Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	28th January 2020	**Level(s)**	Foundation and specialty trainees
Type of visit	Triggered visit	**Hospital**	Inverclyde Royal Hospital
Specialty(s)	Trauma and Orthopaedic Surgery	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Professor Clare McKenzie	Visit Chair - Postgraduate Dean
Dr Surinder Panpher	Foundation Programme Director
Dr Ron Coggins	Training Programme Director
Dr David MacPherson	Trainee Representative
Archie Glen	Lay Representative
Heather Stronach	Quality Improvement Manager
In attendance	
Claire Rolfe	Quality Improvement Administrator

Specialty Group Information											
Specialty Group	<u>Foundation</u>										
Lead Dean/Director	Professor Clare McKenzie										
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie										
Quality Improvement Manager(s)	Mrs Jennifer Duncan										
Unit/Site Information											
Non-medical staff in attendance	4										
Trainers in attendance	7										
Trainees in attendance	2 foundation year 1 trainees (FY1) 1 specialty trainee (ST)										
Feedback session: Managers in attendance	Chief Executive		DME		ADME	√	Medical Director		Other	√	
Date report approved by Lead Visitor	17th November 2020										

1. Principal issues arising from pre-visit review:

At its meeting in August 2019, following review of the available data, the Deanery's foundation quality review panel (QRP) decided to trigger a visit to trauma and orthopaedic surgery (T&O) at Inverclyde Royal Hospital and to undertake this in conjunction with a visit to the general surgery department.

Below is a summary of the data from the General Medical Council's (GMC's) national training survey (NTS) and the Deanery's Scottish training survey (STS).

	FY1	**ST (Trauma and Orthopaedic Surgery)**
Overall satisfaction	NTS red	
Induction	NTS red	
Curriculum Coverage	NTS pink	
Adequate Experience	NTS red	
Workload	NTS red STS red	
Feedback		NTS pink (aggregated)
Handover	STS red	
Reporting Systems	NTS red	
Rota Design	NTS red	
Educational supervision		
Clinical Supervision and clinical supervision (OOH)		NTS pink (aggregated)
Educational governance	NTS red	
Workload	STS red	

Prior to the visit commencing, the visit panel met with Dr Michael Brett, Associate Director of Medical Education for Clyde, Dr Carsten Bolln, General Surgery Lead and Dr Alison Winter, T&O Education Lead who provided a brief summary of the departments. Miss Winter advised that the T&O department has five permanent consultants and two locum consultant appointments, two STs and two FY1 doctors on the 35-bed ward. The middle grade rota comprises ST1-ST8 and is staffed at present by two STs and four other staff grade doctors. There is a non-resident on call rota, however as the trainees generally live in Glasgow, they opt to remain on site. T&O also comprises the pre-assessment clinic and a second orthopaedics ward.

A public consultation is underway regarding plans to move Inverclyde Royal Hospital's emergency trauma receiving work to the Royal Alexandra Hospital in Paisley. This service redesign would mean that Inverclyde Royal Hospital becomes the cold site providing for elective and downstream trauma patients only. The potential impact of this on training has not yet been explored and a mapping exercise will need to be carried out when the service plans are finalised.

The visiting panel then met with trainers and trainees in T&O. The trainees we met with were two foundation year 1 (FY1 trainees) and a specialty trainee (ST). We also met with non-medical staff who supported both surgery and T&O, hence their responses are the same in both visit reports.

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.

2.1 Induction (R1.13):

Trainers: Trainers reported that FY1s receive their hospital induction before they start work in the department. For FYs there is a shadowing period where they are shown around hospital and have the time to complete online learning modules such as TrakCare. For T&O departmental induction, trainees are shown around the ward and the theatres and given information about clinic lists etc. There is also a comprehensive folder full of documentation that is useful for ST trainees.

Trainers felt that they could improve their induction by making the information available electronically. They also felt that FY1 trainees may benefit from having more induction documentation for the department. Trainers considered that those coming from outside of University of Glasgow may need a longer lead in time as they would not have benefitted from the University's Preparation for Practice.

