Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	5th March 2020	**Level(s)**	Foundation, Core, Specialty
Type of visit	Revisit	**Hospital**	Dumfries & Galloway Royal Infirmary
Specialty(s)	General Surgery	**Board**	Dumfries & Galloway

Visit panel	
Dr Reem Al-Soufi	Visit Lead
Mr Alastair Moses	Training Programme Director
Dr Duncan Henderson	Associate Postgraduate Dean (Foundation)
Mrs Jennifer Duncan	Quality Improvement Manager
Mr Les Scott	Lay Representative
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Reem Al-Soufi, Dr Kerry Haddow and Mr Phil Walmsley
Quality Improvement Manager(s)	Ms Vicky Hayter and Mrs Jennifer Duncan
Unit/Site Information	
Non-medical staff in attendance	5
Trainers in attendance	8
Trainees in attendance	11 – F1 (7), CT (1), ST (3)
Feedback session: Managers in attendance	11

Date report approved by Lead Visitor	12th March 2021 Professor Adam Hill

1. Principal issues arising from pre-visit review

Background information

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery revisit is being arranged to the General Surgery Department at Dumfries & Galloway Royal Infirmary. This visit was requested by the Surgery Quality Review Panel which took place in September 2019.

NTS Data

FY – Red Flag – Clinical Supervision

Pink Flag – Clinical Supervision OOH

Core – No data

ST – Red Flags – Induction, Local Teaching and Rota Design

Pink Flags – Overall Satisfaction, Clinical Supervision, Clinical Supervision OOH, Handover, Adequate Experience, Supportive Environment, Educational Supervision, Curriculum Coverage and Educational Governance

STS Data

FY – Red Flags – Handover and Workload

Pink Flag – Educational Environment

Core – No data

ST – No data

There are a couple of STS free text comment from FY trainees stating that the post lacks teaching and that there could be better surgical training in this post.

The panel met with the following groups:

Trainers

Foundation Trainees (F1)

Core Surgical Trainees (CT)

Specialty Trainees (ST)

Non-Medical Staff

Departmental Presentation

The department provided a very useful and detailed presentation giving insight into the structure of the surgical department and how trainees are integrated into this. Details were also provided of the improvements the department have implemented after the previous deanery visit in 2018.

2.1 Induction (R1.13)

Trainers: Trainers reported trainees receive both site and departmental induction which were felt to prepare trainees for working in the department. F1 trainees take part in a shadowing week at the beginning of August in each training year. F1s are provided with site induction conducted by the department of medical education and departmental induction conducted by a consultant and a senior trainee. ST trainees do not receive a face to face induction however are provided with the department induction document. Should a Foundation trainee miss induction bespoke sessions can be arranged.

Foundation Trainees: Trainees confirmed receiving both hospital and departmental induction. One trainee commented that they had missed induction due to being on night and was provided with the departmental booklet from a friend. Trainees stated that the hospital induction was conducted by a consultant and registrar lasting 20 minutes. Trainees were also provided with an induction booklet. Trainees found the departmental induction relevant and useful and confirmed all passwords and name badges were provided in advance.

Core and Specialty Trainees: Trainees confirmed that hospital and departmental inductions are of very good quality. The panel asked trainees for their thoughts on the national training survey red flags the department had received for induction. Trainees commented that they were unaware of the red flags and had no concerns with inductions provided.

Non-Medical Staff: The team advised of no concerns with regards to site or departmental induction and confirmed trainees are well prepared for work within the department.

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

Trainers: Trainers reported no concerns about trainee's ability to attend formal teaching. Trainers stated F1s do not always attend departmental teaching. The department offer a basic surgical skills course and journal club which has been running for approximately 3 years and receives positive

feedback. ST trainees are invited to attend joint mortality and morbidity (M&M)/continued professional development (CPD) meetings where they are encouraged to prepare data for presentation. Trainers highlighted this meeting could be improved by ensuring consistency, developing it as a better teaching opportunity and moving it towards a multi-disciplinary meeting. Trainers stated that regional teaching has improved with all trainees encouraged to attend. Trainers advised of difficulties in securing dates from Lothian and Glasgow to allow pre-planning within the rota. They have tried to take a proactive approach suggesting linking to session by video conference however video communication with Glasgow is difficult. Trainers also commented on Wednesday lunchtime teaching, which is open to all. Details of each session are e-mailed to all staff on a weekly basis and the department encourage attendance.

