

Trainees whose parent specialty is anaesthetics also attend that induction as they do not actually work in the specialty until year 2. Previous feedback from trainees was that they would like contact with their parent specialty before then. Acute medicine trainees are smaller in numbers, they aren't invited to the induction but meet with the training programme director (TPD). All emergency medicine trainees are based in Edinburgh so come to the department for an induction.

All trainees: Trainees attend an induction afternoon where they are given a handbook. They learn about the curriculum, Annual Review of Competency Progression (ARCP) requirements, exam timetable and the courses that are available. Trainees generally felt that this was a well structured and useful induction. The handbook was ok, but it would have been useful to have a breakdown of assessments requirement for each post.

Those who did not attend induction got the handbook and felt that they were a little left behind in terms of being able to complete the online portfolio. Although trainees that did attend the induction said that discussions with their education supervisors were the most helpful with this issue. There was also some confusion among those who were not able to attend induction as to which was the correct assessment requirement forms to use.

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

Trainers: Trainees have 3 ACCS specific training days covering the 3 specialties of acute medicine, anaesthetics and emergency medicine. Intensive care medicine is not covered because the teaching trainees receive when working in these departments is very comprehensive. The sessions take place over the course of a year but the content is repeated the following year so trainees should attend all 3 sessions over 2 years. Based on feedback from the trainee representative the content of the training days focuses on areas of the curriculum that is difficult to achieve. The morning of the training day is lecture based and the afternoon consists of simulation sessions and practical procedures.

When working in acute medicine trainees can also attend internal medicine teaching. In emergency medicine only the CT3 attend teaching as it is not applicable to CT1 and CT2. When working in anaesthetics in year 2 trainees can attend the exam-based teaching and the weekly clinical teaching sessions.

All Trainees: They have 3 training days over 2 years. The topics are repeated each year and cover areas of experience that are difficult to gain when in post. Trainees would like dedicated time to attend teaching as it can be tricky to be released and more ACCS specific teaching sessions throughout the year.

2.3 Study Leave (R3.12)

Trainers: Generally, there are no issues with approval of study leave. All trainees are treated the same irrespective of their parent specialty.

All Trainees: Allocation of study leave can be department dependent. Trainees would like to be able to use study leave for studying for exams rather than just for courses.

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

Trainers: Each year the educational supervisor has the same cohort of trainees for example ACCS trainees so that they are familiar with their curriculum requirements.

All Trainees: n/a

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

Trainers: In anaesthetics the opportunities are definitely there but some trainees can be less motivated if it is not their parent specialty especially after they have been signed off. In acute medicine trainees can be treated as rota fodder when working in some hospitals. The TPD is keen to improve that experience and create a balance of ‘front door’ and downstream ward experience. Work needs to be undertaken in conjunction with trainees to decide what makes a good acute medicine block.

All trainees have achieved sign off at the ARCP.

All Trainees: Trainees feel that sometimes they are not able to access all opportunities available to them especially when working in acute medicine for example exposure to toxicology or procedures related to specialties. They would like more time in specialist wards such as cardiology and respiratory so they can get more experience in certain procedures.

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

Trainers: So that trainers are aware of what needs the trainees have they all receive a copy of the induction booklet and guides from the respective colleges. The portfolios for acute medicine and emergency medicine are not too bad to complete but the new anaesthetics platform has had some teething problems.

All Trainees: Sometimes there a few trainees looking for the same opportunity which can be tricky. When working in acute medicine it can be difficult to find someone to supervise an assessment and there is not a lot of opportunity to discuss cases. Trainees recognise that they need to be proactive in getting their assessments signed off. They also feel that with certain procedures there is a difference in having a competency signed off and actually having the confidence to do it so more opportunities to practice these would be beneficial.

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

Trainers: n/a

All Trainees: n/a

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: n/a

All trainees: n/a

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 specific ACCS specialty training committee (STC) and there is a trainee representative on that group who seeks feedback from all the trainees. Feedback can also be shared with the TPD or at the ARCP meeting.

All Trainees: Trainees would feedback to the TPD or to their trainee representative who invites comments from them and feeds back on the outcome of discussions.

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

Trainers: n/a

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: n/a

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 are all aware of how to escalate any issues that arise with regard to trainees that are struggling. They knew about the performance support unit. Trainees are encouraged to speak to anyone in any department if they have concerns. They think that the programme feels cohesive even though trainees work in different specialties in different hospitals. They accommodate any less than full time trainees.

All Trainees: All the TPDs and educational supervisors are said to be supportive. Trainees feel that the choice of educational supervisor is important as they need to be interested in pastoral care too.

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: n/a

All Trainees: Trainees were aware of the escalation policies in the departments where they were working.

2.18 Patient safety (R1.2)

Trainers: n/a

All Trainees: n/a

2.19 Adverse incidents (R1.3)

Trainers: n/a

All Trainees: n/a

2.20 Duty of candour (R1.4)

Trainers: n/a

All Trainees: n/a

2.21 Culture & undermining (R3.3)

Trainers: There are specific training days and social events for ACCS trainees. The TPD in acute medicine is setting up a mentoring programme to help foster a team culture. There is an anaesthetics family, they have a wellbeing committee and mentoring for all trainees. Trainees in the Borders benefit from small team numbers so everyone knows each other well.

All Trainees: The culture is different in the different departments, training is prioritised in anaesthetics rather than in acute medicine. Some trainees had experienced isolated incidents with nursing staff and a trainee who spoke to their educational supervisor about it received good support.

2.22 Other

Trainers: As each trainee has their own parent specialty they tend to identify with trainees in that specialty as their peer and can feel lost in some departments. They think that overall the programme is good and is especially useful for trainees planning to specialise in intensive care medicine. The trainers working in that department like the ACCS programme as it gives them a chance to showcase their specialty. They are concerned about the impact on the extension of training time compared to other core training programmes and the new internal medicine programmes as they are shorter in duration.

Trainees: Nearly all the trainees would recommend the ACCS programme to a friend.

In terms of overall satisfaction trainees scored their posts between 6 and 8 with the average score being 7.

3. Summary

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

Overall this was a very positive visit, there are just a few tweaks that can be done to make it better.

Positive aspects of the visit were:

- Bespoke specific ACCS programme induction
- The content of the ACCS training days is tailored around plugging gaps in trainees' knowledge and experience.
- A specific ACCS Specialty Training Committee
- The overall satisfaction score for trainees was 7 out of 10.

Less positive aspects of the visit were:

- There should be an increased frequency of ACCS training days, this will help with trainees' perceived lack of identity.
- Work to improve acute medicine experience for all trainee groups.

4. Areas of Good Practice

Ref	Item	Action
4.1	Bespoke specific ACCS programme induction	n/a
4.2	The content of the ACCS training days is tailored around plugging gaps in trainees' knowledge and experience.	n/a
4.3	A specific ACCS Specialty Training Committee	n/a
4.4	The overall satisfaction score for trainees was 7 out of 10.	n/a

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	There should be an increased frequency of training days, this will help with trainees' perceived lack of identity.	n/a
5.2	Work to improve acute medicine experience for all trainee groups	n/a

6. Requirements - Issues to be Addressed

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