FY and ST trainees: FY and ST trainees confirmed receiving both hospital and department induction. T&O FY trainees felt there was too little time at induction to fit everything in; the 5 days shadowing days were challenging for trainees who had were new to Greater Glasgow and Clyde Health Board as there was approximately just two morning slots to complete mandatory components of induction.

T&O department induction was noted to be informal with Miss Winter. FY trainees received helpful information from the advanced nurse practitioner. T&O trainees also said induction could be improved by having some electronic information about their roles and responsibilities and these could be sent to trainees beforehand.

Non-medical staff: Non-medical staff said that new trainees on the wards are not identified to them. However, sometimes they recognise trainees if they were previously a medical student in Glasgow. They felt that a photo board would be helpful for identifying staff. Non-medical staff consider that the induction programme provides trainees with the information they need.

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

Trainers: Trainers said that foundation trainees have regional mandatory teaching on Tuesdays. The teaching is bleep free, but they are unsure what happens to the bleeps. Regional teaching is built into trainees' rotas to ensure they can attend teaching. Departmental teaching is delivered on Wednesday mornings by consultant Mr Broadbent and lasts for about 30-45 minutes. This teaching is aimed at core and specialty trainees, but FY trainees can also attend. Trauma meetings also take place every morning and provides learning opportunities.

FY and ST Trainees: T&O trainees confirmed the mandatory regional teachings and departmental teachings as described by their trainers. On the whole, FY1 trainees said it is easy to attend regional teaching, but departmental teaching is more difficult to attend due to the amount of tasks on the wards. The ST trainee enjoyed Wednesday teaching and is able to attend Friday teaching.

FY trainees held the view that there is a lack of understanding about their teaching requirements. They said their curriculum mandates 60 hours of teaching (30 hours of foundation regional teaching plus an additional 30 hours). FY trainees had managed to get about 18 hours since August. FYs reported that their teaching has never been bleep free. FY trainees said that the quality of their regional teaching is not good partly because the videoconferencing (VC) link often breaks and because VC is not ideal for interactive teaching. Some FYs had managed to get some orthopaedic teaching however, trainees understood that their trauma meeting does not count as part of their formal teaching (this is under discussion with Foundation Leads).

Non-medical staff: Non-medical staff said that nurses know when trainees are going into teaching and try to minimise interrupting them. Only the trainee who is 1st on call for surgical receiving will receive any bleeps. Non-medical staff said that foundation trainees can handover their bleeps to the registrars.

2.3 Study Leave (R3.12)

Trainers: One consultant provides oversight of the T&O middle grade rota. Study leave requests are accommodated. Historically it had been a struggle to find adequate cover on Mondays, however this had reportedly not been an issue in the last 6 months.

ST Trainees: Trainees reported being able to take the study leave they had requested, although acknowledged that it is easier when the unit is better staffed. FY1s do not get study leave.

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

Trainers: Miss Winter provides formal supervision for the FY trainees. Specialty trainees work closely with one consultant who is their clinical supervisor and another consultant is their allocated educational supervisor to keep the roles separate. The trainees are allocated by Training Programme Director depending upon their educational need.

All trainers have their education role reviewed as part of appraisal and have taken part in educational or clinical supervision courses. The clinical director is responsible for looking after individual job plans. Miss Winter now has dedicated time in her job plan for foundation trainees. The clinical and educational supervisor roles for ST trainees change depending upon the trainee rotation so dedicated time is not fixed and 'supporting professional activity' (SPA) time is used by the supervising consultants.

FY and ST Trainees: All trainees had met with their educational supervisor and had agreed learning plans. All trainees have informal regular chats with their educational supervisor. They reported being happy with the quality of formal supervision.

2.5 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 look at e-portfolio or a trainee's logbook to understand what is needed for each trainee to ensure that their educational needs are met and that they received appropriate supervision. They can adjust clinic and theatre allocation to meet the needs.

