Scotland Deanery
Quality Management Visit Report

Date of visit	21st January 2020	Level(s)	Foundation, IST (Core) and Specialty
Type of visit	Triggered	Hospital	Royal Alexandra Hospital
Specialty(s)	General Surgery	Board	Greater Glasgow & Clyde

Visit panel	
Dr Geraldine Brennan	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Ben Thomas	Training Programme Director
Dr Alistair Milne	Foundation Consortium Lead
Dr Gillian Scott	Trainee Associate
Mrs Jennifer Duncan	Quality Improvement Manager
Mrs Carol Dobson	Lay Representative
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)	Mrs Jennifer Duncan
Unit/Site Information	
Non-medical staff in attendance	3
Trainers in attendance	5
Trainees in attendance	16 - F1 (8), F2 (2), IST1 (1), ST3 (1), ST5 (2), ST6 (1), ST8 (1)
Feedback session: Managers in attendance	11

Date report approved by Lead Visitor	17th November 2020

1. Principal issues arising from pre-visit review

Background information

At the Foundation Quality Review Panel there were some concerns raised regarding pink and red flags and the discussion resulted in a Triggered Visit 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

Foundation (F2) – Red Flags – Overall Satisfaction, Clinical Supervision, Feedback.
Foundation (F2) – Pink Flags – Clinical Supervision Out of Hours, Induction, Supportive Environment.
Specialty (ST) – Red Flags – Workload, Regional Teaching, Rota Design; Pink Flags – Handover, Local Teaching.

STS Data

Foundation – Green Flags – Educational Environment

STS Comments

Foundation trainee comments highlight a very supportive department with a good ethos. Concerns were also noted regarding OOH and a lack of support and induction from Orthopaedics.

Dean's Report Items

There are no items on the Dean's Report.

Previous Visit

There was a visit to this unit in April 2016 and the visit panel will investigate the progress of the requirements made following that visit. These requirements are listed below:

- Lack of formal unit handover from H@N team in the morning and for ward patients not based on the Surgical Receiving Unit.
- Adjust Foundation and GP trainee's rota to reduce the need for 7 long day shifts.
- Reinstate a monthly journal club for trainees.

- Support specialty trainee requests to rotate the day of regional teaching to ensure they can attend their curriculum requirements.
- All consultants to be recognised as trainers with enough time in their job plans. They need to meet the GMC Recognition of Trainers requirements.

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.

The panel met with the following groups:

Trainers
Foundation (F1 & F2) Trainees
IST (Core) Trainees
Specialty Trainees (ST)
Non-Medical Staff

2.1 Induction (R1.13)

Trainers: Trainers reported trainees receive both site and departmental induction. Hospital induction for F1 trainees takes place over 4-5 days prior to commencing in post and includes Hospital@Night (H@N). All trainee grades receive consultant led departmental induction which is well received. Feedback from trainees indicates they would welcome a session with a current foundation trainee which will be taken forward by the department in future. Trainers confirmed all IST and higher trainees receive rotas and are asked to provide details on preferred placements to enhance personal development prior to commencing in post. The department also e-mail all trainee group departmental booklets however it was noted the foundation booklet needs updating.

Foundation Trainees: F1 and F2 trainees confirmed receiving both hospital and departmental induction. F1 trainees stated that shadowing was well received however time on wards was limited due to requirements to complete employee online modules. They commented that it would be more advantageous to spend more time on the wards prior to their first shift. F1 trainees stated that presentations at departmental induction were good though some needed updating. No induction was provided for F2 trainees working in general surgery and urology who were required to provide cross cover and cover additional surgical wards out of hours e.g. trauma and orthopaedics. Trainees commented that having no prior knowledge of areas they were required to cover was extremely difficult. Those based in urology stated that they had to actively seek guidance from previous trainees about what to expect, although they found the nursing team very helpful. All trainees reported that if induction sessions were missed that there was no offer of repeat sessions or updates to ensure all are suitably informed. Trainees stated that job descriptions on shift rotas are out of date and do not reflect the work that is expected from the role.