Foundation Trainees: Trainees confirmed no concerns in attending formal Foundation teaching which is bleep free and is delivered to an excellent standard. Trainees stated that there is no teaching provided by the surgical department for F1s, they are also unaware of any journal clubs or M&M meetings taking place. Occasionally consultants or registrars present at formal teaching sessions for F1s.

Core and Specialty Trainees: Trainees confirmed no concerns in attending regional teaching, dates are arranged in advance and can be linked to via skype. The hospital provides teaching on Monday and Friday however this is general medicine teaching rather than surgical. Trainees state that Departmental teaching could be improved. However, trainees are invited to attend journal clubs, M&M/CPD meetings and MDT meetings and they find them of good educational value. CT and ST trainees are expected to present cases at M&M meetings.

Non-Medical Staff: The team advised that trainees are given time to attend teaching. The teaching programme includes pharmacy which is welcomed.

2.3 Study Leave (R3.12)

Trainers: Trainers reported trainees must request study leave a minimum of 6 weeks in advance. It is also the trainee's responsibility to arrange a suitable swap in shifts to allow attendance. Consultants provide support and advice on suitable topics and feel this is well received by trainees.

Foundation Trainees: Trainees confirmed that all annual leave is fixed, this can be swapped but it is not easy to do so.

Core and Specialty Trainees: Trainees confirmed no concerns in requesting and taking study leave.

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 ST trainees are allocated prior to commencing in post and e-mailed in advance to trainees. Trainers stated that they are very rarely provided with information in relation to a trainee with difficulties prior to them commencing in post. Trainers advised that they have adequate time in job plans and explained that there was a general acceptance that their educational role is continual with most areas providing learning opportunities for trainees.

Foundation Trainees: Trainees advised that educational supervisors are allocated for the training year and clinical supervisors are allocated in each 6-month post. Trainees advised that they find it very difficult contacting their surgical clinical supervisor. Most trainees confirmed having initial meetings with designated clinical supervisors although some of the meetings are not recorded in the foundation portfolio, FY1a stated that not all supervisors are familiar with the turas platform.

Core and Specialty Trainees: Trainees confirmed having allocated educational and clinical supervisors. Trainees shadow their named educational supervisor and meet their clinical supervisor once a month.

Non-Medical Staff: The team stated trainees are very well supported and acknowledge that there may be difficulties should that support be in theatre. There is a clear escalation policy in place.

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 department to differentiate between the various grades of doctors in training. Trainers commented that staff know each other well and the department have a photo gallery for all staff and whiteboard to show on-call. Trainers also stated that trainees are provided with information on contact details for daytime and out of hours support which is reinforced in the monthly rota plan which is e-mailed to all and the weekly

Friday planner meeting. Trainers advised that the department is busy, and trainees can be challenged which may make them feel they are being asked to work beyond there competence. However, they are very well supported and there are no safety concerns.

Foundation Trainees: Trainees advised they were well informed of who to contact during the day and out of hours. However, stated they are not always contactable to discuss cases and often they must contact the medical on-call doctor for support. When a call is placed to theatre it is answered by the scrub nurse it can be some time before a response is provided. If the concern is with a surgical patient lack of real time surgical advice is perceived to be a problem. Suggestion was made that it would be useful to have a list of all consultants and trainees who are on shift each day and where they are due to be whether that be clinic or theatre. This could help in F1 trainees finding relevant surgical and medical support when required. F1 trainees stated they were unaware of the Friday planning meeting. Trainees commented that registrars are all very approachable.

Core and Specialty Trainees: Trainees advised they were well informed of whom to contact during the day and out of hours. Trainees confirmed they are not expected to take responsibility for things beyond their competencies. They feel very well supported by the department.

Non-Medical Staff: The team advised that all staff grades are identifiable by colour coded name badges.

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

Trainers: Trainers stated that ST trainees follow their educational supervisor so have no concerns in their abilities to attend clinics and theatre. F1s now have theatre time built into the rota. Trainers have no concerns in all trainees achieving curriculum competencies and minimum assessment requirements.