The consultant meeting takes place every Wednesday where any concerns about trainees or training can be discussed. Consultants are on call for a week at a time and have a good understanding of the trainees' competence. Trainers said they provide a lot of teaching to trainees at ward rounds. They have also recently changed the FY rota to give them a greater opportunity to attend teaching.

Trainers said that out of hours trainees can contact the on-call consultant. Trainees are encouraged to phone for help if they need it. The T&O ward has a colour coding system allowing them to identify who is responsible for which patients.

FY and ST trainees: Trainees all reported knowing who to contact during the day and out of hours. Sometimes foundation trainees can feel unsupported when they have an orthopaedic patient who develops a medical problem and the ST and consultant are in theatre. They reported that when they have sought medical support, the advice from the medical registrar was to contact the orthopaedic registrar and the orthopaedic registrar advises to contact the medical registrar. This leaves them with the dilemma of who to contact. Foundation trainees report sometimes having to physically go down to the medical receiving unit to request help. Trainees thought it might be helpful if there was clear instruction in the induction information about the official escalation pathways for T&O patients who become medically unwell.
Otherwise, trainees said that their seniors were readily accessible and approachable.

Non-medical staff: Non-medical staff said it can be difficult for foundation trainees to seek support because the registrar is often in theatre with the consultant. While they can seek support by telephone, there is not always a senior doctor available in person. When this is the case, sometimes concerns are raised by foundation trainees to the service manager.

Some non-medical staff were aware that the trainees wear different coloured badges according to their training grade; however, they were unaware of the significance of the colour coding.

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

Trainers: Trainers said that T&O is exam focused and trainers are aware of the curriculum. Trainers have identified the need to ensure that ST trainees are prioritised for trauma cases because there is not the same breadth of trauma available at Inverclyde Royal Hospital. They are aware of limitations on accessing other specific areas of the curriculum, for example. foot and ankle, paediatric and spinal procedures. STs work 1 in 7 on call. The department is flexible in its approach to ensure that trainees are able to achieve what they need.

Trainers are aware of the foundation curriculum and said that foundation trainees have an improved training experience now that there is weekend phlebotomy support and ANP on the ward.

FY and ST Trainees: Foundation trainees said they can meet their required competencies. However, they did express concern about meeting their numbers for formal foundation teaching (their theatre experience does not count towards teaching although trainees feel this is educationally valuable).

Foundation trainees reported that they are burdened with taking electrocardiograms (ECGs) for patients at night versus during the day when there is an ECG technician. Foundation trainees felt that there is the opportunity to make nightshifts more educational. At present, night shifts comprise taking ECGs, bloods and covering the wards including the general surgery ward. The FY on call takes the GP bleep and manages the emergency department as well. There was concern for foundation trainees out of hours accessing support for unstable medical patients as noted above. They considered that 70% of their job was non educational. Specialty trainees felt that generally there was good experience and appropriate consultant support. They did highlight some concern because of theatre cancellations due to absences in anaesthetics. Workplace based assessments were reported as being easy to obtain.

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

Trainers: Trainers reported that assessments are trainee driven. The intercollegiate surgical curriculum programme (ISCP) shows how many assessments need to be completed. If there are concerns about any trainees not being able to progress it is flagged at the specialty training committee. Trainers said that trainees are encouraged to complete assessments contemporaneously, which they think is easy to achieve, although some trainees are reported to have submitted these all at once.

Trainers said that it is easy for FYs to complete the assessments they require.

FY and ST Trainees: Foundation trainees reported that it is easy to submit assessments when they are on call and taking GP referrals. At other times it is more difficult. Overall, foundation and ST trainees did not perceive there to be any problems with them completing their necessary assessments.

Non-medical staff: Non-medical staff contribute to the assessment of doctors in training in this unit (for example, the multi-source feedback).