IST and Specialty Trainees: Trainees confirmed they received site induction although the majority of this information is available on-line. Concerns were raised with regards to delays in receiving IT passwords as they did not receive an e-mail with links to TRAK care passwords. Trainees also had no passwords while on-call and had to rely on colleagues help to ensure activities were recorded. However, there is an expectation that trainees attend induction whilst on-call. An example was heard of a trainee who needed to attend an IT training session whilst on call on day one who had to arrange suitable cover to attend this and to receive a password for the system. There is no formal mechanism to ensure that those who cannot attend induction are able to receive information that they have missed. Trainees reported a very thorough departmental induction which takes place face to face. An induction booklet is also e-mailed to all trainees. Induction was also combined with the morbidity and mortality meeting (M&M meeting) which was well received by all.

Non-Medical Staff: The team advised of no concerns with regards to site or departmental induction with the surgery link nurse providing a presentation within the programme. The team stated that confidence levels amongst trainees vary and commented that foundation trainees are not well prepared for the isolation of being on shift at weekends. This is more pronounced in block one and becomes smoother in blocks 2 and 3.

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

Trainers: Trainers reported no concerns about trainee's ability to attend teaching. F1 trainees have standardised weekly teaching which is not bleep free. F2 and IST (Core) trainees have set repeated teaching days throughout the year to ensure adequate attendance. Repeated sessions for IST trainees are not always delivered locally and can be held elsewhere in Scotland. Finally, specialty trainees have regional teaching days. Trainers also stated that all trainees are invited and encouraged to attend monthly M&M meetings, during which clinical commitments are cancelled. Trainees are provided with the opportunity to present audits. Senior specialty trainees have also undertaken teaching sessions for F2 trainees and in turn F2 trainees have created a teaching programme for F1 trainees. Trainers also highlighted the clinical skills and simulation centre as an excellent resource to allow trainees to practice surgical techniques independently however this is under used by all trainee grades.

Foundation Trainees: F1 trainees advised of no issues in attending their weekly one-hour formal teaching however sessions are not bleep free and are not supported by a local administrator. F2 trainees also reported no issues in attending formal teaching which takes place over one day. Teaching is scheduled into the rota and therefore F2 trainees must apply for time off via the study leave process. Trainees stated that teaching offered by senior registrars is of very good quality.

IST and Specialty Trainees: Trainees advised that no formal local teaching takes place however regional teaching is provided twice a month, 8 times a year. This takes place on a Friday which can be difficult for some to attend e.g. when post nights or if working with a Consultant who has a Friday theatre list, which applies to at least 3 teams. Trainees confirmed that they would likely attend under half of the expected 70% attendance at teaching. All teaching is available on-line via the Glasgow College website which is an excellent resource. Teaching days for IST trainees rotate however they find it extremely difficult to attend due to concerns they will miss important theatre time.

Non-Medical Staff: The team advised they are well informed of teaching programmes and advised that cover is provided by other trainees when one cohort is at teaching.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no barriers in supporting study leave.

Foundation Trainees: Trainees reported no concerns in requesting study leave.

IST and Specialty Trainees: Trainees confirmed no concerns in requesting study leave if done with sufficient advance notice. However, arranging cover or swapping shifts can be difficult as it is the trainee's responsibility to do so.

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

Trainers: Trainers advised that educational and clinical supervisors for all trainee grades are allocated prior to commencing in post. Foundation trainees are allocated a joint clinical and educational supervisor and details of these are available on the rota. Specialty trainees are encouraged to add all consultants as clinical supervisors to their portfolio to allow them to receive a wide range of feedback. Educational supervisor duties are undertaken by the consultants whom trainees work with for the first 6 months of their post. Trainers reported that they are well informed in advance about any concerns regarding new trainees. The information on foundation trainees is disseminated via foundation programme directors and specialty trainees via the higher surgical training committee. Trainers advised that there are good training opportunities locally and centrally and trainers have sufficient time within job plans to help support their roles.