Foundation Trainees: Trainees reported concerns in their abilities to obtain minimum assessment requirements in the post. Trainees confirmed that they are provided with one theatre week in the 6-month post though feel this is insufficient and would like to have more. Trainees commented that 80-90% of the duties they carry out are of little benefit to their education, training and personal development. Tasks tend to be administrative and repetitive. Trainees are not involved in decision making and do not have access to the handover SBAR document.

Core and Specialty Trainees: Trainees advised that the volume of emergencies is slightly low, this is due to the demographics of the region and not a major concern. Trainees stated the department offer excellent opportunities for endoscopy. Each week trainees are allocated 2 half days to out-patient clinics, 1.5 days to elective theatre and 0.5 days for administrative tasks. Trainees strongly felt that all work is appropriate for their level of training and they carry out very little duties that are of no benefit to their training or education.

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

Trainers: Not asked.

Foundation Trainees: Trainees stated that most have not completed any assessments to date. Those who have believe they are fair and consistent.

Core and Specialty Trainees: Trainees advised of no concerns in meeting minimum assessment requirements whilst in post. They all agreed assessments are fair and consistent with continuous feedback provided from supervisors.

Non-Medical Staff: The team advised that they are very rarely asked to provide assessments for trainees.

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

Trainers: Not asked.

Foundation Trainees: Trainees stated that the nursing team and pharmacist provide good learning opportunities for F1s.

Core and Specialty Trainees: Trainees stated the nursing team and pharmacists are friendly and approachable and are happy to answer any questions. Anaesthetist are also very approachable and helpful.

Non-Medical Staff: N/A.

2.9 Adequate Experience (other) (R1.22)

Trainers: Not asked.

Foundation Trainees: Trainees advised that if they ask to be involved in a quality improvement (QI) project consultant help and support would be provided. One of the roles of the chief resident is to allocate QI projects to trainees. However, the chief resident is currently off sick and this role has not been allocated to another member of the team by the time of the Deanery visit.

Core and Specialty Trainees: Trainees advised of the chief resident's role in providing QI projects for F1 trainees and linking with registrars for supervision.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers recognise that providing feedback to trainees is an area for improvement. Due to shift and working patterns it can be difficult to provide feedback during the week however this is easier to conduct at the weekend and whilst on call. Trainers advised that if feedback is provided on a trainee from another member of the team it is passed to the trainer who will in turn discuss with the trainee. Trainers commented that F1s are mainly ward based and it is expected that they know all patients on the ward. At the start of a shift the F1 should review the board, take a look around the ward and familiarise themselves with what has happened on the previous shift.

Foundation Trainees: Trainees reported that feedback is provided informally on the job from senior registrars. Trainees felt the feedback from consultants is rare and not always constructive and meaningful.

Core and Specialty Trainees: Trainees commented on excellent relationships with trainers and confirmed regular constructive and meaningful feedback is received.

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 the GMC survey and a 6-monthly departmental questionnaire. Feedback from medical students is regular and in-depth. There are no departmental feedback mechanisms for F1s, they tend to only provide feedback on teaching sessions. Trainers advised that the department have a chief resident and trainees are aware of this.

Foundation Trainees: Trainees advised that they are requested to provide feedback at formal teaching sessions. Trainees are unaware of any junior doctor forums for providing feedback on trainers

Core and Specialty Trainees: Trainees stated that they can provide feedback on the quality of training to either their educational supervisor. They advised of good relationships with the consultant team when dialogue is encouraged.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised that they are not aware of any instances of bullying or undermining in the last 12 months. Trainers referred to an incident with the Datix system where feedback was sent directly to a trainee, the trainee then tried to deal with the issue themselves which was picked up by a senior incidentally. This is not normal practice feedback should be sent to the educational or clinical supervisor who should in turn discuss with the trainee. Appropriate support was provided to the trainee involved.

Foundation Trainees: Trainees stated that when working with them the clinical team and senior registrars are very supportive. Trainees confirmed that they had not experienced undermining or bullying. However, they are aware of a consultant who can be particularly harsh and have witnessed this consultant provide a trainee with negative feedback publicly when on the ward.

Core and Specialty Trainees: Trainees advised that the clinical team were very supportive. All trainees confirmed they had not experienced or witnessed bullying or undermining and are aware of the process for escalating should they have any concerns.