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

Trainers: Trainers reported that the advanced nurse practitioner comes along to the trauma meetings. Trainers felt that learning in T&O is multidisciplinary by nature because you work alongside physiotherapists and radiology. There are discussions at present about whether to develop regular meetings with microbiology.

FY and ST Trainees: Trainees said that there were no formal multi-professional learning opportunities but reported that they work alongside physiotherapists and pharmacists.

Non-medical staff: Nurses informally contribute to teaching and support. They considered that they could offer to do more teaching.

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

Trainers: Trainers reported that quality improvement projects are a requirement of annual review of competence progression. Trainees usually come to trainers with a project in mind.

FY and ST Trainees: All trainees confirmed that Miss Winter had been in discussion with them about quality improvement projects.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that ST trainees receive regular verbal feedback as they work all day alongside them. At the end of a procedure they will ask STs what they thought they did well and what they found more difficult. If uncomfortable feedback needs to be given, this will be done in a private setting. Trainees also receive feedback at the trauma meetings.

FY and ST Trainees: Foundation trainees perceived that they do not receive feedback from consultants unless they actively seek it. They did report that feedback does occur when they discuss management plans discussed with registrars and that this is useful. The ST trainee reported receiving regular feedback and found this constructive.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers said the morning trauma meetings is the forum in which they receive feedback from trainees. Miss Winter also goes around the ward at least once a week to check in with foundation trainees to see if there are any issues. Trainers perceived that, because they are a relatively small and friendly department, if a trainee has a problem with their training, they will feel happy to raise this openly with trainers.

FY and ST Trainees: Foundation trainees confirmed that Miss Winter comes onto the ward and asks for their feedback. All trainees reported that there is a coffee room which acts as a hub for them.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that there is a good team culture within T&O. The daily trauma meetings and coffee room helps to create a team atmosphere. Trainers lead by example to ensure that the training environment is free from undermining and bullying behaviours. Trainers suggested that sometimes foundation trainees can feel a bit left out, and because of this they have tried to encourage foundation trainees to come to morning trauma meetings to make them feel as part of the team, respected and empowered. If there were concerns about undermining behaviours, trainers said that trainees are supported to speak to their training programme director or lead consultant who would then speak to consultant concerned.

Trainers reported that there had been some instances of undermining amongst trainees themselves in the past. However, they are not aware of any concerns at the moment.

FY and ST Trainees: Trainees reported that overall they feel that their colleagues within T&O are approachable and supportive. Trainees expressed some concerns around the interface between T&O and colleagues within the emergency department; however, these had been raised with supervisors and subsequently addressed.

Non-medical staff: Non-medical staff said that team culture is supported through safety huddles and catch ups at ward rounds. Non-medical staff said it was important to be approachable and available for colleagues. Face to face discussions usually help to resolve any misunderstandings. Formal dignity at work policies are also in place at work.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that there are no gaps currently on the rota. The one gap they had has been filled by a locum. Miss Winter reported working hard to ensure that the rota works and felt this was still a work in progress. The advanced nurse practitioner role was felt to have made a huge difference within T&O and another advanced nurse practitioner is currently being trained at the Royal Alexandra Hospital to support general surgery at Inverclyde Royal Hospital in the future. (Miss Winter is not directly responsible for the general surgery foundation doctor rota however, as there is cross cover there had been some involvement to try and help resolve issues.). The visiting panel were advised that the advanced nurse practitioner appointment is not a permanent source of funding and that is a cause of concern to staff.

Trainers reported that there is currently 1 FY1 from general surgery and 1 FY1 from T&O that work in the pre-assessment clinic. The staff structure in the pre-assessment clinic may also benefit from review. Trainers

considered that this could perhaps be managed by one FY1 with additional support from non-medical colleagues.

FY and ST Trainees: Foundation trainees reported that there are no rota gaps currently. The advanced nurse practitioner works from 8am until 4pm. When either one is rostered to the pre-assessment clinic and H North, the other T&O FY1 is responsible for covering H South (approx. 28 patients) and K North (approx. 35 patients).