Foundation Trainees: Trainees confirmed having an allocated educational and clinical supervisor whom they meet regularly.

IST and Specialty Trainees: Trainees reported each having an allocated supervisor with whom they have met and set targets for the year. Trainees highlighted that they work with their named educational supervisor for the first 6 months in post.

Non-Medical Staff: The team stated they were unaware of any issues though commented on the high level of responsibility placed on the only F1 trainee on duty at weekends.

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 referred to colour coded name badges issued within the hospitals to differentiate between the various grades of doctors in training. Trainers stated that trainees are provided with information at induction

on contact details for daytime and out of hours support which is reinforced on a day to day basis. Trainers reported no concerns with trainees working out with their competence and there is a clear policy for which levels of trainee can seek consent for various procedures.

Foundation Trainees: Trainees advised they were well informed of who to contact during the day and out of hours. They commented that consultants were very supportive and approachable. Trainees reported that they had a good balance in workload and confirmed that they are not expected to work out-with their competence.

IST and Specialty Trainees: Trainees stated they were aware of who to contact during the day and out of hours. They described a very supportive department where they are not expected to work out with their own competence, and should a problem arise there is a clear escalation policy to follow.

Non-Medical Staff: The team stated they were unaware of the colour coded badge system used to identify grades of trainees. They reported that it is the responsibility of the ward clerk to gather information about all trainee details, including bleep numbers and allocated supervisors.

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

Trainers: Trainers stated that they are aware of the various curriculum outcomes included within the induction programme. Trainers advised that specialty trainees work within specialist teams and are asked prior to commencing in post for details on what experience they would like to gain in post to allow suitable matching to a particular consultant. The department where possible allow a degree of flexibility to ensure the educational needs of the trainees are being met. Trainers reported no concerns in any trainee grade being able to achieve their minimum assessment requirements. However, trainers highlighted upper gastrointestinal competencies for specialty trainees as a potential problem area for achieving expected numbers, although stated this was not unique to this site.

Foundation Trainees: Trainees reported no concerns in achieving their required curriculum competencies. Trainees stated that available opportunities to attend clinics and theatre sessions are not well communicated however if trainees wished to attend these, they would be confident that there would be no problems in doing so. Trainees suggested that having a list of what’s available would be helpful. F1 trainees indicated that they are mostly involved in ward work and in writing immediate discharge letters.

IST and Specialty Trainees: Trainees reported achieving good levels of experience however stated that it was difficult to access endoscopy lists. Trainees reported no concerns in attending clinics and theatres and

have no concerns in achieving competencies. All agreed that they received a good balance between service and training.

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

Trainers: Trainers advised assessment requirements are available within the college portfolio which all trainees and supervisors have relevant access to. Trainers described locally run ‘train the trainer’ courses as a good resource for keeping up to date with assessment requirements. There is currently no system in place for trainers to benchmark their assessments against other trainers.

Foundation, IST and Specialty Trainees: Trainees advised of no concerns with regards to opportunities to obtain mandatory workplace-based assessments.

Non-Medical Staff: The team advised that if requests are made for the completion of assessments, they are happy to accommodate where appropriate.

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

Trainers: Trainers provided details of anaesthesia meetings and M&M meetings as examples of multi-disciplinary learning opportunities. Trainees are invited to attend and are actively encouraged to take part in discussions or present. F2 trainees also have rostered time in the high dependency unit (HDU) and spend time with the palliative care team. Finally, trainers highlighted the clinical skills and simulation centre which is accessible to all trainees where a variety of activities are hosted such as non-technical scenario sessions aimed at providing feedback.