Non-Medical Staff: The team reported that team culture is very important over the site. Various balls are held over the year which are very well attended by all grades. There is also a doctors' mess trainees have access to and use on a regular basis. The team advised that they very rarely witness any behaviours such bullying and harassment and if witnessed they are aware of escalation policies and would intervene.

2.13 Workload/Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed there are no gaps in the F1 rota and feel that F1s are working to an appropriate level for their banding. However, they are aware of issues with the current rota in trainees taking breaks. Nursing staff do try to assist where possible to allow the release of trainees.

Foundation Trainees: Trainees commented that improvements had been made to the F1 rota however it did have some mistakes when issued. The rota was received one week prior to commencing in post instead of the recommended 6-weeks. The 2 locums for service appointments made by the department are no integrated into the F1 rota. Trainees suggested the department liaise with medicine who recently overhauled their rota and is working very well.

Core and Specialty Trainees: Trainees advised of no gaps or concerns within the current rota. Trainees confirm having time in the rota to attend clinics, list and theatre sessions. Trainees stated they had no suggestions for improvements to the current rota and are aware of the registrar in charge should they wish to make any suggestions.

Non-Medical Staff: The team stated that workload in the department is demanding and extremely busy. FYs often do not take breaks and often work longer than they should. Additional FYs have been added to the rota and nursing staff actively encourage trainees to take breaks.

2.14 Handover (R1.14)

Trainers: Trainers advised of no concerns with handover. Consultants are in attendance at morning handover along with the night registrar, night F1 and day F1. Handovers have become longer as the groups discuss cases, scans and positive and negatives. Evening handover is to the night team. Electronic handover is a work in progress for the department.

Foundation Trainees: Trainees described a morning handover which they observe and do not actively contribute to. Evening handover was felt to be good and can sometimes be used as a learning opportunity.

Core and Specialty Trainees: Trainees described 2 morning handovers and an evening handover. The first morning handover takes place between the night and day team in the registrar office and a further handover takes place with the F1 and consultant on-call. Trainees confirmed a written record of handovers is kept this takes the form of an SBAR document which is accessed on-line by consultants and registrars. Trainees believe it is a hospital directive that F1s are not granted access to the on-line SBAR document. Trainees advised handovers provide a good learning opportunity.

Non-Medical Staff: The team stated that the FYs attend handover however nursing staff are not invited. Nursing staff are keen to attend and have raised this issue. The team commented that the safety huddle was well run and very structured.

2.15 Educational Resources (R1.19)

Trainers: Not asked.

Foundation, Core and Specialty Trainees: Trainees stated the department and hospital have adequate facilities to support their learning.

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 would contact the Dr Peter Armstrong, Director of Medical Education if they had any concerns with regards to a struggling trainee. Concerns with regards to an F1 are taken directly to the educational supervisor and further escalated if required. The department have in the past provided additional support for trainees with dyslexia and have made reasonable adjustments to support trainees with difficulties.

Foundation Trainees: Trainees commented that they are sure support would be provided for a struggling trainee if required. However, a request to the hospital for software to assist with a disability has not been implemented 7 months into the training year.

Core and Specialty Trainees: Trainees advised relevant support is available for anyone having difficulties and confirmed the department accommodate requests for reasonable adjustments to training.

Non-Medical Staff: The team advised that concerns would be highlighted with the most senior person on duty. The team are fully aware of escalation policies.

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.

Foundation Trainees: Not asked.

Core and Specialty Trainees: Trainees commented on a mentorship scheme for junior trainees. They also advised of the role and responsibilities of the chief resident which is well received.

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. Processes and procedures are covered as part of induction sessions and trainees are well aware of the Datix reporting system. All trainees are aware of the chief resident's role and responsibilities.

Foundation, Core and Specialty Trainees: Trainees were confident of the escalation policy regarding concerns about patient safety. Trainees confirmed they were aware of the Datix reporting system.

Non-Medical Staff: The team advised that concerns are escalated to consultants. The team are aware of escalation policies and the Datix reporting system.

2.19 Patient safety (R1.2)

Trainers: Trainers commented medical boarding to surgery can impact on patient safety. Concerns have been highlighted with the management team that often there is a lack of clarity on who has been

boarded and when patients are boarded out, often surgical patients are having to be moved to short-stay areas to accommodate medical boarding. It is also unclear as to whose is responsible for boarding and boarding out. F1s tend to look after medical boarders and at weekends these patients are not often seen by a consultant.