At the weekends, foundation cover was felt to be stretched because there is no advanced nurse practitioner support at the weekend. Workload on the night shift is also high for foundation trainees because there is just 1 clinical support worker supporting the whole hospital. Foundation trainees have raised this with Miss Winter and had a good constructive meeting.

The ST trainee did not report any concerns about workload. The ST rota accommodates learning opportunities very well.

Non-medical staff: Non-medical staff reported that foundation trainees had raised that they were not able to take their breaks. This has been addressed by a consultant who has spoken with trainees and advised of ways they can take them. A monitoring exercise had taken place but needs to be repeated.

2.14 Handover (R1.14)

Trainers: There is a 5pm handover and handover to the hospital at night team (H@N). Trainers reported that a H@N diary has been recently introduced which is used by the night staff to advise day staff of any issues.

FY and ST Trainees: Trainees reported that there is no morning handover from H@N. They confirmed that there is verbal handover to the H@N team at 8 or 9pm (the registrar on call will find the FY1 doctor to discuss patients). Handover is not structured or a formal learning opportunity.

They reported that the H@N diary only started recently and is not regularly completed. There is no consistent process for handing over patients in the morning. At weekends, information about unwell patients are transferred amongst colleagues verbally. Trainees were unsure why the TrakCare system is not used in surgery and T&O. Trainees had experience of it working well in medicine. This appeared to be a coding issue that could perhaps be resolved.

ST handover is verbal and if a consultant is present, can be educational.

Non-medical staff: Non-medical staff have a huddle around the board at 8:30am followed by the ward round. If a patient deteriorating, they use a sticker system to identify these patients. This works effectively.

2.15 Educational Resources (R1.19)

Trainers: Foundation doctors receive simulation training in Glasgow or Paisley as part of the foundation teaching programme. Trainers felt that the trainees' room was too small to comfortably work in.

FY and ST Trainees: Trainees raised no concerns about access to educational resources. They commented that their workstation room was extremely small and very cramped. Accommodation for trainees is lacking.

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

No concerns were raised about support.

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

Trainers: Not asked.

FY and ST Trainees: Trainees were unaware who the Director of Medical Education is for NHS Greater Glasgow and Clyde. They were aware of the Chief Resident model.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers said trainees are encouraged to speak to their trainers about any concerns they have. If trainees are not satisfied by the outcome of these discussions, trainees are welcome to raise these with the TPD. If trainees had any concerns about patient safety, trainers said that trainees were likely to speak to a nurse practitioner before escalating further if need be.

FY and ST Trainees: Trainees said they would be happy to raise any concerns they have. They would either speak to a nurse practitioner or their educational supervisor depending on the nature of the concern.

Non-medical staff: Non-medical staff said that foundation trainees would always escalate to a registrar if faced with a deteriorating patient. They would speak to a trainee if they felt that there were issues about the trainee.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that the elective beds in T&O are ring-fenced meaning there are not too many boarded patients within T&O. Now that they are more adequately consultant staffed, trainers considered they are better placed to absorb a busy day.

FY and ST Trainees: Trainees said that boarding does inevitably impact on elective admissions. If a patient becomes unwell with a medical condition it is difficult to seek senior support from the medical registrar to come up with a plan. Trainees perceive that H South often has inappropriate boarding (there were 3 surgical patients and 14 medical boarders over the Christmas period). Some concern was expressed about the infrequency of ward rounds at weekends.

Non-medical staff: Non-medical staff said that currently there are 10/11 beds that are boarded patients, and this is adding some pressure on FY1s because it is not just one consultant but 4 or 5 that they need to speak to. From a safety perspective, this means that priorities must alter in order to cope with patients who might be deteriorating medically. The impression is that foundation trainees are not as well supported in managing the medical boarder patients and they seek support from their own surgery consultant colleagues.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Trainers described the morbidity and mortality (M&M) meetings that take place every 3 months.

FY and ST Trainees: Trainees said that the consultant team are very supportive and that the nursing staff on K North deserve credit for what they do. Trainees expressed some reservation about whether patient record keeping was sufficient.