Foundation Trainees: Trainees stated that allied health professionals (AHPs) and nursing staff are approachable, helpful and offer advice when asked. Pharmacists provide regular constructive feedback and any drug errors are discussed directly with trainees though there is no mechanism to alert or include educational supervisors of these errors.

IST and Specialty Trainees: Trainees described facilitating teaching sessions along with senior nurses which were aimed at foundation trainees and these were well received. Trainees also stated that informal sessions for their benefit were accommodated if requested e.g. an educational supervisor arranged a session in HDU for a trainee who had little experience of that environment and who was concerned about being placed in the unit.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainers described a quality improvement den on site which was like a dragon's den forum where staff can pitch an idea and gain support and guidance to develop it further into an audit project. Completed projects are presented at an end of year meeting. Trainers also detailed research and audit meetings being held within the department, known as power hours which run bi-weekly and virtual journal clubs which were popular with trainees.

Foundation Trainees: F2 trainees advised that there are many opportunities to undertake quality improvement project or audits. They described monthly power hours which offered a good platform for presenting this work and the hospital had a designated quality improvement team.

IST and Specialty Trainees: Trainees advised of being highly encouraged and supported to take part in audit and described monthly consultant led sessions where opportunities for audit and quality improvement projects are provided to trainees for taking forward.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that all trainee grades receive regular on the job feedback and 1-1 feedback sessions can be arranged at the request of the trainee or if an issue arises. All staff are extremely approachable and supportive and adopt an open-door policy.

Foundation, IST and Specialty Trainees: Trainees reported that feedback is provided regularly on a formal and informal basis which is useful and constructive. Trainees stated the department has a strong ethos for training.

Non-Medical Staff: Nursing staff raised concerns that trainees did not always receive feedback on drug errors.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that feedback is obtained through monthly departmental meetings. There is an ST8 trainee within the department who undertakes the role of chief resident whose remit is to provide liaison between junior staff and the consultant team, and this is well received.

Foundation Trainees: Trainees advised that there are opportunities at the M&M meetings to provide feedback to trainers. Trainees also reported that the consultants are also extremely approachable, and they are comfortable with providing informal feedback to them during the course of their work.

IST and Specialty Trainees: Trainees commented that the department adopts an open culture and they would have no concerns in approaching any of the consultants to provide feedback. However, an example was given where a foundation trainee had a particularly bad experience on nightshift when covering in orthopaedics whilst attending an unwell patient. The foundation trainee had felt demeaned and undermined by the behaviour of an orthopaedic consultant. This concern was escalated to the consultants, the orthopaedic department and interim clinical director. To date no feedback has been given on the concerns raised however the opinions of other trainees was sought and no other concerns were raised.

2.12 Culture & undermining (R3.3)

Trainers: Trainers described various meetings such as x-ray meetings, M&M meetings and attendance on upper gastrointestinal ward rounds which help the department to create a good and open team culture. Trainers regularly encourage trainees to come forward early if they have any concerns with regards to undermining or bullying.

Foundation Trainees: Trainees described a good culture within the department and a very supportive clinical team. Trainees commented that when on-call out-with the unit, the behaviour of contacts varied and on occasions interactions have been rude. One trainee reported that they had received what they felt were undermining comments but was unwilling to share details to the visiting team. However, the trainee will consider feeding back the details of this incident via the chief resident.

IST and Specialty Trainees: Trainees advised that the clinical team were very supportive. All trainees are fully aware of the process for escalating any concerns with regards to bullying or undermining.

Non-Medical Staff: The team described a supportive team culture and were not aware of any bullying or undermining issues.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed one gap in the F2 rota which has been filled by a locum. Trainers stated that due to sickness absence, rotas had been overhauled but this was met with some unhappiness and further adjustments were made. F2 rotas were described as tight and difficult to manage in the event of sick leave.

Feedback from F1 trainees is that an additional Foundation doctor at weekends would alleviate workload stress in an extremely busy department.