Foundation Trainees: Trainees stated they would have no concerns if a family or friend was admitted to the department. Trainees raised concerns with the time it can take for medical boarders to the department to be seen by a consultant and that discharging of these patients can be missed. Concerns were also raised that selection of surgical patients being moved to the short stay area was not always perceived by the trainees to be appropriate, and that there were incidents when patients were too unwell to be cared for in a short stay area. The trainees stated that the short stay area was supposed to be only for patients who are ready for discharge from hospital.

Core and Specialty Trainees: Trainees stated they would have no concerns if a family or friend was admitted to the department. Trainees advised that is was extremely rare for a surgical patient to be boarded out however are aware that the medical boarders may affect the F1 trainees. Trainees confirmed that if the ward is over capacity the senior registrars can authorise a patient to be moved to the short stay area to alleviate pressure.

Non-Medical Staff: N/A

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

Trainers: Trainers confirmed adverse incidents are managed through the datix system and relevant support provided. Trainers commented that they are aware of an incident where protocol had not been followed and a trainee was contact directly without the knowledge of their supervisor. This was investigated to ensure this does not happen again and relevant support was provided to the trainee involved.

Foundation Trainees: Trainees advised that should they be involved in an adverse incident support would be provided by their educational or clinical supervisor. Trainees discussed the same scenario discussed in the trainer interview.

Core and Specialty Trainees: Trainees advised that appropriate support is in place for the reporting of incidents. Trainees are aware of reporting incidents through the datix system. Trainees stated that the department have a great team ethos and provide excellent support.

Non-Medical Staff: N/A.

2.21 Other

Overall satisfaction scores:
Foundation trainees average score: 5.7/10.
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 have a passion for training and education and are focused on improving the training environment. The panel found no evidence to support the 2019 NTS/STS survey red/pink flags for STs. Overall the trainee experience is good, and the changes introduced to the Foundation doctors' rota were a work in progress. However, ensuring adequate levels of support for Foundation Trainees at all times and including them in departmental teaching activities are areas for improvement. The panel acknowledge changes implemented to induction and encourage the team to continue to monitor and make improvements at FY level.

What is working well:

- The experience of Specialty Trainees (STs) in General Surgery was extremely positive with a satisfaction score of 8.5/10. The visit panel found no explanation for the red or pink flags raised in the GMC National Training Survey in 2019.
- The trainers in General surgery were described by STs as dynamic, accommodating and passionate about training. The apprenticeship model for surgical training in Dumfries and Galloway was highly praised by trainees.
- Trainers tailored theatre list allocations for STs to meet their learning needs.
- The STs reported their rota to be satisfactory for their learning needs and their own wellbeing.

- The evening handover in Dumfries and Galloway was described as multi-professional, multidisciplinary and well organised. The evening handover followed a clear structure and trainees of all grades found it educationally valuable.
- The multi-professional support available for all training grades was greatly appreciated, in particular support provided by advanced nurse practitioners, pain nurse, senior nurses in the wards and pharmacists.
- The inter-specialty support available for foundation doctors in surgery by the medical on-call team was a good example of the healthy team culture that prevailed in Dumfries and Galloway Royal Infirmary.
- Management, doctors and other healthcare professionals participated in regular social events held in Dumfries to foster the team spirit and welcome new members to the team.
- Foundation doctors formal teaching was overwhelmingly positive, the FY1s praised the local team's effort for facilitating the high-quality teaching and keeping it bleep-free. Special thanks were offered to Anne Marie Coxon, Education Centre Manager.
- Foundation doctors' workload was reduced due to the implementation of phlebotomy service, allowing them more time to focus on clinical duties of more educational benefit.

What is working less well:

- A second induction was not provided for Foundation doctors who were unable to attend the formal induction.
- Foundation doctors were unaware of any departmental surgical teaching. They had no knowledge of Friday teaching, M&M or CPD events. There was a feeling that FY1s were not fully included in the rich training environment available for their senior colleagues. FY1s would appreciate if the departmental teaching was highlighted to them during induction.
- Not all Educational Supervisors had met with their FY1 trainees (at least 3 trainees) and familiarity with logging meetings on TURAS could be improved.
- Escalation plans, particularly how to get senior support should be clear and consistent for all FY1s. Consultants and STs were under the impression that FY1s would easily access senior support when required. However, FY1s felt that on a number of occasions this support was not available in a timely fashion and they had to call the medical second on-call for support. FY1 doctors felt out of their depth if a patient had become unwell and their seniors were unavailable to give advice while operating in theatre. The Seniors were under the impression that alternative support was available via colleagues who were not in theatre, this escalation route was not clear to the FY1s nor were they aware of the weekly planner issued every Friday.