Non-medical staff: Non-medical staff mentioned the Datix system for reporting concerns. They felt that the department could do better at feeding back to staff with clearer outcome and actions.

2.21 Other

All groups of doctors were asked to rate their overall satisfaction with their placement and the average scores are presented below:

- **Foundation trainees:** Average = 6 out of 10
- **Specialty trainees:** Unable to provide score as only one trainee available.

3. Summary

Overall trainees were positive about colleagues in Inverclyde Royal Hospital. Foundation trainees enjoy working on acute receiving and benefit from taking the GP referrals. They also receive useful feedback when receiving. Foundation trainees can sometimes find it difficult seeking senior support when their registrar or consultant colleagues are in theatre. Escalation pathways are not clear for them when they need to seek support for patients who become medically unwell. Trainees report fluctuating between medical and surgical colleagues for advice and would benefit from a clear agreed policy.

Foundation trainees said that the rota had been an issue for them but recognise the efforts by Miss Winter to address this. Although gaps have been filled foundation trainees continue to be faced with a busy workload. Some tasks, such as taking ECGs and taking routine recordings in pre-assessment, were seen as not being educationally valuable for foundation trainees. While there is currently support from an advanced nurse practitioner, we heard that this is not a permanent source of funding and that is a cause of concern to staff.

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

Positive aspects of the visit

- All trainees advised that they had supportive, approachable easily accessible consultants.
- All trainees recognised receiving feedback regularly from trainers, both informally and formally (although some consultants were reported as being slow at completing workplace-based assessments which was causing some anxiety to trainees).
- Trainers are aware of the differing needs of trainees and the different curricula.
- Trainees report good front line learning opportunities. Foundation trainees appreciate the experience of being the first point of call for GP referrals.
- Trainees described a good team atmosphere with mutual respect amongst medical and nursing colleagues.
- Trainees commended Miss Alison Winter whose leadership is showing genuine benefits for trainees.
- Trainees appreciate the support of the advanced nurse practitioner (ANP) working on the T&O ward, which enables them to maximise their own training opportunities.
- Trainees enjoy the early morning weekly teaching.

Less positive aspects of the visit

- Foundation trainees said that the teaching by videoconference does not work well in terms of learning and interactivity and were concerned by the number of sessions that have been cancelled at the last minute.
- Teaching is not bleep free.
- Coloured badges were noted to be in use; however, the significance of the colour and the stage of training was not widely known to staff rendering it ineffective.
- There is no written handover between shifts and grades and no regular handover from H@N in the morning. Trainees report not being able to use TrakCare in the surgical specialties which reportedly works well in the medical specialties in the hospital.
- Trainees are burdened by tasks of little educational benefit especially when on call e.g. performing electrocardiograms.
- T&O computer room requires to be improved.
- Clarification of a consistently applied escalation policy for foundation trainees and medical issues arise in T&O and general surgery patients especially when middle grade and consultants are in theatre.

4. Areas of Good Practice

Ref	Item	Action
4.1	Miss Winter support with rota and foundation trainees	

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	Induction	Induction materials should be available electronically.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Handover arrangements, especially between H@N and day teams, must be reviewed and improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues. This should be used as a learning opportunity.	Immediately	All trainees
6.2	Clarify escalation pathways for T&O and surgical patients who become medical unwell.	31st December 2020	All trainees
6.3	T&O computer room requires improvement.	31st December 2020	All trainees
6.4	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities must be reduced (for example, ECGs out of hours and recordings at pre-assessment).	31st December 2020	FY1s
6.5	Regional teaching should be reviewed to improve the quality of the VC and interactivity as well as reduce the cancellation of sessions. There must be a system to ensure teaching is bleep-free.	31st December 2020	FY1s
6.6	All references to 'SHOs' must cease.	31st December 2020	All trainees
6.7	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding educational governance at both site and board level.	31st December 2020	All trainees