Foundation Trainees: Trainees advised that there are currently no gaps in the foundation rota although one trainee has had reasonable adjustment made to out of hours working. Trainees commented that the weekend workload is extremely busy and having an extra person would alleviate pressures greatly. Trainees commented that the rota manager is not easily contactable, and responses to queries are not always helpful. There is consultant involvement in supervising rotas and trainees will consider copying in the relevant consultant to any future communications.

IST and Specialty Trainees: Trainees reported no rota gaps, but they raised concerns with regards to the arrangements for IST top cover, which is not appropriately recognised within their rota. IST top cover is provided by an at home registrar, who is ST3 or above and is designed to support the new IST trainees on the rota. This involves the registrar working 8am to 9pm Monday to Thursday and then overnight there may then be a need to provide cover to support the IST trainee who is on call overnight. Friday is designated as a zero day however the registrar is expected to attend handover and ward rounds that day, in order to provide continuity. There is no mechanism currently to recognise these extra duties on the rota. The registrars unanimously stated that they supported the concept of providing top cover and recognised the importance of doing so. However, they were equally keen that the extra workload involved in doing so received recognition and was reflected accordingly within their rota banding.

Non-Medical Staff: The team were not aware of any concerns however reflected on a weekend shift where the F1 trainee felt extremely overwhelmed with the volume of work. This was escalated quickly, and appropriate support was provided.

2.14 Handover (R1.14)

Trainers: Trainers advised that all staff should be using online handover. The backshift foundation trainee handover to H@N. It was confirmed consultants do not attend handover however they review and allocate jobs. Handover is not utilised as a learning opportunity.

Foundation Trainees: Trainees described week day and weekend handover as taking place at 9am and 9pm. F2s described an informal handover at 4pm from HDU to the person on-call and a handover before 9pm to the nightshift F2. This however requires the nightshift person to come in early to receive handover and allow colleagues to go home. Each team has written and computerised handover records. The 9pm handover is written into a standard form and jobs passed on. F1 trainees on nights also attend handover in the medical

assessment unit (MAU). F1s described a positive experience whilst attending MAU handover at which they are asked to name one thing they have learned during the shift.

IST and Specialty Trainees: Trainees described weekday and weekend handover as taking place at 8am with consultants, registrars and foundation trainees. The 5pm handover takes place with consultants and registrars, 8.30pm handover take places with registrars and foundation trainees and finally there is a nightshift handover. Written records are not kept, and trainees believe that only the morning handover could be used as a learning opportunity.

Non-Medical Staff: The team advised that for the most part handover is effective however on occasions trainees forget to update verbally which can mean the team are not aware of updates until reviewing these electronically.

2.15 Educational Resources (R1.19)

Trainers: Not asked.

Foundation Trainees: Trainees described the Library as a good resource.

IST and Specialty Trainees: Trainees described the LAP trainer as a good resource however the equipment is currently broken. Endoscopy Trainer and LAP training boxes were also good resources.

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

Trainers: Trainers stated that they are made aware of any issues prior to a trainee commencing post, which allows for discussion and appropriate support to be put in place. Should a concern be raised whilst in post this would be escalated to the educational supervisor, foundation programme director, higher surgical training committee or NHS Education for Scotland performance support unit. The department also provide constant career support.

Foundation, IST and Specialty Trainees: Trainees advised they would approach their educational supervisor and confirmed relevant support is available for anyone having difficulties with their daily work, or with training or health.

Non-Medical Staff: The team advised that concerns would be highlighted with the consultant team.

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: Trainers confirmed that the department of medical education are responsible for the quality of education and training each hospital align to a sector in the health board and this feeds into local educational meetings. The quality improvement lead, and assistant director of medical education ensure issues are dealt with appropriately and fed back to the deanery.