- Simultaneous ward rounds limited FY1 awareness of patients' management plans and rationale behind decision making, a list of jobs-to-be-done is not a sufficient alternative to FY doctors being part of a ward round.
- FY1 were aware of an electronic SBAR form on a shared drive that they had no access to. The SBAR was used for the morning handover by consultants and STs to ensure vital information is passed on to all members of the team, the exclusion of FY1s from access to the SBAR form poses a risk to continuity of care.
- Opportunities for senior feedback to FY1s on their day-to-day work were reported to be limited, this was a striking contrast to the ST's experience who had ample opportunities for constructive and timely feedback.
- Rota for FY was felt to be challenging, they found it difficult to obtain natural breaks due to high workload and felt the working pattern had a negative effect on their wellbeing. The visiting panel appreciated the FY doctors have been in post for only 5 weeks and their experience might change over the next 5 months. However, further collaboration with trainees to improve their rota is required.
- Trainees who had reported incidents via Datix had no feedback on the outcome of the report, and at least one FY1 was directly contacted by another clinician mentioned in the report which was inappropriate.
- Lessons learned from incidents were not shared with FY1 doctors or nurses as they were not part of the surgical M&M meeting.
- Boarding of surgical patients: Consultants were not provided with a daily list of patients under their care who were boarded to surgical short stay ward, this carried the risk of patients not being reviewed till late in the day. Selection of patients for boarding was felt to be inconsistent and occasionally inappropriate.

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

4. Areas of Good Practice

Ref	Item
4.1	The trainers in General surgery were described by STs as dynamic, accommodating and passionate about training. The apprenticeship model for surgical training in Dumfries and Galloway was highly praised by trainees.
4.2	The inter-specialty support available for foundation doctors in surgery by the medical on-call team was a good example of the healthy team culture that prevailed in Dumfries and Galloway Royal Infirmary.
4.3	Management, doctors and other healthcare professionals participated in regular social events held in Dumfries to foster the team spirit and welcome new members to the team.
4.4	Foundation doctors formal teaching was overwhelmingly positive, the FY1s praised the local team's effort for facilitating the high-quality teaching and keeping it bleep-free. Special thanks were offered to Anne Marie Coxon, Education Centre Manager.

5. Areas for Improvement

Ref	Item	Action
5.1	Rota for FY was felt to be challenging, they found it difficult to obtain natural breaks due to high workload and felt the working pattern had a negative effect on their wellbeing. The visiting panel appreciated the FY doctors have been in post for only 5 weeks and their experience might change over the next 5 months. However, further collaboration with trainees to improve their rota is required.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Establish departmental teaching for Foundation grade trainee.	12th September 2021	FY
6.2	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	12th September 2021	FY
6.3	Initial meetings and development of learning agreements must occur within a month of starting in post.	12th September 2021	FY
6.4	Clinical Supervision in all units there must be clear and explicit understanding around the arrangements for clinical supervision at all times.	12th September 2021	FY
6.5	A process for providing feedback to Foundation doctors in training on their input to the management of acute cases must be established and feedback provided from incidents recorded on the Datix system. This should also support provision of WPBAs.	12th September 2021	FY
6.6	Trainees must receive feedback on incidents that they raise and there must be a forum for learning from adverse events.	12th September 2021	FY
6.7	All trainee cohorts should be made aware of M&M meetings and when they happen, increasing the frequency of the meeting could be of benefit.	12th September 2021	FY
6.8	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	12th September 2021	All grades

	responsible, how often patients are reviewed and what the escalation policy is.		
6.9	All handovers within General Surgery department must be more structured and more robust with written or electronic documentation. All grades of doctors involved in patient care within General Surgery department should have access to handover material including documentation shared electronically to facilitate timely exchange of information.	12th September 2021	All grades