Foundation, IST and Specialty Trainees: No grade of trainee was clear about the responsibility for educational governance or training on site. Trainees advised they were aware of the junior doctor's forum and would be comfortable raising any concerns with the chief resident.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are aware of who to contact should they have any concerns regarding patient safety. Consultants openly encourage trainees to discuss any concerns with a senior member of the team or the chief resident. The department fosters an open culture with M&M meetings used as an avenue for trainees to present problems in a non-blame setting.

Foundation, IST and Specialty Trainees: Trainees were confident of the escalation policy regarding concerns about patient safety. Trainees commented that M&M meetings are very useful and robust.

Non-Medical Staff: The team advised that concerns are raised via the Datix system with relevant feedback provided through the system.

2.19 Patient safety (R1.2)

Trainers: Trainers believe the department is very safe and welcome any suggestions for improvements. consultants are hands on and very approachable. Trainers do not believe that boarding impacts on surgical patient safety. However surgical F1 trainees are responsible for medical boarders where there are pressures to complete medical immediate discharge letters. Concerns have been raised by F1 trainees and nursing staff about how to escalate the care of an unwell medical boarder. Trainers described safety huddles that take place three times per day; however, trainees are not involved in these. There are also theatre briefing sessions which are attended by middle grade trainees.

Foundation Trainees: Trainees stated they would have no concerns if a family or friend was admitted to the department. However, they would have concerns if a friend of family member was boarded to the department.

Concerns were raised in relation to how long a patient could wait to be seen by a medical consultant and around the pressures placed on them and to the department in relation to looking after medical boarders.

IST and Specialty Trainees: Trainees stated that they would have no concerns if a friend or relative was admitted to the department. Trainees raised concerns with regards to Acute Medical boarders and how quickly they are seen.

Non-Medical Staff: The team advised of a very safe environment. Concerns were raised regarding the impact that medical boarders can have on patient safety. Most medical boarders do not come with a 48-hour discharge date, there is often lack of clarity around the responsible consultant for these patients and the management plan and reviews of these patents do not always happen as often as they may do on a medical ward.

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

Trainers: Trainers advised that the datix system is used for reporting incidents and feedback is provided when requested. M&M meetings ensure all cases are presented, discussed and ways forward are agreed. In the event of an adverse incident support for trainees is provided by the Consultant.

Foundation Trainees: Trainees advised that incidents are reported through the datix system and feedback provided via e-mail.

IST and Specialty Trainees: Trainees advised that incidents are reported through the datix system however do not receive effective feedback on outcomes.

2.21 Other

Overall satisfaction scores:
Foundation trainees average score: 7.5/10.
IST (Core)/Specialty trainees: average score: 8.5/10.

3. Summary

This was a positive visit where the panel found an approachable, engaged and supportive team who were focused on improving the training environment. The formal supervision process of allocating specialty trainees to consultants was a particular highlight along with the skills and simulation centre which is an excellent training resource. The department should continue to work on improving teaching attendance, top cover rota design and mechanisms for the management of medical boarders.

What is working well:

- Welcoming department with a strong ethos of training and education.
- Extremely supportive and approachable team members.
- Robust formal supervision process. A particular highlight was the allocation of Specialty Trainees to work with their designated educational supervisors for the first 6 months of their post.
- Robust escalation process is known to all trainees.
- Trainees like the power hour and its development should be encouraged.
- Encourage adoption of a similar handover technique used by medical assessment unit by asking trainees to name one thing that they have learned during their shift.
- Continue to build on the improvements made already to induction. It would be important to build in a robust mechanism for ensuring those who miss induction can have a catch-up session at an early stage.
- Foundation trainees report no difficulties in attending mandatory weekly teaching

What is working less well:

- Ensure that a suitable process is in place to induct trainees new to the region into the department. Particular attention should be made to avoid placing such trainees on nights or on-call on day one of their post.
- Ensure a robust induction for those trainees who provide cross cover to the department out of hours and to those providing cross cover out of hours to other departments e.g. trauma and orthopaedics and urology.
- Ensure that there is a mechanism in place to provide feedback regarding datix submissions to trainees. Currently there appears to be no mechanism for this.
- Consider ways of providing early supported feedback on drug errors to the trainee concerned and alerting their allocated Educational Supervisor.
- Ensure that mandatory weekly Foundation teaching is bleep free.

- The department must work to implement a sustainable solution to allow higher trainees to attend their regional teaching on a regular basis. Current arrangements for Friday teaching are vulnerable to impact from multiple theatre lists and from zero days.
- Ensure there is sufficient allocated time in all rotas to support adequate handover.
- Ensure that all grades of trainees are aware of the unit timetable to allow them to avail of the vast learning opportunities available within the department.
- Ensure that rota descriptors are up to date and accurately reflect the expectations of the duties that need to be undertaken.
- Record the workload incurred by higher trainees that is associated with top cover of IST trainees. Higher trainees are not unhappy with this model of working; however, the activity should be formally recognised within their rota, captured during rota monitoring and appropriately reflected in their employment banding.
- Recognise the impact that medical boarding has on the workload of Foundation trainees in particular, consider implementing a pause midway through weekend day shifts as way of recognising whether any Foundation trainees are struggling with their workload. This will require support from more senior trainees or from others such as senior nursing staff who can help with prioritising or redistributing workload.
- Ensure that site boarding policies are visible to all staff and adhered to, including a mechanism to accurately record details of the responsible consultant and team involved.
- Ensure that all members of the wider team understand the levels of supervision required for each grade of trainee including an awareness of the meaning of the colour coded name badges currently implemented on the site.
- Ensure a suitable process is in place for supporting trainees who have felt undermined. Also ensure that suitable feedback is provided should concerns be escalated.

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

4. Areas of Good Practice

Ref	Item
4.1	Robust formal supervision process. A particular highlight was the allocation of Specialty Trainees to work with their designated educational supervisors for the first 6 months of their post.

5. Areas for Improvement

Ref	Item	Action
5.1	Ensure that a suitable process is in place to induct trainees new to the region into the department. Particular attention should be made to avoid placing such trainees on nights or on-call on day one of their post.	
5.2	Consider ways of providing early supported feedback on drug errors to the trainee concerned and alerting their allocated Educational Supervisor.	
5.3	Ensure that all grades of trainees are aware of the unit timetable to allow them to avail of the vast learning opportunities available within the department.	
5.4	Ensure that rota descriptors are up to date and accurately reflect the expectations of the duties that need to be undertaken.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be induction of doctors in training to all roles and responsibilities, including dissemination of relevant system passwords, induction to roles in downstream wards and induction for OOH or weekend roles.	31st December 2020	ALL
6.2	Trainees must receive feedback on incidents that they raise and there must be a forum for learning from adverse events.	31st December 2020	ALL
6.3	Barriers preventing trainees attending their dedicated teaching days must be addressed.	31st December 2020	IST
6.4	The morning and/or evening handover must be scheduled within the rostered hours of work of the trainees.	31st December 2020	FY
6.5	Weekend medical staffing must be reviewed to ensure foundation doctors in training have a reasonable and manageable workload particularly around medical boarders.	31st December 2020	FY
6.6	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	31st December 2020	ALL
6.7	A mechanism should be introduced to ensure that all staff can clearly differentiate between different grades of trainees.	31st December 2020	ALL
6.8	Rotas need to be adjusted to ensure trainees are not working beyond their rostered hours.	31st December 2020	ALL
6.9	The Board must make sure there are enough staff members who are suitably qualified to manage the additional workload associated with the selection and assessment of medical boarders.	31st December 2020	ALL
6.10	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	31st December 2020	FY, IST
6.11	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
6.12	The department must have a clear process for supporting trainees who have been undermined from staff out with the department. These trainees should be provided with feedback on actions taken to address this.	31st December 2020	ALL